



AHMEDABAD OBSTETRICS AND GYNAECOLOGICAL SOCIETY

AOGS TIMES

VIHAAN

JULY 2023 | VOLUME 4

MOTTO : REDEFINING WOMEN HEALTH

THEME : CATCH THEM YOUNG

President

Dr. Mukesh Savaliya

+91 98245 41292

mvsavaliya68@gmail.com

Hon. Secretary

Dr. Mukesh Patel

+91 98253 68346

drmukesh5369@gmail.com

President - Elect

Dr. Sunil Shah

+91 90999 77077

sunilshah0501@gmail.com

Vice President

Dr. Sanjay Shah

+91 98240 57071

gynecare_2005@yahoo.co.in

Hon. Treasurer

Dr. Shashwat Jani

+91 99099 44160

drshashwatjani@gmail.com

Hon. Jt. Secretary

Dr. Mahesh Jariwala

+91 94086 00145

maheshpersis@gmail.com

Clinical Secretary

Dr. Parth Shah

+91 94296 17556

parthpjs@yahoo.com

Managing Committee Members

Dr. Arati Gupte Shah

Dr. Akshay C. Shah

Dr. Ashish Varma

Dr. Azadeh Patel

Dr. Chintan Gandhi

Dr. Darshan J. Shah

Dr. Hina Shah

Dr. Jayesh Patel

Dr. Naimesh Patel

Dr. Nisarg Dharaiya

Ex-Officio

Dr. Kamini Patel

Dr. Nita Thakre

Co-Opt. Members

Dr. Mahesh Gupta

Dr. Jignesh Shah

Special Invitee

Dr. C. B. Nagori

Dr. Anil Mehta

Dr. Suresh Patel

Dr. Jitendra Prajapati

Dr. R. G. Patel

Dr. Kaushik Vyas

Dr. Snehal Kale

Dr. Sujal Munshi

Editors

Dr. Munjal Pandya

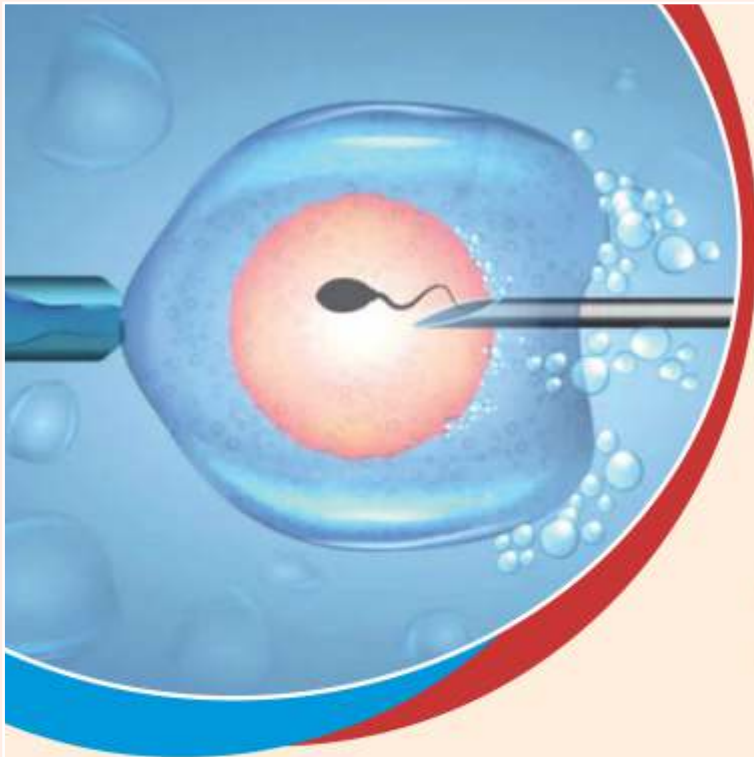
Dr. Azadeh Patel

ॐ ओम्कारेश्वराय नमः ।



2nd Floor, Ahmedabad Medical Association Building, Ashram Road, Ahmedabad - 380009.

Phone : 079 - 26586426 M : +91 78610 11818 E-mail : office@ahmedabadobgyn.org



Avail the best medical care from acclaimed doctors at Sunflower!



