



2023 - 2024

AHMEDABAD OBSTETRICS AND GYNAECOLOGICAL SOCIETY

AOGS TIMES

VIHAAN

MAY 2023 | VOLUME 2

MOTTO : REDEFINING WOMEN HEALTH

THEME : CATCH THEM YOUNG

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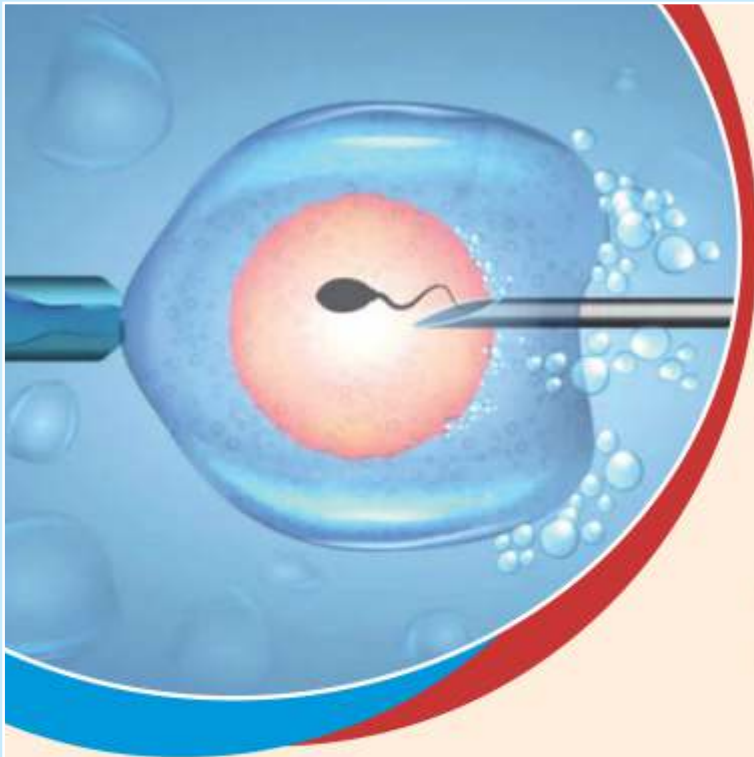
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Dr. Mukesh Savaliya
President

TEAM AOGS MESSAGE



Dr. Mukesh Patel
Hon. Secretary

Respected Members,

We hope that you're doing good in this scorching heat! We're expecting monsoon at the earliest to relieve us from this heat! On 28th May, we saw hailstorm with heavy rain, hoping for the smooth monsoon in the forthcoming months...

We've included Surya Namaskaar in this issue, with the shlok and inhalation/exhalation of each step. As per our Scriptures, Sun is the visible God and Surya Namaskaar is one way of showing gratitude as well as getting ourselves physically fit.

Next month, on 21st June, the whole world will celebrate World Yoga Day and we hope that all of us do celebrate the day, along with committing ourselves to the mental and physical fitness all throughout the year!

We're having PPH Conclave in mid June, FOGSI VP Conference in August first week and AOGS mid term blast in September first week. We wish that maximum members participate and take benefits of the academics and meeting the experts and colleagues in these events...

We wish everyone happy and healthy life!

Thank you!

ICOG CME - Date : 14.05.2023



Menopause Society & AOGS Scientific Meeting - Date : 20.05.2023



• Congratulations •



Dr. Dilip Gadhavi

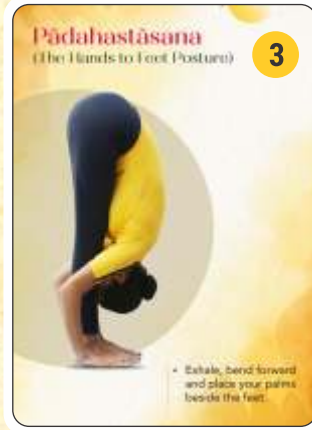
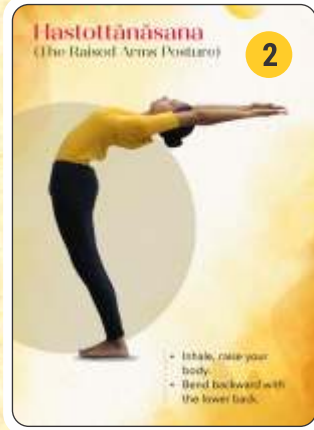
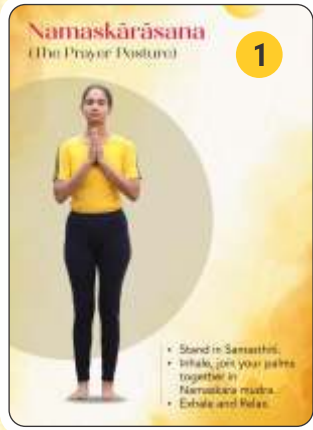
for
Becoming **Vice President** of
IMA GSB 2023-2024

Surya Namaskara

आदित्यस्य नमस्कारान् ये कुर्वन्ति दिने दिने ।
आयुः प्रज्ञा बलं वीर्यं तेजस्तेषां च जायते ॥

Surya Namaskara is a combination of 8 asanas performing in 12 steps with coordination of the body and mind preferably performed early morning which improves vitality and develops immunity too.

