

Women's Imaging and
Musculoskeletal sonography

SIG 2010 SYDNEY

21-22 August 2010
Hilton Sydney

*Early Bird
Registration
closes 23 July!*



The 6th Annual Special
Interest Group Seminar of the
Australian Sonographers Association



ASA MASTERCLASS SERIES – FRIDAY 20 AUGUST
8.30AM – 5.00PM

New to the ASA calendar is the Masterclass series. Designed to address the challenges of managing in the modern environment, as part of our ASA Masterclass Series, we are pleased to offer two intensive full-day workshops on Communication and Management.



COMMUNICATION

Mastering difficult patient interaction

This session provides a solution focussed approach to enhance the effectiveness and ease of dealing with difficult patients. These situations can cause considerable stress for the healthcare professional, yet are often unavoidable. Without training and skills, many professionals either surrender to the aggressor or find it difficult to communicate their point of view for fear of escalating conflict.

Skills for the healthcare environment

Good communication can be very difficult. This session will help you improve your communication skills for better time management, greater patient compliance and improved patient satisfaction. Research proves healthcare professionals can reduce risk of litigation by improving communication skills and better managing patient expectations, in addition to increasing patient satisfaction and health outcomes.

MANAGEMENT

Leadership and managing performance

Senior roles in an ultrasound department require the skills to manage, motivate and monitor the performance of the staff. The first part of this session will examine the qualities that constitute effective, confident leadership in an ultrasound environment. It will provide opportunity for self-reflection. The second part of the session will address performance management and suggest strategies for providing feedback and dealing with poor performance.

Team building, delegation and mentoring

Do you always seem too busy to do extra things that would make your department that really great place to work? This workshop is for you. By building a good team, creating a positive team spirit and then empowering those around you to take on key roles, you will find that you are more productive and working with happier staff.

Visit www.a-s-a.com.au to register online or complete registration form attached.

Not a member, not a problem

Join the ASA today and receive the discounted member rate to attend SIG2010 Sydney.

Visit www.a-s-a.com.au for more information and a membership application form.



Registration with arrival tea and coffee 8.00am

SESSION ONE – PLENARY – 9.00AM-10.30AM

9.00am–9.30am	PULs and non-tubal ectopic pregnancy	Dr George Condous
9.30am–10.00am	Fetal heart	Jo Lennox
10.00am–10.30am	Adenomyosis	Dr George Condous

Morning tea 10.30am–11.00am

SESSION TWO – LIVE SCANNING WORKSHOPS – 11.00AM-12.30PM

2A Breast implants		2B Fetal heart		2C PULs and non-tubal ectopic pregnancy		2D Obstetrics: Advanced ultrasound technique in the first trimester	
Speaker	Carolyn Hummerston	Speaker	Jo Lennox	Speaker	Dr George Condous	Speaker	Pamela Thornton
Any sonographer working in a practice which offers breast scanning will encounter patients who have breast implants, as their use is becoming more widespread. This workshop will introduce the common types of breast implants encountered today, as well as a brief overview of older implants which have been used in the past. It is important for the sonographer to have a working knowledge of implant types, US appearances, uses and common complications, so this talk will aim to address these points and clarify common misconceptions about implant scanning.		Good quality cardiac assessment is a vital part of the screening obstetric ultrasound at 19 weeks gestation. This workshop will cover fetal cardiac anatomy, important imaging views and technique as well as common cardiac abnormalities. Repeated in session 4B.		Non-tubal ectopic pregnancy represents only 5% of all ectopic pregnancy yet contributes significantly to maternal morbidity and mortality. Early ultrasound diagnosis is essential for appropriate intervention with preservation of fertility. Pregnancy of unknown location (PUL) account for approximately 10% of early pregnancy population scans. Experienced ultrasound is the key to classifying these women appropriately and the cornerstone of management. This will be an interactive video-based workshop.		The focus is advanced ultrasound technique in the first trimester in pregnancies deemed high risk from the nuchal translucency screening assessment. Objectives: <ul style="list-style-type: none"> ■ screening for structural anomalies in the first trimester – sonographic analysis of anatomical malformations of the fetal head, skeletal system, thorax, urinary tract and central nervous system ■ methods of evaluating chromosomal abnormalities and cardiac defects with the use of Doppler ultrasound. Ultrasound technique for the assessment of ductus venous flow and tricuspid flow at 11–13 weeks. 	