Families blessed with happiness through IVF

ACHIEVEMENTS

- 70% to 80 % IVF success rates
- Latest Machines and technologies
- 19 Awards National/State/Local
- One stop solution for all women-related problems
- High results in Male infertility including Nil Sperms i.e., Azoospermia patients

SUNFLOWER HOSPITAL

Memnagar Branch

Nr. Manav Mandir, Opp. Traffic Police Helmet, 132 Ft. Ring Road, Drive-In Road Junction, Memnagar, Ahmedabad- 380 052.
Call : +91-79-27410080, +91-9687003993

New Naroda Branch

Sunflower IVF Clinic, 4th floor, 418, Sahitya Arcade, Near Haridarshan char Rasta, Nava Naroda, Ahmedabad- 382330. Call : 9099400221, 079-46010728

OUR SERVICES

- Female infertility
- Male infertility
- 4 D Sonography
- IUI
- IVF
- ICSI
- TESA
- PESA
- Micro TESE
- Fertility Enhancing Surgery
- Blastocyst Culture
- Cryopreservation
- Endoscopy
- Laparoscopy
- NABL Lab
- In house Pharmacy





TEAM AOGS MESSAGE



Dr. Mukesh Savaliya
President

Dr. Mukesh Patel
Hon. Secretary

Dear Members,

We hope that all are enjoying beautiful monsoon these days with a little relief from scorching heat. We have FOGSI conference lined up in first week of August, it is a conference of our own FOGSI Vice President Dr. Geetendra Sharma. We hope majority of our members attend and take benefit of this unique conference encompassing not only obstetrics, but also gynaecology and medicolegal aspects.

We will have regular CMEs as well, We request all of you to actively participate and make all the programmes successful with your whole hearted support!

Wishing all of you great times ahead!

EDUCATIONAL CME - DATE : 09.07.2023





Menopause Society
— AHMEDABAD —



MENOPAUSE SOCIETY AHMEDABAD
in association with
Ahmedabad Obstetrics and Gynaecological Society (AOGS)
cordially invites you to a

CME

On 29th July, 2023

Venue: Welcomhotel by ITC Hotels, Ashram Road, Ahmedabad

Time: 8:00 pm onwards

Programme Details

Chairpersons : Dr. Kiran Desai, Dr. Phagun Shah

Topic	Speaker
Uncomplicated Urinary Tract Infection	Dr. Aarti Vazirani
Managing Chronic Constipation- Current Evidences	Dr. Hardik Parikh

Followed by Dinner

MOC : Dr. Tejal Patel

Vote of Thanks : Dr. Janaki Desai

With warm Regards



Dr. Vijay Shah
President, MSA



Dr. Janaki Desai
Hon. Secretary, MSA



Dr. Mukesh Savaliya
President, AOGS



Dr. Mukesh Patel
Hon. Secretary, AOGS

Supported by : Win Medicare Private Limited

Fluids and Electrolytes in post-operative period



Dr. Pooja Patel

MS (Ob-Gy), FIUOG

Director – Diva Women’s Hospital, Ahmedabad

INTRODUCTION

Approximately half of the body weight of a woman is constituted by water. Water is distributed between the cells and the extracellular compartment in a ratio of about 3:1. About 25% of ECF is within the intravascular compartment and the rest is in the interstitial space (Fig. 1). The osmolarity of the extracellular fluid is mainly dependent on the concentration of sodium and chloride; whereas the electrolytes within the cells are potassium, magnesium, and phosphate.

Fluid and electrolyte management in the post operative period can be quite challenging. The fluids transfused to the postoperative patient can be either for replacement of lost fluids in the perioperative period or for maintenance of the physiological functions of the body.