Surya Namaskara is a salutation or offering gratitude to the Sun as each ray of sun is a gift for all living beings. Importance not only lies as primary source of energy in food-chain but also in energizing mind and body of human being.

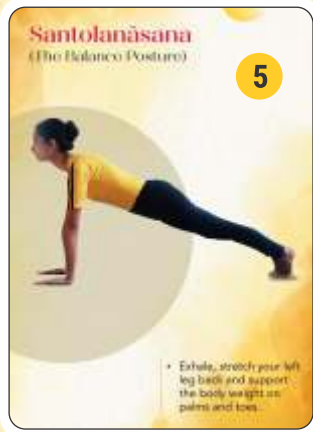


ॐ मित्राय नमः

ॐ रवये नमः

ॐ सूर्याय नमः

ॐ भानवे नमः

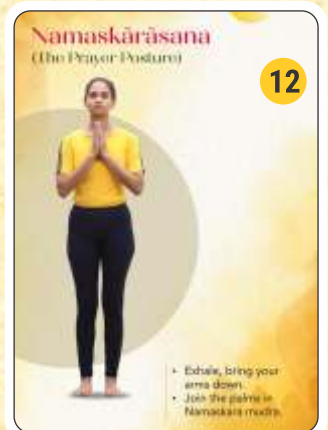
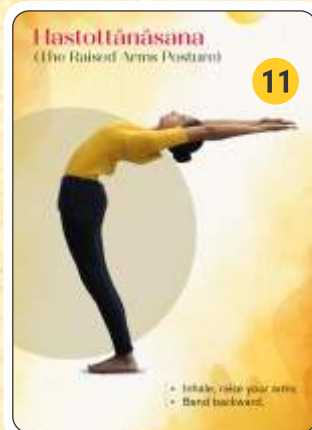


ॐ खगाय नमः

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Cordially Invites you to Attend



In Association With Ahmedabad Obstetrics And Gynaecological Society



SYMPOSIA

Date : 3rd June 2023

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Professor and chair of the department of obstetrics and gynecology, University of Perugia, Italy

Moderator



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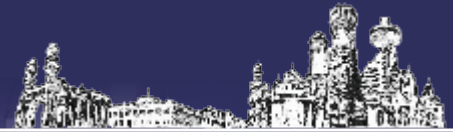


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LAST REGISTRATION DATE : 30TH JUNE 2023

The Base line Scan or the Day 2nd Scan of Menstrual Cycle in infertility from Top to Bottom with 2D and 3D ultrasound.



Dr. Ashish Varma

Assistant Professor,
Narendra Modi Medical College,
LG Hospital, Ahmedabad, Gujarat.

It is the first step of ovulation induction. Whole of the uterus (myometrium, endometrium, and cervix), bilateral adnexa and ovaries are well examined here.

Day 2 Scan:

All the day 2 scan to be always carried out by transvaginal ultrasound.

Whole uterus is measured in three dimensions as shown in (Image 1, 2, 3, 4) below.

Utero cervical length is measured.

Myometrial and endometrial pathologies are ruled out.

Bilateral adnexal pathologies are to be ruled out

Both Ovaries to be measured in three dimensions and its volume to be calculated, Antral follicles to be calculated.

3D ultrasound is gold standard method to rule out mullerian anomalies, myometrial and endometrial pathology (Image 5).

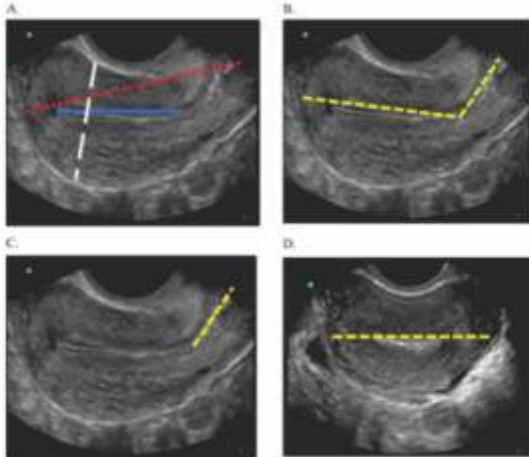


Image 1, 2, 3, 4.

