

CME INTIMATION

SIX DAY OBSTETRIC DOPPLER PROGRAM WITH HANDS-ON

ORGANISED BY:

CHIKITSA DIAGNOSTIC & ULTRASOUND TRAINING CENTRE

CONVENER :

DR ANIRUDH BADADE, MD (Radiodiagnosis)

Hon Sonologist Nowrosjee Wadia Maternity Hospital, Mumbai

Hon Asst Radiologist, Rajawadi Municipal Hospital, Ghatkopar, Mumbai

Faculty in National and International Conferences

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

Introduction

Doppler has become an integral part of ultrasound evaluation in obstetrics and is being used by Radiologists, Obstetricians, and Fetal Medicine Specialists. As is well known, Doppler has numerous indications in obstetrics.

This course will benefit both, those wanting to introduce Doppler into their obstetric ultrasound practice and those already practicing obstetric Doppler but wanting a better understanding of various aspects of the subject.

The course focuses on the understanding the basics of Doppler, optimizing Doppler images, technique of obtaining spectral waveforms from various fetal and maternal blood vessels including the uterine arteries, ductus venosus, MCA, and umbilical arteries, understanding the normal Doppler findings and interpreting Doppler findings in pathologies.

This course has been attended by many, and has been uniformly rated as excellent and extremely beneficial.

Course Structure

The course will be run for 6 days.

It will consist of :

- 1) lectures
- 2) demonstration by experienced Radiologists of the techniques of optimizing Doppler images and the techniques involved in acquiring waveforms from various blood vessels
- 3) hands-on Doppler studies on patients under supervision of experienced Radiologists.

Learning Objectives

At the completion of this course, participants should be able to adjust machine setting to optimize the Doppler images, independently obtain waveforms from the various fetal and maternal blood vessels, interpret the waveforms obtained in the context of the clinical situation, and identify doppler findings in pathological situations.

Hands on content

- Supervised practical handling of the probe
- Supervised practical adjustment of machine settings to optimize Doppler images
- Supervised identification of the various fetal and maternal blood vessels
- Supervised acquisition of Doppler images
- Interactive learning with experienced Radiologists over a period of 6 days

Number of Delegates

Number of Participants is deliberately kept small, typically 2 to 4.

Target Audience

This hands-on fetal echocardiography course is designed to meet the needs of sonologists who are well versed in obstetric ultrasound scanning and want to add doppler to their obstetric ultrasound skills and clinical practice.

Registration

This course is recommended for Radiologists and Obstetricians who are interested in incorporating doppler into their clinical obstetric practice.

PROGRAM FOR THE SIX DAY OBSTERIC DOPPLER COURSE

DAY 1: “Intensive Lecture day” : 9.00 AM TO 5.00 PM

INTRODUCTION
BASICS OF ULTRASOUND AND UNDERSTANDING THE ULTRASOUND MACHINE
PRINCIPLE AND PHYSICS OF DOPPLER AND OPTIMISING DOPPLER IMAGES
NORMAL DOPPLER FINDINGS AND DOPPLER IN FETAL GROWTH RESTRICTION
DEMONSTRATION OF ULTRASOUND MACHINE AND OPTIMISING IMAGES
ORIENTATION IN FIRST TRIMESTER ANOMALIES SCAN
DEMONSTRATION OF OBTAINING DOPPLER WAVEFORMS AND HANDS ON UNDER SUPERVISION
DOPPLER FINDING IN SPECIAL CLINICAL SITUATIONS AND PATHOLOGICAL STATES

DAY 2: 2.00 PM TO 5.30 PM HANDS ON TRAINING

DAY 3: 2.00 PM TO 5.30 PM HANDS ON TRAINING

DAY 4: 2.00 PM TO 5.30 PM HANDS ON TRAINING

DAY 5: 2.00 PM TO 5.30 PM HANDS ON TRAINING

DAY 6: 2.00 PM TO 5.30 PM HANDS ON TRAINING

The program is subject to change.

ENTRY LIMITED TO FIRST SIX DELEGATES ONLY

Contact Details:

Manager: Mrs. Vijaya (O): 9987115680

Email: chikitsa1995@gmail.com

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

Dr. Anirudh Badade:

(M) 9324911001

(O) 9769907755

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 :- _____