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POSTGRADUATE COURSE IN GENERAL SURGERY

September 14-16, 1998

to be held at the
Massachusetts General Hospital

under the direction of
Ashby C. Moncure, M.D., and Andrew L. Warshaw, M.D.

A number of current general surgical topics are presented by experts in the field of general surgery. These presentations comprise the core content of this postgraduate course in general surgery. The objective of this course is to enhance the knowledge and influence the practice of the participating surgeons. Each faculty member will present a full range of diagnostic studies and therapeutic options used in their approach to a particular topic of patient management.

Topics including Critical Care, Gastrointestinal Surgery, Endocrine Surgery, Trauma, Nutrition, Vascular Surgery and Surgical Oncology will be presented by an outstanding faculty.

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REGISTRATION INFORMATION

Tuition fee - $575 (U.S.). Reduced Fee for Residents and Fellows in Training (with a letter of verification from Department Chairman) - $375 (U.S.). Inquiries should be made by phone: 617-432-1525, Monday-Friday, 10 a.m. to 4 p.m. (Eastern Time), or by e-mail: hms-cme@warren.med.harvard.edu

ACCREDITATION

Harvard Medical School designates this educational activity for a maximum of 21 hours in category 1 credit towards the AMA Physician’s Recognition Award.

ON-LINE INFORMATION

To view course information on-line, visit our home page: http://www.med.harvard.edu/conted/

REFUND POLICY

A handling fee of $50 is deducted for cancellation. Refund requests must be received by mail one week prior to the course. No refund will be made thereafter.

COURSE LOCATION

All sessions will be held at the O’Keeffe Auditorium, Massachusetts General Hospital, Fruit Street, Boston, Massachusetts.

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Chapter 1: Trauma Systems: A Continuum of Care for the Severely Brain Injured
Chapter 2: Team-Focused Intervention within Critical Care
Chapter 3: Basic Knowledge of the Brain and the Clinical Ramifications Post Injury
Chapter 4: Cranial Nerve, Maxillofacial, and Blunt Carotid Injuries
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Edited by Jeffrey L. Ponsky, MD, FACS
Head, Section of Surgical Endoscopy, Department of General Surgery, The Cleveland Clinic Foundation, Cleveland, Ohio

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DIFLUCAN (fluconazole) is indicated for the treatment of:

1. Vaginal candidiasis (vaginal yeast infection due to Candida).
2. Oropharyngeal and esophageal candidiasis. In open non-comparative studies of relatively small numbers of patients, DIFLUCAN was also effective for the treatment of Candida urinary tract infections, peritonitis, and systemic Candida infections including candidemia, disseminated candidiasis, and pneumonia.
3. Cryptococcal meningitis. Before prescribing DIFLUCAN for AIDS patients with cryptococcal meningitis, please see Clinical Study (Comparison of DIFLUCAN and Amphotericin B) for prescribing information). Studies comparing DIFLUCAN to amphotericin B in non-HIV infected patients have not been conducted.

DIFLUCAN is also indicated to decrease the incidence of candidiasis in patients undergoing bone marrow transplantation who receive cytotoxic chemotherapy and/or radiation therapy. Specimens for fungal culture and other relevant laboratory studies (serology, histopathology) should be obtained before therapy to isolate and identify causative agents. Therapy should be discontinued unless the results of these studies show that the fungi are due to Candida species. Therapy should also be discontinued if the patient develops severe, possibly drug-related, side-effects.

CONTRAINDICATIONS

DIFLUCAN is contraindicated in patients who have shown hypersensitivity to fluconazole or to any of its excipients. In an open, uncontrolled clinical study, 5 of 6 patients with documented history of hypersensitivity to thiocyanate developed asthma. Caution should be used in prescribing DIFLUCAN to patients with hypersensitivity to thiocyanate.

WARNINGS

(1) Hepatic injury: DIFLUCAN has been associated with rare cases of serious hepatic toxicity, including fatalities primarily in patients with serious underlying medical conditions. In cases of DIFLUCAN associated hepatitis, no relationship to total daily dose, duration of therapy, sex or age of the patient has been established. DIFLUCAN should be discontinued if clinical signs and symptoms consistent with liver disease develop that may be attributable to DIFLUCAN. (See ADVERSE REACTIONS.)

