

OLYMPUS

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Medical Expert Training
Surgical

LAPAROSCOPIC COLORECTAL CADAVER COURSE

28-29 September 2015

Education Centre, The School of Oncology, The Christie Hospital



CPD
APPLIED

The Christie
School of Oncology



COURSE DIRECTOR

MR CHELLIAH SELVASEKAR
Consultant Colorectal Surgeon, The Christie Hospital

A P P L I C A T I O N F O R M

→ LAPAROSCOPIC COLORECTAL CADAVER COURSE

Overview

This two day course is aimed at years 1-3 colorectal consultants. The course aims to discuss the safe practice in olorectal surgery, along with enhancing skills on cadaveric models. The first day will be held at the Education Centre in the School of Oncology at The Christie Hospital and the second day will be held at the Manchester Surgical Simulation Centre.

Applicants are required to submit their CV, log book and personal statement, along with their application form. Successful delegates will be notified of their place after the closing date of the 26 June 2015.

Programme will include

Day One - 28 September 2015

08:00 Pelvic MDT at Christie
09:00 Registration and Introduction
09:30 Laparoscopic Colorectal relevant anatomy
10:30 Laparoscopic Transverse colon mobilisation
11:00 Coffee Break
11:15 Laparoscopic Splenic flexure mobilisation
12:15 Colorectal MDT
(Decision making and case selection)
13:00 Lunch
14:00 Laparoscopic rectal surgery
15:00 Robotics in rectal surgery
15:30 How to prevent and deal with complaints
16:30 Patient safety and Human factors
17:30 Discussion
19:00 Course dinner

Day Two - 29 September 2015

08:00 Introduction to fresh frozen cadavers
08:30 Left colon and Splenic flexure mobilisation
10:00 Laparoscopic Transverse colon mobilisation
11:00 Coffee
11:30 Laparoscopic bowel anastomosis
13:00 Lunch
14:00 Laparoscopic TME & Rectal dissection

→ LAPAROSCOPIC COLORECTAL CADAVER COURSE Application Form

I would like to attend the [Laparoscopic Colorectal Cadaver Course](#) to be held on 28-29 September 2015 at [The Christie Hospital \(C173\)](#)

PLEASE COMPLETE THE BELOW IN BLOCK CAPITALS (NB: Your badge and certificate of attendance will reflect details provided below)

SURNAME:	DR/PROF/MR/MRS/MISS/MS
.....	
FORENAME:
.....	
JOB TITLE:
.....	
DEPARTMENT:
.....	
HOSPITAL ADDRESS:
.....	
POST CODE:	
.....	
DAYTIME TELEPHONE NO:	EXTN:
.....
MOBILE TELEPHONE NO:	
.....	
EMAIL:	
.....	
PLEASE STATE ANY DIETARY REQUIREMENTS: <input type="checkbox"/> VEGETARIAN <input type="checkbox"/> OTHER:	
.....	
.....	
SIGNED:	DATE:
.....

A photographer may be present on the day of the course.
Photography of course participants may be taken and used in marketing material.

☐ I consent to my photograph being taken as a course participant.

Please return your completed application form to:

Liane Shaw, Event Co-ordinator
Olympus, KeyMed House, Stock Road, Southend-on-Sea, Essex SS2 5QH
Telephone: + 44 (0)1702 452336 Facsimile: + 44 (0)1702 452742
Email: liane.shaw@olympus.co.uk

→ FACULTY

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JEREMY ROUSSACK

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