



## Programme: Certificate Workshop For SILIMED Intra gastric Balloon

Date: 2 November 2009

Time: 8:00 am - 1:00 pm

Venue: CUHK Jockey Club Minimally Invasive Surgical Skills Centre  
3/F., Li Ka Shing Specialist Clinic (North Wing)  
Prince of Wales Hospital, Shatin, N.T., Hong Kong

### Guest Speakers

Course Directors:	● Dr. Wilfred Mui	Medical Director, Hong Kong Bariatric and Metabolic Institute
	● Prof. Gustavo Carvalho	Professor of Surgery, Pernambuco University, Brazil
Local faculty:	● Dr. Simon Wong	Consultant Surgeon, Prince of Wales Hospital
	● Prof. Enders Ng	Professor of Surgery, The Chinese University of Hong Kong
	● Ms Carmela Lee	Registered Dietitian (HPC, UK), BSc (Nutrition and Food Sciences)

### Workshop Schedule:

Time	Sections	Speaker
8:00-8:15	Registration	
8:15-8:20	Welcome Remark	Dr. Wilfred Mui
8:20-8:35	Development, mechanism and overview	Dr. Simon Wong
8:35-8:50	Indications and patient selections	Dr. Wilfred Mui
8:50-9:05	Introduction of SILIMED balloon system	Prof. Gustavo
9:05-9:20	Insertion and removal technique	Prof. Gustavo
9:20-9:35	Follow-up and avoiding complications	Prof. Gustavo
9:35-10:00	Diet and exercise therapy	Ms Carmela Lee
10:00-10:15	Tea break	
10:15-10:45	Live demonstration of intra gastric balloon insertion	Dr. Wilfred Mui
10:45-11:00	Intra gastric balloon: A multi-disciplinary approach	Dr. Simon Wong
11:00-11:15	Impact of intra gastric balloon on metabolic syndrome	Dr. Wilfred Mui
11:15-11:30	Intra gastric balloon vs. pharmacotherapy for obesity	Prof. Enders Ng
11:30-11:45	Intra gastric balloon on low BMI patients	Prof. Gustavo
11:45-12:15	SILIMED intra gastric balloon system (Hands-On)	All faculty
12:15-12:30	Presentation of certificate	Prof. Gustavo



## Registration:

**Registration Fee:** HK\$500 per person

**Registration:** Please complete the enclosed registration form and return it with appropriate fee to the Secretariat by fax or mail.

**Payment Method:** By cheque or by credit card

**Secretariat:** CUHK Jockey Club Minimally Invasive Surgical Skills Centre  
3/F., Li Ka Shing Specialist Clinic (North Wing)  
Prince of Wales Hospital, Shatin.  
Tel: (852) 2632 2644  
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# REGISTRATION FORM

## Registration Method

Complete the registration form below in BLOCK LETTERS and return with the appropriate registration fee to the Secretariat

## Participant's Information

Title:             Professor     Doctor     Mr.     Ms.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Position: \_\_\_\_\_ Department: \_\_\_\_\_

Institution: \_\_\_\_\_

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

Country: \_\_\_\_\_

Tel: \_\_\_\_\_

Fax: \_\_\_\_\_

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

## Registration Fee

HK\$500 per person

## Payment Method

A cheque for HK\$500 made payable to 'The Chinese University of Hong Kong' is enclosed

Please debit my credit card:            Type:  Visa /  Master

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

Card No.: \_\_\_\_\_

CVV No.: \_\_\_\_\_ (the 3-digit CVV number is located on the signature panel on the back of the card immediately after the card's account number)

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

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