Lunch 12.30pm–1.30pm

SESSION THREE – PLENARY – 1.30PM-3.00PM

1.30pm–2.00pm	Breast oncology	Dr Peter Ingle
2.00pm–2.30pm	3D applications in gynaecology	Jane McCrory
2.30pm–3.00pm	T1 fetal assessment	Dr Andrew McLennan

Afternoon tea 3.00pm–3.30pm

SESSION FOUR – LIVE SCANNING WORKSHOPS – 3.30PM-5.00PM

4A Cyst vs solid		4B Fetal heart		4C Nasal bone		4D T3 assessment	
Speaker	Dr Alex Petersen	Speaker	Jo Lennox	Speaker	Jennifer Alphonse	Speaker	Ann Quinton
This workshop will provide some practical tips and open discussion for scanning breast lesions. How do you decide if a lesion is cystic or solid? Or can you? Information about technical factors, scanning techniques and the evaluation of different types of lesion will be discussed.		Good quality cardiac assessment is a vital part of the screening obstetric ultrasound at 19 weeks gestation. This workshop will cover fetal cardiac anatomy, important imaging views and technique as well as common cardiac abnormalities. Repeat of session 2B.		During the first trimester ultrasound the nasal bone can be identified as two distinct echogenic structures. Nasal tip and skin line must also be identified. In this workshop, correct technique will be discussed and demonstrated, allowing delegates the opportunity to correctly identify the nasal bone. <ul style="list-style-type: none"> ■ Correct insonation of the ultrasound beam onto the long axis of the nasal bone. ■ Fetal head should be in profile, mid-sagittal plane and facing the ultrasound beam. ■ Optimal imaging with the fetal head and thorax, filling the screen. 		Performing a competent third trimester obstetric ultrasound assessment is akin to being a detective. Questions are needed to be asked regarding previous ultrasounds with respect to dating, findings at the anomaly scan, maternal history and medical conditions as well as fetal well being. This is especially important if any findings or parameters fall outside what is considered 'normal'. This session will guide you through the basics of the third trimester ultrasound and then direct you what to do next when an unusual or unexpected finding arises. Repeated in session 6B.	

Networking Drinks in Exhibition Area 5.00pm–6.30pm

women's imaging

Registration with arrival tea and coffee 8.30am

SESSION FIVE – PLENARY – 9.00AM-10.30AM

9.00am–9.30am	Breast implants	Donna Prescott
9.30am–10.00am	What do we really need in a morphology scan?	Delwyn Nicholls
10.00am–10.30am	The Third Trimester Assessment	Ann Quinton

Morning tea 10.30am–11.00am

SESSION SIX – LIVE SCANNING WORKSHOPS – 11.00AM-12.30PM

6A Ultrasound of the larger breast	6B T3 assessment	6C 3D applications in gynaecology	6D What do we really need to see in a morphology scan?
Speaker Lucy Weir	Speaker Ann Quinton	Speaker Jane McCrory	Speaker Petrina Rousel
<p>This workshop will cover the challenges and difficulties involved in the ultrasound of the larger breast.</p> <p>Areas covered will be:</p> <ul style="list-style-type: none"> ■ breast mapping and margins ■ correlation with mammography images ■ lesion positions ■ positioning and scanning the patient ■ depth resolution/machine settings ■ alternate scanning options ■ pathology and risk factors ■ ultrasound biopsy in the larger breast. 	<p>Performing a competent third trimester obstetric ultrasound assessment is akin to being a detective. Questions are needed to be asked regarding previous ultrasounds with respect to dating, findings at the anomaly scan, maternal history and medical conditions as well as fetal well being. This is especially important if any findings or parameters fall outside what is considered 'normal'. This session will guide you through the basics of the third trimester ultrasound and then direct you what to do next when an unusual or unexpected finding arises.</p> <p>Repeat of session 4D</p>	<p>This session is designed to demonstrate how 3D applications can be applied to the area of gynaecology ultrasound. 3D technology has proven to be invaluable in the assessment of the endometrial cavity but it can also be applied in demonstrating ovarian and adnexal pathology. This workshop will not only demonstrate how to implement 3D techniques in the uterus and ovaries for routine scanning but also show advanced rendering techniques to demonstrate various pathologies of the female pelvis.</p>	<p>Our imaging at the 18–20 weeks ultrasound represents a thorough and detailed examination of the fetus and uterus. We need to provide our Doctors with high quality images with the detailed information that can be clearly and correctly interpreted. This hands-on workshop will provide you with the knowledge and confidence that the images you produce provides the detailed anatomy and information that is necessary in this important obstetric ultrasound.</p>

