

**The University of Iowa Carver
College of Medicine
Division of
Gastroenterology**

**Neurogastroenterology
&
GI Motility Workshop**

Who should attend:
Physicians, trainees, nurses or
gastrointestinal assistants.

Objectives:

1. To learn first hand the latest motility techniques of evaluating and treating functional anorectal disorders.
2. To discuss the physiology & pathophysiology of defecation and continence.

Workshop Plan:

The time will be divided equally between live demonstration, review of recorded computerized records and open discussion of practical issues.

The attendees will have the opportunity to observe two or three patients undergoing anorectal manometry and biofeedback therapy. Because of the intimate nature of biofeedback therapy sessions, sometimes it may not be available.

Faculty

Satish S.C.Rao, M.D., Ph.D., FRCP
Klaus Bielefeldt, M.D.
Konrad Schulze, M.D.
Robert Summers, M.D.
Mary Stessman, RN
Xing Zhao, M.D.
Michelle Jackson, RN
Julie McKillip, RN

**GI Motility Workshop
Program
(Anorectal/Biofeedback)**

8:00 – 9:00 A.M. Introduction
& visit to Motility Lab

9:00 A.M. – 10:30 A.M.
Anorectal manometry,
pudendal nerve latency and
simulated defecation.
Equipment calibration, patient
preparation and live
demonstration.

10:30 – 12:00 P.M.
Biofeedback therapy.
Equipment calibration and live
Demonstration

12:00 – 12:30 P.M. Review of
motility records. Hands-on
computer usage &
interpretation

12:30 – 1:30 P.M. Lunch
(On own)

1:30 P.M. – 3:00 P.M.
Anorectal manometry &
pudendal nerve latency.
Patient testing (live
demonstration)

3:00 – 4:30 P.M. Biofeedback
Therapy (live demonstration)

4:30 – 5:00 P.M. Review
motility tracings. Video
demonstrations.
Hands on computer usage.

5:00 – 5:30 P.M.
Question & Answer Session

*I am interested
in attending the
GI Motility Workshop*

Name: _____

Profession: _____

Address: _____

City: _____

State: _____ *Zip:* _____

Home Phone: _____

Office Phone: _____

Office Fax: _____

e-mail _____ :

Hospital affiliation: _____

(Maximum 3 Attendees/Workshop)

Registration fee: \$300.00-1 day program
Registration fee: \$650.00-3 day program

Enclose check made payable to:

GI Education – Motility Workshop

I wish to receive hotel information _____

Mail to:

Satish S.C.Rao, M.D.

University of Iowa Hospitals & Clinics

4612 JCP

200 Hawkins Drive

Iowa City, IA. 52242

319-353-6602

Fax: 319-353-6399

e-mail: satish-rao@uiowa.edu

- Anorectal – 1 day
 Motility – 3 day (Includes anorectal
and esophageal manometry)