

Registration and Information

Please type/print your name and address:

Title	First name	Family name
Hospital		
Address		
City	Country	
Phone No.	Fax No.	
E-Mail		

“Cadaver Course: Masterclass for Management of Complex Orbital and NOE Fractures”

Wednesday 25th October 2017

Please return to:

KLS Martin Australia
 Level 1, 25-27 Whiting St
 Artarmon 2064 NSW,
 Australia
 E: australia@klsmartin.com
 P: +612 9439 5839

Registration Fee

\$ 750 for all surgeons and trainees

Program

Wednesday, 25th October 2017

09:30 - 10:00 Registration & Morning Tea
 10:00 - 12:30 Lectures
 12:30 - 13:30 Lunch
 13:30 - 17:00 Discussion & Cadaver Workshop

Course Venue

Sydney Eye Hospital
 8 Macquarie Street
 Sydney NSW 2000

Course Language

Course language is English, no simultaneous translation will be offered.

CPD points

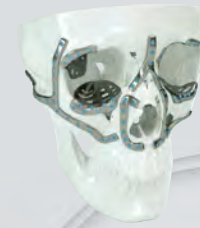
Attendees will receive a CPD certificate.

Registration

www.sorg-group.com

Individual Patient Solutions

One Patient. One Solution.



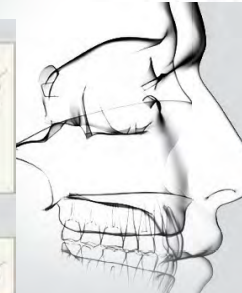
IPS Implants

Patient specific implants, templates and guides available in different materials manufactured with the latest technologies.



Classification of Orbital Trauma

Jaquiéryetal. classification in orbital trauma



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Cadaver Course: Masterclass for Management of Complex Orbital and NOE Fractures

Sydney Eye Hospital
 NSW, Australia

Wednesday, 25th October 2017



Cadaver Course: Masterclass for Management of Complex Orbital and NOE Fractures

Faculty

Michael Perry (MP)
Andrew Cheng (AC)
Sharon Morris (SM)

Who should attend

The course is intended for consultants and senior registrars from Oral and Maxillofacial Surgery, Plastic Surgery and Craniofacial Surgery specialties.

Course aim

The course is designed to discuss the surgical challenges in managing difficult orbital and NOE fractures with a focus on potential complications and secondary reconstruction. The cadaver dissection workshop will include access via coronal approach as well as transcaruncular and transconjunctival approaches to the orbit. Transnasal wiring of the medio-canthal ligament and reconstruction of medial and orbital floor defect with placement of a 3D orbital plate.

Organising Committee - S.O.R.G Oceania

Dimitrios Nikolarakos
Andrew Heggie
Jocelyn Shand
Lydia Lim
Andrew Cheng
James Kim

Program

Wednesday 25th October 2017

09:30 - 10:00	Registration and Morning Tea	
10:00 - 10:45	Post Traumatic Enophthalmos: Primary and Secondary Management	MP
10:45 - 11:30	Post Traumatic Telecanthus and Soft Tissue Defect: Primary and Secondary Management	MP
11:30 - 12:00	Nasolacrimal Canalicular Trauma and Medial Canthal Tendon Repair	SM
12:00 - 12:30	Endoscopic Management of Frontal Sinus	
12:30 - 13:30	Lunch	
13:30 - 14:00	Interesting Cases for Panel Discussion - S.O.R.G Oceania Faculty and Mr Michael Perry	MP
14:00 - 17:00	Cadaver Workshop: <ul style="list-style-type: none"> • Transcaruncular and Transconjunctival Approach • Bicornal Flap to Entire Orbit • Identification of Medial Canthus • Creating Medial Wall and Orbital Floor Fracture • Insertion of Bilateral Orbital Floor 3D Plates 	
17:00 - 18:00	Afternoon Tea	
18:00	End of Course	

Registration and Information

www.sorg-gop.com email: Australia@klsmartin.com

I want to register for the "Cadaver Course: Masterclass for Management of Complex Orbital and NOE Fractures" Sydney, NSW on Wednesday, 25th October 2017

"Complex orbital and nasoethmoid fractures are difficult areas to recreate following maxillofacial trauma. The functional and aesthetic outcome depends on the primary surgical repair and often requires multiple revisions to achieve the desired results"

Participant Fee:
\$ 750 for all surgeons and trainees

Payment

For the "Cadaver Course: Masterclass for Management of Complex Orbital and NOE Fractures" Sydney Eye Hospital, Sydney Wednesday, 25th October 2017

Payable in advance – Please indicate:
"Cadaver Course 10/2017"

by Bank Transfer
Bank: Westpac
Account Name: KLS Martin Australia Pty Limited
BSB: 032 090
Account Number : 400839

by Credit Card
Visa Mastercard

Card Holder: _____

Card No: _____

Expiration Date: ____ / ____

Signature: _____