Lunch 12.30pm–1.30pm

SESSION SEVEN – PLENARY – 1.30PM-3.00PM

1.30pm–2.00pm	Difficult breast	Dr Susan Fraser
2.00pm–2.30pm	Fetal biometry	Delwyn Nicholls
2.30pm–3.00pm	Interesting imaging gynaecology	Petrina Rousel

Conference closes – 3.00pm

Registration inclusions

Full registration for the meeting includes:

- two-day meeting
- entry to plenary and workshop sessions
- Book of Proceedings
- conference satchel
- arrival tea and coffee
- morning and afternoon tea
- lunch on Saturday and Sunday
- entry to the Networking drinks, Saturday 21 August, 5.00pm – 6.30pm.

Saturday/Sunday registration for this meeting includes:

- one-day meeting, including catering on that day
- entry to plenary and workshop sessions on the chosen day
- Book of Proceedings
- conference satchel
- entry to the Networking drinks, Saturday 21 August, 5.00pm – 6.30pm (Saturday registrations only).

Registration with arrival tea and coffee 8.00am

SESSION ONE – LIVE SCANNING WORKSHOPS – 9.00AM-10.30AM

1A Ankle ligaments		1B Appendix		1C Brachial plexus		1D Knee ultrasound: Beyond the Baker's cyst	
Speaker	Andrew Wilmot	Speaker	Rona Girdler	Speaker	Lisa Briggs	Speaker	Troy Morrison
<p>Clinical management of the foot and ankle can be simplified if the symptoms are divided into medial, lateral and anterior ankle pain. In the acute phase, often there is a strong history of overuse, which can be due to any number of causes. The sonographic appearance of the various ankle ligaments will be discussed along with the correct scanning technique. The spring and deltoid ligaments make up the medial ankle structures that can be easily and confidently visualised using ultrasound. The anterior talo-fibular, calcaneo-fibular and tibio-fibular are the lateral ankle ligaments that are easily seen by ultrasound.</p>		<p>A systematic approach to locating and identifying the appendix, when there is a high clinical suspicion of appendicitis. Investigate how the pathological process of appendicitis alters the ultrasonic appearance of the appendix. Work through the ultrasonic criteria for appendicitis, considering the variable locations and multitude of appearances. Conclude with case studies demonstrating the differential diagnosis for Right Iliac Fossa pain that may present as appendicitis.</p>		<p>This workshop is designed to show how to identify and follow the upper limb nerves, radial, ulnar and median from the cervical division. We will follow the nerves in their entirety to their distal endings at the hand. Pathology will be explained and identified. Introduction to surgical anesthesia, of the brachial plexus will also be discussed and demonstrated.</p>		<p>It's no secret that conventional radiography and MRI are the modalities of choice for investigating knee symptoms or injury. If used appropriately, ultrasound of the knee can refine clinical management and direct the clinician as to the need for appropriate further diagnostic investigations such as MRI. Findings on knee sonography can be divided into primary, secondary or both. A solid understanding of knee anatomy, pathology and biomechanics is required to appropriately and effectively assess the knee region. The workshop will involve demonstration of regional anatomy (tendons, ligaments, nerves and muscles) and appropriate technique. The discussion portion of the workshop will focus on potential ultrasound findings (i.e. pathology and disease processes).</p>	

