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Registration

Dr Sudha P

Dr Hereen Antony

Brochure & Web designing

Dr Radhikadevi

Dr Jithumol

Travel & Accommodation

Dr Frenny Ann Philip

REGISTRATION CHARGES

	Till Dec. 15th	Dec. 15th till January 20th
CME & Workshop		
Post Graduates	750	1000
Consultants	1000	1500
CME Alone		
Post Graduates	500	750
Consultants	750	1000

Payment can be made by DD / NEFT / Cash

DD drawn in favour of :

The Director, RCC

payable at Trivandrum.

Details of NEFT

Account Title : RCC Research Project Account

Account number : 00000057036241636

State Bank of India,

Medical College Branch, Trivandrum

IFSC Code : SBIN0070029

Reg. forms with DD can be mailed to :

The Director,

Conference Secretariate IMPACT-VISTA 2018,

Regional Cancer Centre, Trivandrum-11

Filled in registration forms can be send to

email id : rccimpact@rccvm.gov.in

In case of wire transfer/netbanking payment, transaction soft copy along with registration form to be sent to mail id.



Impact Vista 2018

VISION to AIRWAY

HANDS ON WORKSHOP

& CME ON

AIRWAY MANAGEMENT

Date : January 20th & 21st, 2018

Organized by:

Department of Anesthesiology

Regional Cancer Centre, Trivandrum



Supported by Karl Storz as Educational grant

Dear Colleagues,

Greetings from RCC, Trivandrum. We proudly invite you all to the third conference in impact series, **IMPACT-VISTA 2018**, which is a two day program to enlighten you on the recent advances in airway management and an opportunity to have a hands on training on various gadgets available for airway management. We are conducting a preconference workshop on 20th January and CME on 21st January 2018 and hence reserve these two days to be a part of this academic feast. Invited eminent National faculty is the highlight of our scientific programme. Venu: Main conference Hall, Level 8, RCC

With warm regards

Dr. Rachel Cherian Koshy
Organizing Chairperson

Dr. Venugopal.A
Organizing Secretary

SCIENTIFIC PROGRAMME WORKSHOP DETAILS

20 Jan. 2018
Main conference Hall,
Level 8, R.C.C
Time -2 pm to 6 pm

WORKSHOP STATIONS

- 1 Airway ultrasound
- 2 Supraglottic airway devices
- 3 Videolaryngoscopes
- 4 Fiberoptic bronchoscope guided intubation
- 5 Lung isolation techniques
- 6 Percutaneous tracheostomy

FACULTY

Dr Raj Sahajanandan
Dr Sajeesh G
Dr Unnikrishnan K P
Dr Raveendra U S
Dr Suneel P R

CME TOPICS

8 am - Registration

21 Jan. 2018
Main conference Hall,
Level 8, R.C.C

- 1 **Airway ultrasound** - Dr Pankaj Kundra,
Prof of Anesthesiology, JIPMER, Pondicherry
- 2 **AIDAA guidelines - Translating algorithms into practice** -
Dr J V Divatia, *Prof of Anesthesiology, TMH, Mumbai*
- 3 **Maintaining oxygenation in a patient with difficult airway** -
Dr Raveendra U S, *Prof of Anesthesiology, KSHAMS, Mangalore*
- 4 **Central airway obstruction - Assessment & Management** -
Dr Raj Sahajanandan, *Prof of Anesthesiology, CMC, Vellore*
- 5 **Airway management in ICU** - Dr Sheila Nainan Myatra,
Prof of Anesthesiology, TMH, Mumbai
- 6 **Virtual endoscopy** - Dr J V Divatia
- 7 **Shared airway** - Panel Discussion

Moderator : **Dr Roopa Sreedhar**, *Prof. & HOD,
Dept. Anesthesiology, SCTIMST, TVM*

Panelists : **Dr J V Divatia**
Dr Sheila Nainan Myatra
Dr Bipin T Varghese, *Adl. Professor
Dept. of Surgical Oncology, RCC*
Dr Rahul Pillai, *Asst. Professor,
CMC, Vellore*

1.30 pm - 2.30 pm Lunch break

2.30 pm - 3.30 pm PG Quiz

3.30 pm Valedictory Function

Registration Form

Full Name : _____
Designation : _____
Hospital/Institute : _____
Postal address : _____

City with Pincode : _____
Phone No : _____
Email id : _____
Medical Council : _____
Registration Number : _____
Veg/Non veg : _____
Bank details : _____

CME + Workshop

Amount paid Rs.
Bank Name :
Date :
NEFT / Draft No. :

CME alone

Rs.

For further information contact :

Dr. Venugopal A
Mobile: 9447220032
venuana@yahoo.com

Dr. Bhagyalekshmi R
Mobile: 9847125645

- CME registration is mandatory for attending workshop.
- Workshop seats are limited to 60.
- PG's please furnish proof of PG status (letter from HOD)

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VISION to AIRWAY

No: **Receipt** Dt.....

(Please fill in capital letters)

Name.....

Age / Sex.....Mob No.....

Institution

Email ID.....

Rs.

Org. Sec. / Treasurer



RECEIPT

Receipt No.

Date:.....

Received with thanks from Dr.....

a sum of Rupees

towards.....

Rs.

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