Image 1: B mode Image A shows sagittal section of uterus on transvaginal scan measuring endometrial length shown by blue line, thickness shown by white dotted line and whole uterus measured anatomically shown by dotted red line.

Image 2: B mode Image B shows sagittal section of uterus on transvaginal scan measuring anatomical length of uterus shown by dotted yellow line.

Image 3: B mode Image C shows sagittal section of uterus on transvaginal scan measuring cervical length shown by dotted yellow line.

Image 4: B mode Image D shows transverse section of uterus on transvaginal scan measure broadness of uterus.

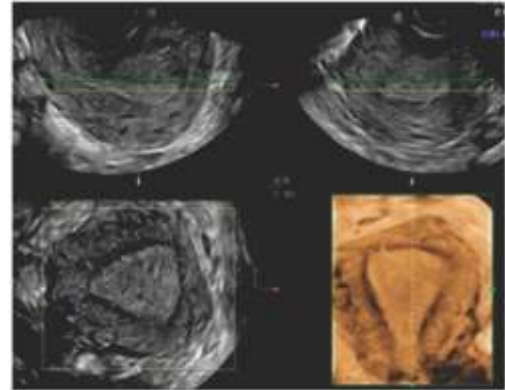


Image 5

Image 5 Shows 3D image of uterus showing A,B,C,3D categories of images. A shows image of uterus in sagittal view, B shows image of uterus in transverse view and C shows image of uterus in coronal view and the 3D image is generated by the 3D software, which can be viewed and measure in all directions. So 3D is gold standard method to view, analyse and measure Uterus.

Uterus:

Position: Anteverted / retroverted / Midposition.

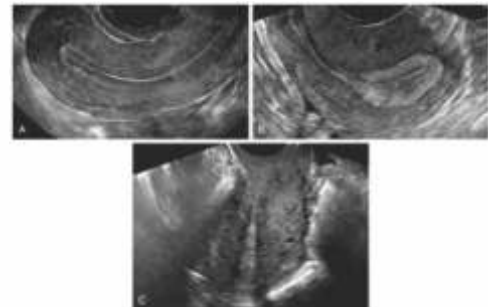


Image 6

Image 6 shows B mode images taken by transvaginal ultrasound which shows different position of uterus A: anteverted uterus. B Retroverted uterus, C midpost uterus.

- **Mobility:** Mobility is very important to be ruled out, to judge adhesions, in suspecting endometriosis. Also probe tenderness to be elicited.

- **Spanning:** Spanning is to view whole uterus in sagittal plane from left to right to see whole of anterior and posterior myometrial wall for fibroid, Adenomyosis or any other pathology. Endometrium is also to be seen for endometrial pathology and also any deviation or curving of endometrium may suggest adenomyosis pushing the endometrium. Distorted endomyo- junction again shows adenomyosis.

- **Functional Utero – cervical length** to be measured for all ART procedures, which is from the tip of the endometrium to the external os in true sagittal section of uterus.

- **Uterine artery Doppler** to be assessed in bilateral uterine

artery: uterine artery RI $>0.79(1)$ indicates high resistance flow, which indirectly indicates that high doses of stimulation are required for endometrial maturation(1) during ovulation induction.

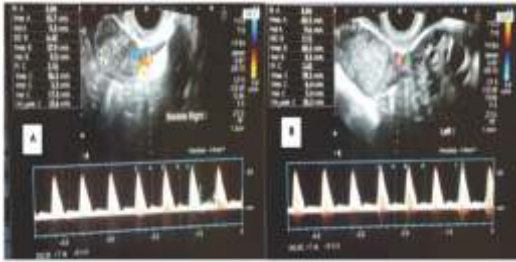


Image 7
Image 7 shows transvaginal scan of uterus in sagittal section in spectral Doppler mode showing Doppler indices of bilateral uterine arteries.

How to measure Uterine artery Doppler? :

On viewing uterus in transvaginal scan in true sagittal section, we need to get to internal os level and on spanning our probe just to left we will see hypoechoic spaces, on putting colour Doppler on it, it will show colour flow, that is uterine vessels of left side, same can be done on opposite side to get that side uterine vessels. Now on colour Doppler you will see blinking of uterine arteries and the one which are not blinking are uterine veins. So we get place the pulse wave on the uterine artery and will get the spectral image as shown in image G, after freezing it we can measure the spectrum by auto mode by selecting 2-3 waves or we can manually measure by selecting one wave and machine will automatic show you the Doppler indices RI, PI and PSV.

Endometrium: Usually on **day 2 endometrium** is not seen, but if you put your colour Doppler and you see sub-endometrial blood flow, which indirectly suggest presence of oestrogen and progesterone. Oestrogen is generally seen on day 2 in PCOS patient due to many small follicles leading to cumulative high oestrogen and also in elderly patient having high FSH leading to early recruitment of follicle on day 2. High progesterone may be seen sometime due to residual corpus luteum of previous cycle. Such cases may show **sub-endometrial vascularity on day-2**.