Morning tea 10.30am–11.00am

SESSION TWO – PLENARY: MSK TRAUMA – 11.00AM-12.30PM

11.00am – 11.20am	Sports physician	Dr John Orchard
11.20am – 11.40am	A physio's view of shoulder problems, and how ultrasound can help	Rod Whiteley
11.40am – 12 noon	Musculoskeletal and General Radiologist	Dr Matt Healy
12 noon – 12.30pm	Panel discussion	

Lunch 12.30pm–1.30pm

SESSION THREE – LIVE SCANNING WORKSHOPS – 1.30PM-3.00PM

3A Shoulder forum – what surgeons want from imaging		3B Hand and wrist (including Carpal tunnel)		3C The elbow including the PIN		3D Groin pain; it doesn't have to be a pain to examine!	
Speaker	Prof George Murrell and Lisa Briggs	Speaker	Greg Lammers	Speaker	Le-Anne Grimshaw	Speaker	Robyn Tantau
<p>This forum is designed to re-evaluate the shoulder and its imaging. What a surgeon needs to know will be thoroughly addressed as is the correct scanning technique and description of pathology e.g. tears, capsulitis, impingement, etc.</p>		<p>This ultrasound exam can be referred from being "hand hurts" to being quite a targeted exam, volar plate tear. This workshop will help the sonographer handle the wide range of referral types and then handle the "top 10" pathologies. (What makes the top 10?). The workshop will cover: exam techniques, anatomy, pathology and how to construct a worksheet and report on these exams.</p>		<p>To get the most out of an elbow ultrasound the entire joint needs to be thoroughly assessed. This live scanning workshop will take you on a tour of the joint recesses, biceps brachii, triceps, common extensor and common flexor tendon origins, the collateral ligaments, bursae and nerves, concentrating on the posterior interosseous nerve (PIN).</p>		<p>This workshop will cover the basic anatomy and pathologies encountered when performing a groin ultrasound. The difference between a direct and indirect hernia will be demonstrated. There are other pathologies encountered which also produce groin pain. The more common of these will be discussed. The audiovisual presentation will include images of both types of hernia and of the other commonly encountered problems. The workshop will be an interactive experience with the opportunity to ask questions, discuss any issues and to scan.</p>	

Afternoon tea 3.00pm–3.30pm

SESSION FOUR – PLENARY: HANDS – 3.30PM-5.00PM

3.30pm – 3.50pm	Hand radiologist	Dr Ken Sesel
3.50pm – 4.10pm	Hand surgeon	Dr Doug Wheen
4.10pm – 4.30pm	Hand and wrist	Greg Lammers
4.30pm – 5.00pm	Panel discussion	Panel discussion

