

Management of  
**Complex spinal Trauma**  
3rd Live Operative Workshop & Symposium



All India Institute  
of Medical Sciences

Jai Prakash Narayan  
Apex Trauma Center



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Chief, JPNATC, AIIMS

Co-Organizing Chairman



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HOD Neurosurgery

INVITED SPINE FACULTY



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Dr P Sharat Chandra

JPN Apex Trauma Centre, Faculty



Dr Deepak Agrawal



Dr. Deepak Gupta



Dr. Sumit Sinha



Dr. GD Satyarthee



Dr. PK Singh

Convener

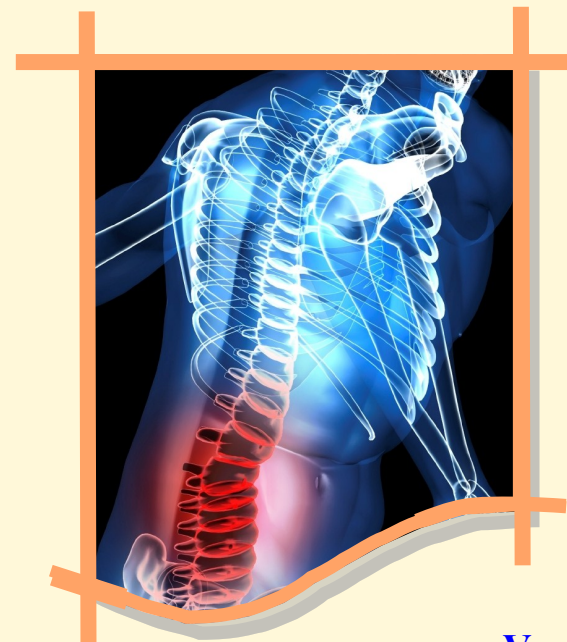
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Online registration at [www.jpnatc.com/conferences.asp](http://www.jpnatc.com/conferences.asp)

Management of  
**Complex Spinal Trauma**  
3rd Live Operative Workshop & Symposium



**Date:**  
May 11-12, 2013

**Venue:**  
Seminar Room,  
JPNATC, AIIMS,  
New Delhi





# PROGRAMME

## Day 1 (11th May 2013)

08:30	<b>Introduction</b>
09:00-10:00	Discussion of cases (Case 1 & 2) (One case under O-arm guidance)
10:00-13:30	Live Surgery and simultaneous demonstration on saw bone model
13:30-14:30	<b>Lunch</b>
14:30	Case discussion (Case 3 & 4) (One case under O-arm guidance)
15:00- 16:00	Select spinal trauma research presentations
16:00-18:30	Live Surgery and simultaneous demonstration on saw bone model
19:00	Dinner at AIIMS Faculty club lawns

## Day 2 (12th May 2013)

09:00	Discussion of cases (Two cases under O-arm guidance)
10:00-13:30	Live Surgery and simultaneous demonstration on saw bone model
13:30	Closure
13:30	<b>Lunch</b>

	Day 1		Day 2	
	OT4	OT 5(O-arm)	OT4	OT 5(O-arm)
<b>Case 1</b>	Cervical Spine Injury (Bilateral Facet dislocation) Corpectomy & fusion	Odontoid Fracture Odontoid Screw placement	Traumatic AAD (Fixed) Posterior fixation (Goel's Technique)	Lumbar fracture Percutaneous fixation
<b>Case 2</b>	Thoracolumbar fracture Transpedicular Corpectomy & Free hand Pedicle screw placement	Traumatic AAD (reducible) C1-C2 Transarticular screw placement		Hangmans Fracture C2 transpedicular fixation

## Registration Form

Please send completed form by email to [drdeepak@gmail.com](mailto:drdeepak@gmail.com) or by post to **Room no 102, CF, JPNA Trauma Centre, AIIMS, Raj Nagar, New Delhi-110029**

Dr \_\_\_\_\_

Age \_\_\_\_\_ Sex:- \_\_\_\_\_

Designation \_\_\_\_\_

Department \_\_\_\_\_

Institute Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

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\_\_\_\_\_

Contact No. \_\_\_\_\_

E-mail \_\_\_\_\_

Signature :- ..... Date :- .....

Registration fee is Rs. 1000/- Cheque in favour of OWSCST

Online registration at

[www.jpnatc.com/conferences.asp](http://www.jpnatc.com/conferences.asp)