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OLYMPUS

### Rhinoscropy Workshop

In conjunction with the Endoscopic Sinus  
and Skull Base Surgery Course

St Vincent's Hospital, Sydney  
St Vincent's Private Hospital, Sydney

Enquiries:  
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St Vincent's Hospital



St Vincent's Private

## Endoscopic Sinus and Skull Base Surgery Course



Invited Speaker:

A/Prof. Martin Desrosiers

Faculty:

Dr Richard Gallagher

A/Prof. Richard Harvey

A/Prof. Raymond Sacks

August 26<sup>th</sup>, 27<sup>th</sup>, 28<sup>th</sup>, 2010  
St Vincent's Hospital, Sydney

## Invited Speaker

Dr Desrosiers is an internationally recognised expert in the field of chronic sinusitis. He specialises in nasal and sinus disorders, with special interests in medical management of difficult to treat sinus disease and endoscopic surgery of the para-nasal sinuses and skull base.

## Faculty

All three surgical members of the faculty have a wide experience in the management of sinus disease and endoscopic surgical techniques. They are joined by leading physicians involved in the management of upper airways disease. They are all actively involved in teaching and research.

## About the Course

The course is aimed at practising Surgeons and Registrars. Advanced areas of surgical management will be covered.

There is a focus on integrated medical and surgical management. Modern concepts of airway disease, inflammatory processes and an evidence based approach will be discussed.

Live surgery is planned on Friday morning. Lectures and discussions will prepare the participants for two afternoon sessions in the dissection laboratory.

## Areas to be Covered

- Frontal sinus
- Sphenoid sinus
- Nasal polyposis
- DCR
- Management of orbital complications
- CSF leaks/Encephaloceles
- Pituitary surgery



## Registration

Endoscopic Sinus and Skull Base  
Surgery Course

St Vincent's Hospital, Sydney  
St Vincent's Private Hospital, Sydney

Dissectors: \$1,800.00 (incl. GST)

Registrars: \$1,500.00 (incl. GST)

SET Year: \_\_\_\_\_

Non Dissectors: \$500.00 (incl. GST)

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

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

Credit Card Payment:

☐ MasterCard ☐ Visa

Name On Card: \_\_\_\_\_

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Expiry Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Cheques made to:  
St Vincent's Private Hospital

Registration is not accepted without payment.

Send to/Enquiries:

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