Networking Drinks in Exhibition Area 5.00pm–6.30pm

musculoskeletal sonography

Registration with arrival tea and coffee 8.30am

SESSION FIVE – LIVE SCANNING WORKSHOPS – 9.00AM-10.30AM

5A Quads		5B The foot		5C Calf/Achilles		5D Ankle tendons	
Speaker	Kathryn Smith	Speaker	Le-Anne Grimshaw	Speaker	Emily Evans	Speaker	Andrew Wilmot
<p>This workshop is designed to give you an overview on the quadriceps muscles of the thigh concentrating on the basic anatomy of these muscles. The workshop will describe the basic scanning techniques and general hints in scanning the quadriceps muscles. The basic pathology will be discussed with descriptions and examples of acute and chronic tear appearances, masses seen in the musculature and incidental findings that can be visualised in the anterior thigh.</p>		<p>The forefoot is a fascinating area for ultrasound. Metatarsalgia affects most people at some stage in their lives thanks to ill fitting shoes, high heels and the mere fact we are bipeds. Pathology of tendons, joints, bursae, nerves and plantar plates can be easily diagnosed on ultrasound. The protocol I use covers all these areas and I will go over this with you. I will give you a failsafe technique in diagnosing a Morton neuroma and discuss how to distinguish it from intermetatarsal bursitis. Searching for plantar plate tears and calcification should be a routine part of a forefoot ultrasound. The technique for this will also be demonstrated.</p>		<p>The Achilles tendon is the thickest and strongest tendon in the body. It is the tendonous extension of soleus, gastrocnemius and plantaris muscle and inserts onto posterior aspect of calcaneus. Sonography is an efficient and accurate diagnostic test to assess the Achilles tendon and calf muscles. The aim of this workshop is to provide essential ultrasound knowledge and increase diagnostic confidence in sonographic examination of Achilles tendon and calf. A presentation and live scanning component will cover the following topics:</p> <ul style="list-style-type: none"> ■ anatomy ■ technical consideration ■ scanning technique ■ normal and pathological sonographic appearance. 		<p>Clinical management of the foot and ankle can be simplified if the symptoms are divided into medial, lateral and anterior ankle pain. In the acute phase, often there is a strong history of overuse, which can be due to any number of causes. The sonographic appearance of the various ankle tendons will be discussed along with the correct scanning technique. The normal tendons of the medial ankle will be demonstrated, and include the tibialis anterior tendon and the tendons that form part of the tarsal tunnel. The lateral ankle tendons, namely, peroneus brevis, peroneus longus and the extensor tendons will also be discussed in the context of a full and complete ultrasound examination.</p>	

Morning tea 10.30am–11.00am

SESSION SIX – PLENARY: NEEDLE GUIDANCE – 11.00AM-12.30PM

11.00am – 11.20am	Nuclear physician	Dr Iain Duncan
11.20am – 11.40am	Sports physician	Dr Jeni Saunders
11.40am – 12 noon	Sonographer	Lisa Briggs
12 noon – 12.30pm	Panel discussion with case studies	

Lunch 12.30pm–1.30pm

SESSION SEVEN – LIVE SCANNING WORKSHOPS – 1.30PM-3.00PM

7A Needle guidance: Why, what and how		7B Shoulder ultrasound: If you don't look for it you won't find it!		7C Ultrasound of the gluteal tendons and bursae		7D Orbital ultrasound: In focus	
Speaker	Lisa Briggs and Dr Iain Duncan	Speaker	Troy Morrison	Speaker	Andrew Wilmot	Speaker	Nicole Baker
<p>This workshop is designed to enable you, the sonographer to assess the potential region of pathology under ultrasound imaging. The use of colour, pressure and tendon pathology will be discussed in detail. Demonstrations on how to guide the needle will be used with the use of phantoms. We will show you the differences within tendon pathology, e.g. 'real' neovascularisation, 'real' repair, 'real' tear or just plain tendonopathy.</p>		<p>As with all ultrasound, a good understanding of regional anatomy and the function of its components is often the difference between finding the pathology and overlooking it. Scan reliability depends heavily on a good technique and the ability of the sonographer to take a good clinical history to know what they need to look for (or as a minimum exclude). Rotator cuff and non-rotator cuff anatomy will be discussed with a focus on functional assessment and potential ultrasound findings. When to extend the examination beyond the rotator cuff and use of colour Doppler will also be addressed.</p>		<p>Acute hip pain is a relatively straightforward and easy diagnosis, whereas chronic hip pain is more common but can become a challenge for the sonographer to diagnose and the clinician to treat. This workshop will address the correct patient positioning, technique and sonographic appearances of normal and abnormal, when scanning the gluteal tendons over the lateral aspect of the hip. The distal attachments of the gluteus medius and minimus to the different facets of the greater trochanter will be explained and examined sonographically. The gluteus maximus, gluteal fascia, tensor fasciae latae and iliotibial band will also be discussed in the context of a full and complete ultrasound examination of the lateral hip.</p>		<p>Orbital ultrasound has a high sensitivity and is utilised when investigation by the ophthalmologist is hindered by the presence of cataracts or haemorrhage. This workshop focuses on the anatomy of the orbit and its ultrasonic appearance, scanning techniques, as well as a comprehensive look into the various pathologies detected by the sonographer.</p>	

Conference closes – 3.00pm