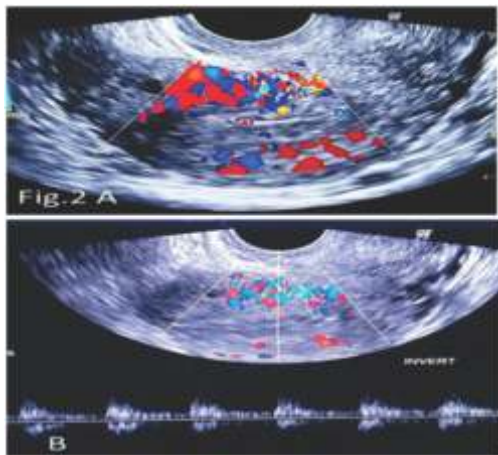


Image 8 (A,B)
Image 8 shows transvaginal image of uterus in sagittal section in colour Doppler mode showing sub endometrial blood flow in

A image and in B image shows measurement of sub endometrial blood flow by pulse wave.

Cervix:

• Cervical assessment is also important to be viewed along with uterus to rule out cervical polyp, cervical fibroid, nabothian cysts and also cervical length to be measured separately for all patients. Again 3D is gold standard for cervical assessment.

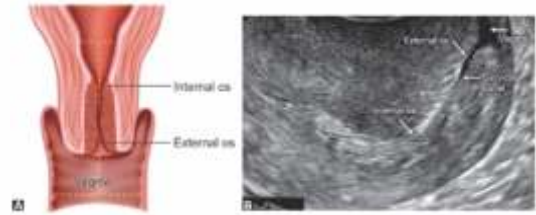


Image 9 (A, B)

Image 9 B shows transvaginal assessment of cervix in sagittal view on B mode, showing internal OS, external OS and both the cervical lips.

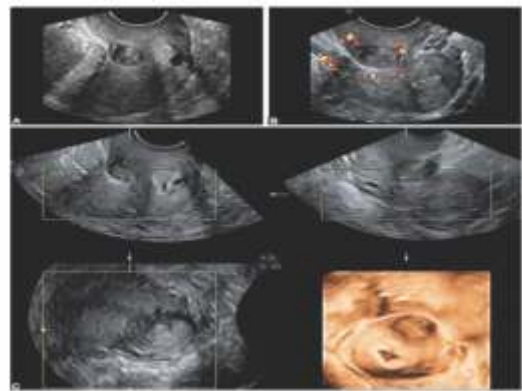


Image 10 (A, B, C, 3D)

Image 10 shows 3D images taken by machine, in which A section shows transvaginal scan of cervix in sagittal section, Section B shows transvaginal scan of cervix in transverse section and section C shows image generated by 3D software showing coronal image of cervix generated by machine. Section 3D here shows 3D image of cervix generated by machine using 3D volume software, which can be viewed by various angle and thus cervical pathology is ruled out. Thus 3D ultrasound is now considered gold standard for diagnosis of uterus, cervical ovaries and adnexal pathologies.

Ovary:

- Baseline scan for ovary is utmost important in ovulation stimulation protocol.
- Ovarian reserve and response are judged here.

Ovary is measured in three dimensions to get its volume.

A volume of less than 3 cm³ of ovary leads to low response to stimulation and ovarian volume of 10 cm³ may lead to high response to stimulation.



Image 11 (A, B)

Image 11 (A) shows transvaginal image of ovary taken in sagittal section on B mode, where ovarian width is measured and then image 11 (B) shows transverse section of ovary where

length and height of ovary is measured, and from the three measurement machine calculates volume of the ovary. Also we can calculate volume of ovary by formula $L \times B \times H \times 0.523$ manually.

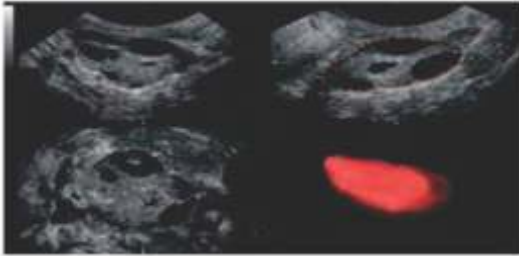


Image 12

Image 12 shows calculation of ovarian volume by 3D software called VOCAL (Virtual Organ Computer-aided Analysis). Vocal calculates volume of any structure by rotating it at 180°. A rotating step of 6-30° angle can be selected. A circumference is drawn around the structure of interest at every rotation step, and at the end of 180°, total volume is calculated by the software. Different steps of rotation are shown in the **image 12** and final volume is shown with the 3D image of ovary.