(2) Anaphylaxis: Anaphylaxis has also been reported.

(3) Dermatologic: Patients have rarely developed exfoliative skin disorders during treatment with DIFLUCAN. These are similar to those reported with other azole antifungal agents and are generally reversible on discontinuation of therapy. Patients who develop abnormal liver function tests during DIFLUCAN therapy should be monitored closely and DIFLUCAN discontinued if clinical and laboratory findings suggest liver disease and the possibility of other serious liver disease.

DIFLUCAN is contraindicated in patients receiving concomitant treatment with potentially hepatotoxic agents such as cyclosporine. DIFLUCAN is also contraindicated in patients receiving peritoneal dialysis and undergoing continuous ambulatory peritoneal dialysis (CAPD) with DCO-2000 catheters.

DIFLUCAN is contraindicated in patients receiving concurrent therapy with phenytoin. Careful monitoring of phenytoin concentrations in patients receiving DIFLUCAN and phenytoin is recommended.

Cytochrome P450 is a major metabolic pathway of DIFLUCAN. Depending on clinical circumstances, consideration should be given to increasing the dose of DIFLUCAN when it is administered with rifampin.

Diflucan tablets contain 15 mg of magnesium stearate, a recognized excipient. Diflucan tablets contain 15 mg of magnesium stearate, a recognized excipient.

Drug Interactions

Oral Hypoglycemics: Clinically significant hypoglycemia may be precipitated by the use of DIFLUCAN with oral hypoglycemic agents; one fatality has been reported from hypoglycemia in association with combined DIFLUCAN and glyburide use. DIFLUCAN reduces the metabolism of tolbutamide, glyburide, and glipizide and increases the plasma concentration of these agents. When DIFLUCAN is used concomitantly with these or other oral hypoglycemic agents, blood glucose concentrations should be carefully monitored and the dose of the sulfonylurea should be adjusted as necessary.

Cyclosporine: Cyclosporine increases the plasma concentration of theophylline. Careful monitoring of theophylline concentrations in patients receiving DIFLUCAN and theophylline is recommended.

Drug Excretion: Increases in the serum levels of cyclosporine have been reported in patients receiving DIFLUCAN and cyclosporine. Depending on clinical circumstances, consideration should be given to increasing the dose of DIFLUCAN when it is administered with rifampin.

Diflucan tablets contain 15 mg of magnesium stearate, a recognized excipient. Diflucan tablets contain 15 mg of magnesium stearate, a recognized excipient.

Rifampin: Rifampin increases the serum concentrations of theophylline. Careful monitoring of theophylline concentrations in patients receiving DIFLUCAN and theophylline is recommended.

Monitoring patients receiving oral anticoagulants during concurrent therapy with DIFLUCAN is recommended. In patients receiving oral anticoagulants, concurrent administration of DIFLUCAN may increase the potential for clinically significant anticoagulation. Oral anticoagulants, warfarin, and heparin have all been used in the treatment of patients with DIFLUCAN, but in a number of patients there were increases up to 47% and 33% of ethinyl estradiol and levonorgestrel levels. (See Drug Interactions: Studies section in full prescribing information). The data presently available indicate that DIFLUCAN increases in some individual ethinyl estradiol and levonorgestrel AUC values with DIFLUCAN treatment are likely the result of random variation. While there is evidence that Diflucan can increase blood levels of ethinyl estradiol, Diflucan is not a net inducer of ethinyl estradiol or levonorgestrel metabolism. The clinical significance of these effects is presently unknown.

Drug interactions should be monitored, that other medications are prescribed, but such interactions may occur. Diflucan tablets contain 15 mg of magnesium stearate, a recognized excipient. Diflucan tablets contain 15 mg of magnesium stearate, a recognized excipient.
Excellent clinical success in a wide range of candidal infections* and cryptococcal meningitis1+.

Excellent clinical safety
In more than 4,000 patients who received Diflucan for at least 7 days, the most common adverse events were nausea (3.7%), headache (1.9%), skin rash (1.8%), vomiting (1.7%), abdominal pain (1.7%), and diarrhea (1.5%).

Diflucan has been associated with rare cases of serious hepatotoxicity. Patients have rarely developed exfoliative skin disorders during treatment with Diflucan.