

MEDICO-SURGICAL MEET



ON

7th APRIL 2013

AT

S. M. MERCHANT AUDITORIUM,
B. J. WADIA HOSPITAL FOR CHILDREN

EMINENT PEDIATRIC AND PEDIATRIC
SURGICAL FACULTY

ORGANISED BY

PROF. SUSHMITA BHATNAGAR

CO- SPONSORS
IAP Mumbai



MEDICO-SURGICAL MEET PROGRAM

TIME	TOPIC	SUBTOPICS	FACULTY
8-9am	REGISTRATION & BREAKFAST		
9 – 10.15 am	NEONATAL SESSION	<ul style="list-style-type: none"> • NEC • INTESTINAL OBSTRUCTION • ANTENATALLY DIAGNOSED CHEST LESIONS • ANTENATALLY DIAGNOSED HYDRONEPHROSIS 	Dr. Anand Naregal Dr. Praful Shanbag
10.15-11.15 am	HEPATOBIILIARY SESSION	<ul style="list-style-type: none"> • BILIARY ATRESIA • PORTAL HYPERTENSION • PANCREATITIS 	Prof. S.N.Bhatnagar Dr. Ira Shah
11.15-11.45 am	TEA BREAK		
11.45 – 1.00 pm	NEUROLOGY SESSION	<ul style="list-style-type: none"> • INFECTIVE HYDROCEPHALUS • MMC with HYDROCEPHALUS • SKIN COVERED N'LOGICAL LESIONS 	Dr. S.J.Karmarkar Dr. Anaita Hegde
1.00-1.30 pm	GASTROINTESTINAL SESSION	<ul style="list-style-type: none"> • VOMITING • CONSTIPATION • PAIN IN ABDOMEN 	Dr. Rajeev Redkar Prof. S.S.Prabhu
1.30-2.15 pm	LUNCH		
2.15 – 3.00 pm	MISCELLANOUS	<ul style="list-style-type: none"> • EMPYEMA • HERNIA • UNDESCENDED TESTIS 	Dr.Suyodhan Reddy Prof .S. S. Prabhu
3.00 – 4.00 pm	ONCOLOGY SESSION	<ul style="list-style-type: none"> • WILMS' TUMOR • NEUROBALSTOMA • LYMPHOMA • SOFT TISSUE SARCOMA 	Prof. S.N.Bhatnagar Dr. A. Swami
4.00 – 4.45 pm	UROLOGY SESSION	<ul style="list-style-type: none"> • UTI • ENURESIS • ACUTE SCROTUM 	Dr. V.M.Rege Dr. K.P.Mehta
4.45-5.00pm	CLOSING & TEA		



MEDICO-SURGICAL MEET



REGISTRATIONS

CONSULTANT : Rs. 750

RESIDENTS : Rs. 500

**Cheque/DD : B.J.Wadia Hospital for Children.
Outstation cheques : Add Rs. 100**

FOR DETAILS

Contact

Prof. S.N.Bhatnagar	(9869013797)
Dr. S. Reddy	(9820514077)
Dr. Pinakin Pujari	(8655025300)
Dr. Kalpesh Patil	(9920147567)



MMC Accredited
3 points for faculty
2 points for delegates



MEDICO-SURGICAL MEET

REGISTRATION

REGISTRATION FORM

(Name to appear on certificate)

Title: Prof./Dr./Mr./Ms *(please delete as applicable)*

Surname:

First Name:

Institution:

Address:

.....

Country: Postal Code:

Telephone: Fax"

E-mail:

Mobile:

Signature:

Postal address :

Dr. Sushmita Bhatnagar, Pediatric Surgery Department , Bai Jerbai Wadia Hospital for Children, Near K.E.M. Hospital, Acharya Dhonde Marg Parel, Mumbai -400012