Antral follicular count helps in assessing ovarian reserve and Colour Doppler of ovary helps in assessing its response. Antral follicle count can be calculated by naked eye, by spanning the whole ovary from one side to another in a same plane, without rotating the probe and also can be calculated by 3D software machine called Sono AVC.

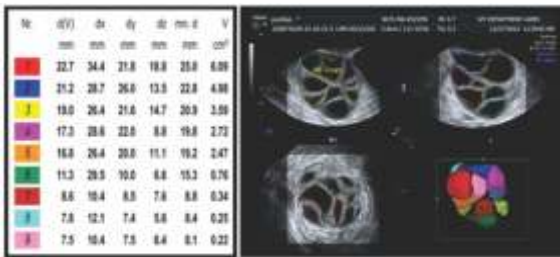


Image 13

Image 13 shows 3D ultrasound acquired volume of ovary by software called Sono-AVC to show the antral follicle. All follicles are colour coded, which prevent overcounting of the follicle and also we can see size of each follicle in the chart in x, y and z axis and then its mean diameter and also volume of each follicle can be seen. So 3D helps in measuring the size of follicle easily and fast and reducing the error in measuring size manually and thus improving results in less time. Thus 3D ultrasound has proven to be better tool for assessment of Antral follicle counts.

Antral follicle:

Normally are 5-10 in each ovary.
 < 6 in both ovaries shows low reserve.
 >20 in both ovaries show increased reserve.
 For Low reserve, more dose of gonadotropins will be require for stimulation in ART and for high reserve, dose to be adjusted to prevent OHSS.

Role of Doppler in Ovary :

Baseline scan for ovary is carried out on day 2, as on day 2 the pituitary is silent and so is the ovary. Sometimes we do it after suppressing the ovary for 2-3 weeks.
 On putting colour Doppler over the ovary, the pulse wave

measurement is taken from its stroma, not any vessel near the follicle.

For ovarian colour Doppler the setting in the machine must be:

Pulse repetition frequency (PRF): 0.3

Wall filter: low

For pulse Doppler PRF is 1.3 and wall filter is again low.

The brightest flow in the stroma to be selected.

RI and PSV of the blood flow is important parameter here.

Ovarian PSV > 10 cm/sec is very good predictor to get a high number of mature follicle and a very good clinical pregnancy rate. (Zaidi et. al., 1996)².

RI < 0.45 is again very good flow to the ovary requires minimal dose of gonadotropin for stimulation. (Basil et. al., 1997)³.

Again the size of the follicle also matter, 2-5 mm Antral in ovaries are less responsive to FSH, whereas >6 mm Antral in ovaries are sensitive for FSH and will be easily recruited.

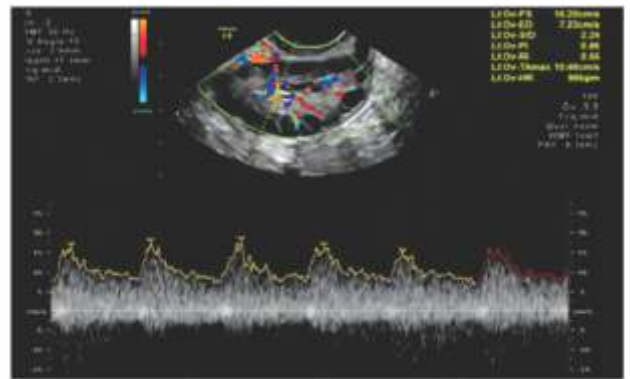


Image 14

Image 14 shows colour Doppler image of ovary with multiple follicle and blood vessels in the stroma, vessels which are not close to the follicle are the stromal vessels and spectral Doppler of the stromal vessels is taken to measure ovarian flow. Image k shows RI 0.66 of ovarian stromal flow, which is high resistance flow as we generally get in PCOS patients and PSV here is 16.20 which shows again good flow and chance of getting more follicles (zaidi et. al., 1996)² which is again true in PCOS. If it would have been a poor responder patient the ovarian stromal flow will be of high resistance with low PSV with low AFC, which then require more doses of gonadotropins for stimulation.

