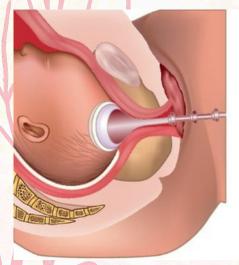
Medical College and Hospital

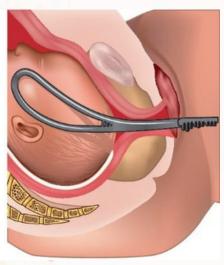
DEPARTMENT OF OBSTETRICS AND GYNAECOLOGY

cordially invites you to the

HANDS ON TRAINING SESSION ON

"OPERATIVE VAGINAL DELIVERY: REVIVING THE FADING ART"







Venue: Simulation centre, SMVMCH

Date: 28.02.2025 - Friday

Time: 9.00AM - 4.00PM

TIME	SESSION TOPIC	FACULTY
09:00AM-09:30AM	Registration and pretest	
09:30AM-09:50AM	Types of forceps - Lecture	Dr.Bupathy A
09:50AM-10.10AM	Indication, prerequisites & complications of instrumental delivery - Lecture	Dr.Priyadharshini D
10:10AM-10:30AM	Tea break	
	Hands on training session (Mannequin)	
10:30AM-11:20AM	Outlet forceps & Axis traction forceps	Dr.Nivedita K Dr.Hemavathy V
11:20AM-12:10PM	Rotational forceps	Dr.Bupathy A Dr.Kavitha K Dr.Depika
12:10PM-01:00PM	Conduct of vacuum delivery and use of KIWI Omnicup	Dr.llamathi S Dr.Arularasan J
01:00PM-02:00PM	Lunch	
02:00PM-02:50PM	Shoulder dystocia	Dr.Priyadharshini D Dr.Ketki K
02:50PM-03.40PM	IPV & Breech	Dr.Poomalar GK Dr.Aparna G Dr.Padma
03:40PM-04:00PM	Post test & feedback	

In the honoured presence of

Shri M.Dhanasekaran

Chairman & Managing Director,

SMVE Trust

Dr.K.Narayanasamy

Secretary, SMVE Trust

Er.D.Rajarajan

Treasurer, SMVE Trust

Ar.S.Velayudham

Joint Secretary, SMVE Trust

Dr.R.N.Kagne

Dean, SMVMCH

Dr.K.Karthikeyan

Dean(Academic), SMVMCH

Dr.Sanjay.P

Dean(Research), SMVMCH

Dr.M.Pragash

Medical Superintendent, SMVMCH

Dr S Girija

Deputy Medical Superintendent, SMVMCH

Organizing Committee

Dr Poomalar G K
Organizing Chairperson

Dr Bupathy A
Dr Nivedita K
Organizing Vice Chairperson

Dr Ilamathi S
Organizing Secretary

Scientific Committee

Dr Priyadharshini D Dr Aparna G

Registration Committee

Dr Arularasan J

Dr Hemavathy V

Dr Kavitha K

Dr Ketki K

REGISTRATION DETAILS

- 1.Pre-registration is mandatory
- 2.Session is limited to 30 participants only (on first come basis)
- 3. Registration closes on 20/02/2025 by 6.00pm
- 4. Registration fee: Rs. 1500/-
- 5.TNMC credit hours awaited

PAYMENT DETAILS

Name: Akalya V.

Bank name: State Bank of India Account number: 41307447286

IFSC code: SBIN0016854

Gpay number: 7010466230

Scan for registration



For queries contact:

Dr.Ilamathi: 9791672954

Dr. Arularasan: 6382453121

Dr.Iswarya: 6380064390