

**Cadaveric Knee -
Primary Arthroplasty Workshop**

Date : 19th May, 2013

Time : 9 AM to 5 PM

Venue:

M S Ramaiah Advanced Learning Centre,
Gate 4, Gnanagangothri Campus, MSR Nagar,
Bangalore - 560054

Registration Fees: 10,000 INR

Cheque/DD drawn in favour of

"M.S.Ramaiah Advanced Learning Center"

MSRALC Account No - 141200301000146

Swift Code - VIJBINBBFXB

IFSC Code - VIJB0001412

Vijaya Bank - MSRIT Branch, Mathikere

Contact : Ms. Susan Benny

Ph.:+91-22-4047 9797

Email: susan.benny@maxxmed.com

Future courses

Primary Knee Arthroplasty, June 2013

Faculty (in alphabetical order) :

Dr. Amey Velingkar



Dr. Ashok Goel



Dr. N. Muralidhar



Dr. Nirbhay Shah



Dr. Vivek Logani



Dr. Vividh Makwana



m a x x
medical

and



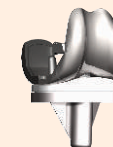
**M S Ramaiah
Advanced Learning Center**

**Cadaveric Primary Knee
Arthroplasty Workshop**

19th May, 2013



FREEDOM®
KNÉE



M S R Advanced Learning Centre

M S R Advanced Learning Centre is a one of its kind Cadaver Surgery training center dedicated to provide quality training in all surgical specialties.

Facilities are available for open surgery as well as all types of minimally invasive surgeries.

Arthroplasty has a steep learning curve. Learning this useful procedure on a cadaver simulating the live patient is an experience in itself.

The objective of cadaveric arthroplasty knee workshop is to train young surgeons and orthopaedic residents to better understand and revisit the anatomy, familiarise with basic arthroplasty set up, understand and learn knee instrumentation and get the actual surgery feel and enjoy hands on experience with knee arthroplasty.

Dr. D. C. Sundaresh

President
M S R Advanced Learning Center



Agenda at a glance

- Tips for beginners and early stage surgeons
- 5 steps towards a perfect TKR
- Deformity Correction
 - ▶ Valgus
 - ▶ Varus
 - ▶ Fixed Flexion Deformity
- Discussion
- My Clinical Experience - FREEDOM KNEE
- Surgical video on FREEDOM KNEE
- Delegates practice on Cadavers

*Course intake : 24
Only 3 delegates per station*

Registration form - (tear this and mail to mailing address)

Name:

Designation:

Institute:

Address:

Phone no:

E mail :