Conclusion :

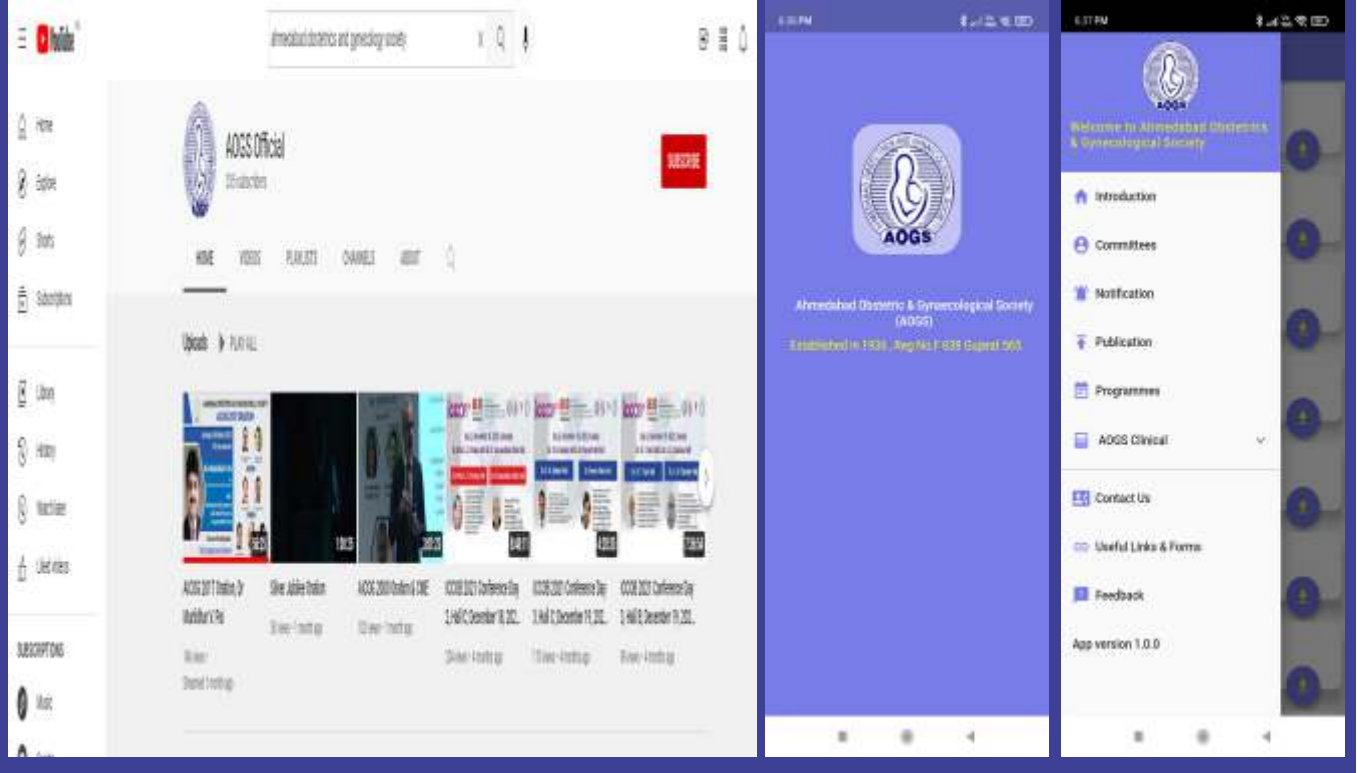
We can calculate the dosage for ovulation induction by baseline scan. Pathologies of uterus, cervix, ovary and adnexa can be ruled out and 3D is the gold standard method to diagnose pathology and calculate the dose for ovulation induction.

References :

1. Bassil S, Magritte JP, Roth J, Nisolle M, Donnez J, Gordts S. Uterine vascularity during stimulation and its correlation with implantation in in-vitro fertilization. Hum Reprod. 1995 Jun;10(6):1497-501. doi: 10.1093/humrep/10.6.1497. PMID: 7593523.
2. Zaidi J, Barber J, Kyei-Mensah A, Bekir J, Campbell S, Tan SL. Relationship of ovarian stromal blood flow at the baseline ultrasound scan to subsequent follicular response in an in vitro fertilization program. Obstet Gynecol. 1996 Nov;88(5):779-84. doi: 10.1016/0029-7844(96)00316-X. PMID: 8885913.
3. Bassil S, Wyns C, Toussaint-Demille D, Nisolle M, Gordts S, Donnez J. The relationship between ovarian vascularity and the duration of stimulation in in-vitro fertilization. Hum Reprod. 1997 Jun;12(6):1240-5. doi: 10.1093/humrep/12.6.1240. PMID: 9222009.

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AHMEDABAD OBSTETRICS & GYNAECOLOGICAL SOCIETY SOCIAL SECURITY SCHEME

આપણી સોસાયટીની સોશિયલ સિક્યોરીટી સ્કીમ આશરે છેલ્લા ૧૫ વર્ષથી ચાલે છે.

