Course Director

Richard J. Wiet, M.D., F.A.C.S.
Professor, Clinical Otolaryngology and Neurosurgery
Northwestern University
Feinberg School of Medicine

Faculty

Robert Battista, M.D., F.A.C.S.
Assistant Clinical Professor
Northwestern University
Feinberg School of Medicine

Arvind Kumar, M.D., F.R.C.S.
Adjunct Professor, Northwestern University
Feinberg School of Medicine

R. Mark Wiet, M.D.
Assistant Professor
Head, Section of Otolaryngology, Neurotology, and Lateral Skull Base Surgery
Department of Otolaryngology - Head and Neck Surgery
Rush University Medical Center

Temporal Bone Course

A small-group, hands-on learning experience

directed by
Richard J. Wiet, M.D., F.A.C.S.
Professor, Clinical Otolaryngology and Neurosurgery
Northwestern University
Feinberg School of Medicine

Sunday and Monday
March 3 & 4, 2013
or
Call for Future Dates

Sponsored by
Adventist Midwest Health
**Accreditation**

**Accreditation Statement**
Adventist Midwest Health is accredited by the Illinois State Medical Society to provide continuing medical education for physicians.

**Credit Designation Statement**
Adventist Midwest Health designates this live activity for a maximum of 16 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

**Purpose**
This course will review the surgical and medical treatment options for otosclerosis, chronic otitis media, vertigo and hearing loss. One temporal bone will be provided to each participant for surgical dissection.

**Objectives / Intended Audience**
The course is intended for the general otolaryngologist interested in the recent advances in the treatment of otologic pathology. The participant will gain an improved understanding of the surgical microanatomy of the temporal bone. The course will allow ample opportunity for both laboratory time and didactic sessions.

The schedule will include:
- Stapedectomy
- Chronic otitis media surgery
- Medical and surgical treatment of vertigo
- Ossicular chain reconstruction
- Implantable medical hearing devices
- Transtympanic medical therapy
- Practical Lecture on Coding

**Registration Information**
The registration fee includes course materials, daily continental breakfast, refreshment breaks, and lunch.

| Fee: $450.00 |
| Limited to 5 participants per course |

Checks can be made payable to:
Hinsdale Hospital Foundation

**Daily Agenda**

**Sunday, March 3, 2013**
- 7:30 a.m. Continental Breakfast / Introduction
- 8:00 a.m. Lecture: “Surgical Anatomy of the Temporal Bone”
- 8:30 a.m. Lab
- Noon Lunch & Lecture: “Ossiculoplasty”
- 12:30 p.m. Lectures: “Otosclerosis” and “Current Technique: Avoiding Complications”
- 1:00 p.m. Lab
- 3:30 p.m. Lecture: “Pediatric Sensorineural Hearing Loss”
- 4:00 p.m. Lecture: “A Cost Effective Method of Evaluation of Dizzy Patients”
- 4:30 p.m. Panel Discussion: “Difficult Cases in Otology”

**Monday, March 4, 2013**
- 7:30 a.m. Continental Breakfast
- 8:00 a.m. Lecture: “Current Treatment for Single Sided Deafness”
- 8:30 a.m. Lecture: “Practical Lecture on Coding”
- 9:00 a.m. Lab
- Noon Lunch & Lecture: “Treatment of the Chronically Draining Ear”
- 1:00 p.m. Lecture: “Meniere’s Disease”
- 1:30 p.m. Lecture: “Complications in Mastoid Surgery”
- 2:00 p.m. Lab

**Refund Policy**
A refund of the registration fee, less 10 percent processing fee, will be made when a written request or a telephone request followed by a written confirmation is received three weeks prior to the course. After this date, refunds will not be made. Fees will not be refunded for failure to attend. Adventist Midwest Health reserves the right to cancel or postpone any conference because of unforeseen circumstances or insufficient enrollment. In the event of such a cancellation, full tuition will be refunded.

**To Register**
Telephone registrations cannot be accepted. Please complete the registration form and return to:

Adventist Midwest Health
Continuing Medical Education
120 North Oak Street
Hinsdale, IL 60521

Checks can be made payable to:
Hinsdale Hospital Foundation

Please Print or Type
☐ March 3 & 4, 2013
☐ Please contact me with future dates

M.D.
Last Name
First Name
Address
City, State, Zip Code
Daytime Phone
Fax
Email

Confirmation of reservation will be made by Email or telephone

Confirmation of reservation will be made by Email or telephone