

## **CME INTIMATION**

### **1-DAY or 6-DAY INTENSIVE TRAINING PROGRAM ON INFERTILITY ULTRASOUND :**

**Transvaginal DOPPLER, Transvaginal 3D GYNAECOLOGICAL ULTRASOUND,  
2D TRANS-VAGINAL and TRANS-ABDOMINAL GYNECOLOGICAL ULTRASOUND  
including FOLLICULAR STUDY and ECTOPIC PREGNANCY**

**From 5<sup>th</sup> NOVEMBER To 10<sup>th</sup> NOVEMBER 2018**

**ORGANISED BY:**

**CHIKITSA DIAGNOSTIC & ULTRASOUND TRAINING CENTRE**

**FACULTY:**

**Dr Anirudh Badade, MD (Radiodiagnosis)**

Hon Sonologist Nowrosjee Wadia Maternity Hospital, Mumbai

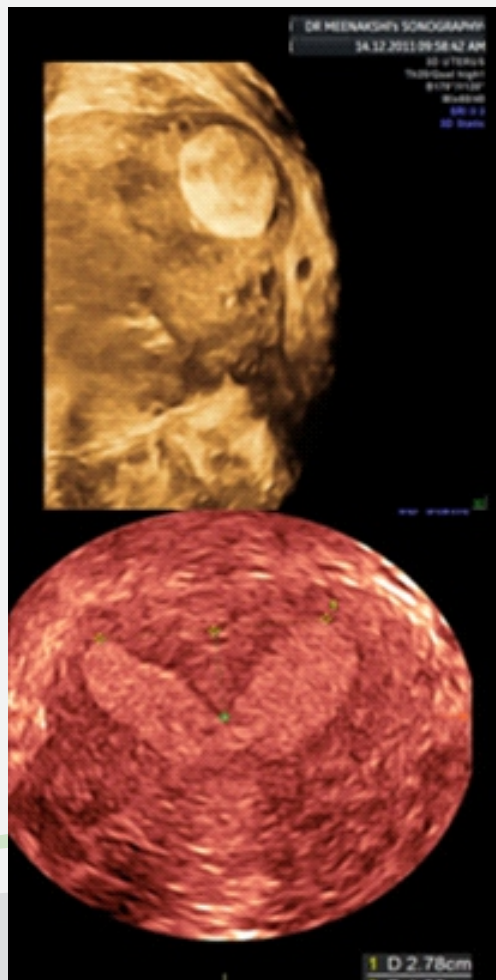
Ex-Hon Sonologist Jerbai Wadia Children's Hospital, Mumbai

Hon asst Radiologist, Rajawadi Municipal Hospital, Ghatkopar, Mumbai

Faculty in National and International Conferences

**Dr Meenakshi Badade, MD ( Radiodiagnosis)**

**Venue : CHIKITSA DIAGNOSTIC & ULTRASOUND TRAINING CENTRE, 6,7 Mahinder Chambers,  
Opposite Duke's Factory, W.T Patil Marg, Chembur(e), Mumbai, 400071**



## Images displayed: Lipoleiomyoma Septate Uterus

### Introduction

Ultrasound has become a necessary and vital tool for the Gynecologist with interest in the clinical practice of infertility.

Ultrasound has various aspects : trans-vaginal follicular study, trans-vaginal 2D gynecological ultrasound, trans-vaginal doppler ( endometrial doppler, uterine artery doppler, peri-follicular doppler etc.), trans-vaginal 3D ultrasound particularly for uterine anomalies, and trans-abdominal 2D ultrasound.

All these aspects are covered in this intensive course.

Radiologists too need to be aware of the clinical relevance of various ultrasound findings, the information sought by the Infertility Gynecologist and the appearance of various pathologies relevant to infertility.

### Target Audience

This course is designed to meet the needs of Gynecologists and Radiologists interested in Infertility .

## Course Structure

The course has a compulsory module. 1 and 3 optional modules. Candidate may choose one, three or none of the optional modules

**COMPULSORY MODULE** : Day 1 ( Monday ) : an intensive 1-day course with hands-on

**OPTIONAL MODULE 1** : ( Day - 0 : pre- program ) : Basics of Doppler ultrasound : 9.30 am to 12.00 noon; recommended for all.

**OPTIONAL MODULE 2** : Days 2 to 6 ( Tuesday to Saturday, or customized according to requirements of candidate ) : Hands-on ultrasound under expert supervision

**OPTIONAL MODULE 3** : (on any one day, which will be decided after discussion with candidates) : Practical demonstration of 3D and 4D trans-vaginal sonography which would typically include :

Adjustment of machine settings for image optimizing, introduction to various probes,

Performing a 3D Gynaecology scan

Identification of normal pelvic anatomy

Use of TUI , inversion mode , VOCAL, AFC , Ovarian Volumes, Automated Folliculometry, Antral Count , Endometrial Volume

Introduction : including the role of trans-abdominal and trans-vaginal ultrasound in infertility
Normal appearances and variations
Follicular study
Ultrasound appearance of gynecological pathologies relevant to infertility
Ectopic pregnancy
Doppler in infertility : including doppler of endometrium, uterine arteries, ovaries, peri-follicular, etc.
Pathologies in gynecological ultrasound
Hands-on Ultrasound : including Doppler of endometrium, uterine arteries, ovaries, peri-follicular, etc.

## Number of Delegates

Number of participants is deliberately kept small, typically 4 - 6.

**Course Fee Structure:** Day 1: ( Compulsory module) : Rs. 12000 (+ GST) per delegate inclusive of registration, course material and refreshments.  
Optional module 1 :Rs. 5500(+GST) per delegate(recommended for all)  
Optional module 2 :Rs. 5500(+GST) per delegate, per day  
Optional module 3 :Rs. 7000(+GST) per delegate

**ENTRY LIMITED TO FIRST SIX DELEGATES ONLY**

**Contact Details:**

Manager: Mrs. Vijaya : 09987115680

Email: chikitsa1995@gmail.com

Ph No. +91 22 25201455, +91 22 25201456

Dr. Anirudh Badade:

09324911001

09759907755

**For assistance regarding hotel accomodation contact Mrs. Vijaya**

**REGISTRATION FORM**

Name :- \_\_\_\_\_

Age :- \_\_\_\_\_

Sex :- \_\_\_\_\_

Degree :- \_\_\_\_\_

Institution :- \_\_\_\_\_

Experience in Ultrasound :- \_\_\_\_\_

Ph. No. :- \_\_\_\_\_

Email :- \_\_\_\_\_

DD no. / Cash / Money transfer :- \_\_\_\_\_