

JTGGA CME/CPD CREDITING



Answer form for the article titled “The International Urogynecological Association/International Continence Society classification of complications of prosthesis and graft insertion: Pros and cons and a review of the literature” within the scope of CME/CPD

1. What is the rate of mesh sling removal at 5 years?

- a. 1-3%
- b. 5-7%
- c. 8-10%
- d. 10-15%

2. Which of the following is not the advantages of IUGA/ICS classification of complications of prosthesis and graft insertion system?

- a. Obtaining factual rates
- b. Enables objective and international comparisons
- c. Enables surgical audits
- d. Predicts the outcome of the complication

3. Which complication is not uncommon in mid-urethral slings according to the related Cochrane metaanalysis (2017)?

- a. Pelvic haematoma
- b. Necrotizing fasciitis
- c. Mesh exposure
- d. Ischiorectal abscess

4. Which term is not included in the new classification system?

- a. Perforation
- b. Dehiscence
- c. Extrusion
- d. Erosion

5. Which complications is covered in the IUGS/ICS complication classification system?

- a. Urinary tract infections
- b. Bowel injury
- c. Recurrence
- d. Functional issues (e.g. voiding dysfunction)

6. Which is not the subdomain of “division” in the classification system?

- a. Time
- b. Symptomatic
- c. Infection
- d. Abscess

JTGGGA CME/CPD CREDITING



Answer form for the article titled “The International Urogynecological Association/International Continence Society classification of complications of prosthesis and graft insertion: Pros and cons and a review of the literature” within the scope of CME/CPD

1st Question

A	B	C	D
---	---	---	---

2nd Question

A	B	C	D
---	---	---	---

3rd Question

A	B	C	D
---	---	---	---

4th Question

A	B	C	D
---	---	---	---

5th Question

A	B	C	D
---	---	---	---

6th Question

A	B	C	D
---	---	---	---

People who answer these questions will receive “2 TMA-CME/CPD credits”

TMA-CME CREDITING BOARD ENQUIRY FORM

JTGGGA MANUSCRIPT 2020/1

DATE

TR Identification Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

This form will not be reviewed if TR Identification Number is not stated.

Name

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Surname

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Signature

..... The City You Work In

Your Institution

.....

IMPORTANT NOTE: You may apply for Turkish Medical Association CME/CPD credits by answering the questions in the front page, filling in your personal information and sending this form to “Abdi İpekçi Cad. No: 2/7 34367 Nişantaşı, İstanbul” by post. This form should arrive to the above-mentioned address latest by May 31, 2020.