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Successful
IVF
Pregnancy

5000+
Laproscopy &
Hysteroscopy
Surgery

OUR DOCTORS TEAM



DR. PRAKASH PATEL

Clinical Director
Infertility & IVF Specialist
Diploma in Adv. Laproscopy (France)
Diploma in Sonography (Croatia)



DR. AJAY PRAJAPATI

M.S. Gynec
Fetal Medicine Expert
& Infertility Specialist

DR. PURVI SHAH

M.B.B.S., D.G.O.
Fetal Medicine Expert

DR. PAYAL PATEL

MS Obstetrician, Gynecologist
Infertility Specialist

DR. SAURABH TRIVEDI

M.Sc., PGD in ART
Chief Embryologist



IUI - IVF - ICSI
TEST TUBE BABY CENTRE



ADVANCE GYNEC
ENDOSCOPY CENTRE



HIGH RISK PREGNANCY
UNIT



ADVANCE
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Explore your Infertility practice with **MOTHERHOOD IVF CENTER**

Motherhood IVF Center invites all Gynaecologists who want to expand their infertility practice according to new ART bill.

Motherhood hospital offers 'Rent-A-Lab' facility open for all gynecologists. Here you can avail of our advanced IVF laboratory and equipment at ease to conduct your IVF practice on patient basis.



- Intra Cytoplasmic Sperm Injection (ICSI)
- Intracytoplasmic Morphological Selected Sperm Injection (IMSI)
- Testicular Sperm Aspiration (TESA)
- Oocyte / Sperm / Embryo Freezing Thawing Facility
- Endometrial Receptivity Assay (ERA)
- Preimplantation genetic testing for Aneuploidy (PGT-A) Preimplantation genetic testing for monogenic / single-gene disease (PGT-M)
- Intra Uterine Insemination (IUI)
- Andrology lab, pick-up room, transfer room



MOTHERHOOD
MOTHERHOOD HOSPITAL PVT. LTD.
IVF | ENDOSCOPY | NICU-PICU



@ Science City

Available service:

- IVF / IUI
- ICSI / TESA / Testicular Biopsy
- IVF with PGS / PGD / ERA
- 3D Laparoscopy
- Gynec Endoscopy Unit
- Fetal Medicine Center
(Fetal reduction / CVS / Amniocentesis)
- High Risk Pregnancy Experts
- Nutrition Expert

Motherhood Hospital:

📍 1st Floor, Sarjan Arcade, Science City Rd, above Axis Bank, Sola, A'bad, Gujarat 380060
☎ 9099 74235 | 99049 96633



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IVF | IUI | SURROGACY

@ New Ranip, A'bad

Available service:

- IVF / IUI / ICSI
- IVF with PGS / PGD / ERA
- Sperm / oocyte freezing
- Embryo freezing
- TESA / Testicular Biopsy

Motherhood IVF Center:

📍 SF-211, Shivalik Square, 132 Ft Ring Road, opp. GSRTC, Nava Vadaj, A'bad, 380013
☎ 97246 64433 | 97246 64488



Satnam
MOTHERHOOD
IVF CENTRE

@ Rajkot

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- IVF with ERA
- Sperm / oocyte freezing
- Embryo freezing
- TESA / Testicular Biopsy

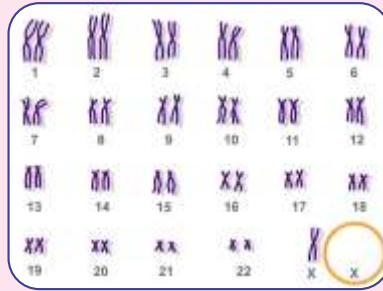
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📍 Opp. Swaminarayan Temple, Indraprash nagar main road, Opp. Kasturi Appt, Rajkot
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Best IVF Clinic Chain in India
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 Sindhu Bhavan : SF-213, Steller, Sindhu Bhavan Road, Pakwan Croos Roads, Bodakdev, **Ahmedabad-380059**. Ph. 079-4604 2211, 063570 80136
 - Vadodara** : 4th Floor, Trisha Square-2, Sampatrao Colony, Jetalpur Road, Aklapuri, **Vadodara**. Ph. 0265-2312250, 075750 99898
 - Surat** : 9th Floor, Param Doctor House, Lal Darwaja, Station Road, **Surat-395003**. Ph. 0261-2424901, 0261-2424902, 098795 72247
 - Bhuj** : Spandan Hospital, Plot No. 13-28, Shivamnagar, Engi. College Road, Mirzapar Highway, **Bhuj-Kuchchh**. Ph. 02823-232346, 096871 88550
 - Mumbai** : 2nd Floor, Vallabh Vihar, Nr. Ramji Mandir, M. G. Road, Ghatkopar (E), **Mumbai-77**. Ph. 022-250 88888, 093281 90146
 Borivali / Vile Parle 091672 04019, Thane / Panvel 091672 04018
 - Kolkata** : 097124 22288, **Delhi** : 093154 16532, 093126 30134
- E-mail : drbavishi@ivfclinic.com | Website : www.ivfclinic.com | WhatsApp : 096874 22288

