

**Cadaveric Knee -  
Arthroscopy Workshop**

Date: 25th march, 2012  
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

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*Learn from the masters  
and do it yourself*



**M S Ramaiah  
Advanced Learning Center**

**Cadaveric  
Basic Knee  
Arthroscopy  
Workshop**

**March 25th, 2012**



Supported by  
**Karl Storz Endoscopy**

**Future courses  
Advanced Knee Arthroscopy, April 2012**

## 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.

Arthroscopy is a useful tool in the armamentarium of an Orthopedic surgeon which has a steep learning curve. Learning this useful procedure on a cadaver simulating the live patient is an experience in itself.

The objective of this Cadaveric Knee arthroscopy workshop is to hone the motor skills of young surgeons and orthopedic residents & to familiarize them with basic arthroscopy set up, and enjoy a hands on experience in Arthroscopy of the Knee.

### Dr. D. C. Sundaresh

President

M S R Advanced Learning Center



## Program at a glance

- Basic arthroscopy set up and instruments
- Ligamentous instability - assesment
- Arthroscopic portals
- Arthroscopic Meniscectomy & loose body removal

### Hands on Cadaver Workshop - Arthroscopy & Meniscectomy

Live surgical demonstration of Arthroscopic ACL reconstruction

- if time permits

### Faculty:

Dr. Satish Shervegar

Dr. Banarji B H

Dr. Rudraprasad

Dr. D. C. Sundaresh

*Course intake : 24*

*Only 3 delegates per station*

Under the aegis of Bangalore Orthopedic  
society &  
Karnataka Orthopedic Association

## Registration form -

(tear this and mail to mailing address)

Name:

Designation:

Institute:

Address:

Phone no:

E mail :