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OUR TEAM

Dr. Nisarg Dharaiya (Director & Chairman)

Dr. Ushma Patel | Dr. Shetal Deshmukh

Dr. Khushali Shah | Dr. Rushi Patel | Dr. Krunal Modi

SERVICES

IVF	3D/4D SONOGRAPHY
IUI	INFERTILITY WORKUP
ICSI	BLASTOCYST CULTURE
SURGERY	MALE INFERTILITY
PGD/PGS	(TESA/PESA-MICRO TESE)



AWARDS & ACHIEVEMENT OF SNEH HOSPITAL & DOCTOR TEAM

- Awarded as **HEALTHCARE LEADERSHIP AWARDS 2021** for Best Gynecologists & Infertility Specialist in Gujarat
- Awarded as **NATIONAL QUALITY ACHIEVEMENT AWARDS 2021** for Best Ivf & Infertility Surrogacy Centre of Gujarat & Ahmedabad.
- Awarded as "Gujarat NU GAURAV" for work in Healthcare sector by the **CHIEF MINISTER of Gujarat Shri. Vijay Rupani**. The felicitation was done considering extensive work of SNEH HOSPITAL in field of Infertility & IVF Treatment across Gujarat we announce proudly that we are the part of "**JOURNEY OF GROWTH & PROSPERITY OF GUJARAT, INDIA**"
- National Healthcare excellence award 2019 held at Delhi in presence of Health Minister of India Best awarded as a best IVF hospital of Gujarat
- Awarded as "**Asia's greatest Brand**" by One of the biggest in the asian subcontinent reviewed by price water house coppers p.l. for the category of asia's greatest 100 brands the year.
- International health care award 2017 & certificate of excellence presented to "**SNEH HOSPITAL & IVF CENTER**" for best upcoming IVF & Women infertility hospital of gujarat
- International health care award 2017 & certificate of excellence presented to most promising surgeon inOBST & Gynac
- The best male infertility specialist & IVF center of india awarded by india healthcare award
- The best women's hospital & IVF center in gujarat by the Golden star healthcare awards

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Women's Hospital & Endoscopy Centre



DR. DIPAK LIMBACHIYA

M.D., D.G.O., Endoscopy Specialist
Specialist in Advanced LAP Gynaec Surgeries &
LAP Onco Gynaec Surgeries

PRESENTING THE FIRST EVER STUDY FROM INDIA ON CARCINOMA ENDOMETRIUM

SURGICOPATHOLOGICAL OUTCOMES AND SURVIVAL IN CARCINOMA BODY UTERUS: A RETROSPECTIVE ANALYSIS OF CASES MANAGED BY LAPAROSCOPIC STAGING SURGERY IN INDIAN WOMEN

Objectives: The context of this article is based on two main titles those being Gynecologic Oncology and Minimal invasive surgery. **The aim of this study was to report the laparoscopic management of a series of cases of endometrial carcinoma managed by laparoscopic surgical staging in Indian women.**

Materials and Methods: This study was conducted in a private hospital (referral minimally invasive gynecological center). This was a retrospective study (Canadian Task Force Classification II-3). Eighty-eight cases of clinically early-stage endometrial carcinoma staged by laparoscopic surgery and treated as per final surgicopathological staging. All patients underwent laparoscopic surgical staging of endometrial carcinoma, followed by adjuvant therapy when needed. Data were retrieved regarding surgical and pathological outcomes. Recurrence-free and overall survival durations were measured at follow-up. Survival analysis was calculated using Kaplan–Meier survival analysis.

Results: The median age of presentation was 56 years, whereas the median body mass index was 28.3 kg/m². Endometrioid variety was the most commonly diagnosed histopathology. There were no intraoperative complications reported. The median blood loss was 100 cc, and the median intraoperative time was 174 min. There were a total of 5 recurrences (5.6%). The outcome of this study was comparable to studies conducted in Caucasian population. **The predicted 5-year survival rate according to Kaplan–Meier survival analysis is 95.45%, which is comparable to Caucasian studies.**

Conclusion: Laparoscopic management of early-stage endometrial carcinoma is a standard practice worldwide. However, there is still a paucity of data from the Indian subcontinent regarding the outcomes of laparoscopic surgery in endometrial carcinoma. The Asian perspective has been highlighted by a number of studies from China and Japan. **To our knowledge, this study is the first from India to analyze the surgicopathological outcomes following laparoscopic surgery in endometrial carcinoma.** The outcome of this study was comparable to studies conducted in Caucasian population.

Eva Endoscopy Training Institute

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Ishitamam : 9724011764

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Entire Article



Eva Women's Hospital & Endoscopy Centre

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