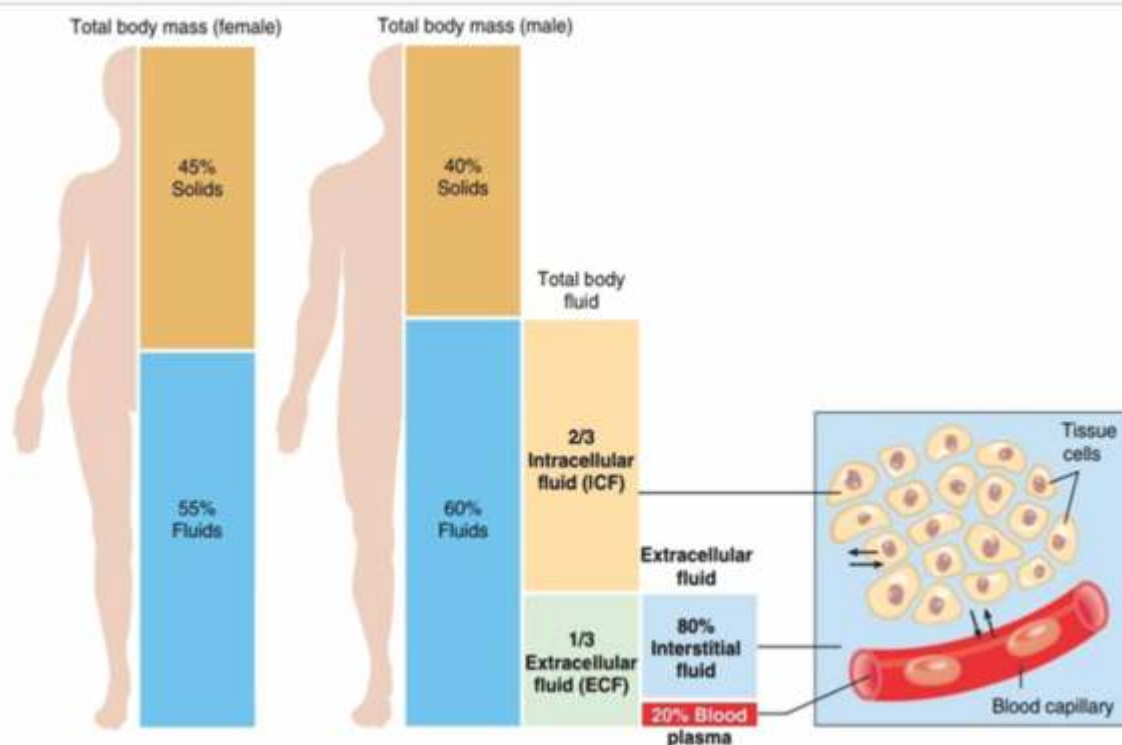


Figure1 : Distribution of body water

Replacement therapy is indicated in many postoperative patients to compensate for deficits related to residual preoperative or intraoperative deficits, third-space losses related to the stress response of surgery and to replace ongoing gastrointestinal or other bodily fluid losses. It is calculated by the deficit between the perioperative loss and amount of fluid /blood products transfused. The goal of fluid resuscitation is normal organ perfusion; blood volume must be restored to within 15–20% of normal. Physiologic markers of adequate perfusion include normalization of heart rate and blood pressure in healthy patients but may be unreliable in critically-ill patients. Serum marker of adequate resuscitation is a normal lactate level. The crystalloids—normal saline and lactated Ringer are the fluids of choice for resuscitation. The hypotonic fluids and dextrose solutions are never used for resuscitative purpose. Infusion of Ringer’s lactate (RL) should be avoided in the same line as blood, as RL contains calcium which can chelate with blood.

TABLE1 : Composition of commonly used in travenous fluids

<i>Fluid</i>	<i>pH</i>	<i>Na⁺mEq/L</i>	<i>Cl⁻Eq/L</i>	<i>K⁺mEq/L</i>	<i>Ca²⁺mEq/L</i>	<i>Other</i>	<i>mOsm/L</i>
Plasma	7.4	140	100	4	24	Glucose-0.85	290
0.9%NaCl (normalsaline)	5.5	154	154	0	0	0	308
LactatedRinger	6.5	130	109	4	3	Lactate28mEq/L	275
Dextrose 5% (D5%)	4.5	0	0	0	0	Dextrose50g/L	285
Dextrose 5%lactatedRinger	5	130	109	4	3	Dextrose50g/L	275
Dextrose 5%normalsaline	4	154	154	0	0	Dextrose50g/L	308

The composition and uses of the fluids are shown in table 1.

Resuscitative fluids are commonly administered as successive intravenous boluses (3.5–14 mL/kg) over 30–60 minutes until the desired response is observed (e.g., improved urine output, improved mentation, normalizing base deficit). It is recommended that fluid be warmed to body temperature if large quantities are transfused rapidly so as to prevent hypothermia.

Maintenance fluids

Maintenance fluids maintain hydration, electrolyte, and acid- base status and avoid catabolism in postoperative patients who cannot tolerate oral or enteral intake. For maintenance, the fluids used are mainly isotonic or hypotonic with added dextrose and potassium (Table 1). Five percent dextrose water can also be used as maintenance fluid to stimulates

basal insulin secretion and prevent muscle breakdown. For postoperative patients with normal organ function, a volume of maintenance fluid between 1 and 1.5 mL/kg/h will meet requirements. However, if patient is not fit for enteral nutrition even after 5–7 days, muscle breakdown may take place without adequate nutritional support and hence parenteral nutrition is indicated.

The daily requirement of sodium is 1–2 mEq/kg body weight, whereas the daily potassium requirement is 1 mEq/ kg body weight. The daily requirement of dextrose is 50– 100 g/day. This is the minimum requirement to prevent starvation ketoacidosis.

Keeping the above facts in mind, it can be appreciated that most of the commonly used fluids such as normal saline, lactated ringer and dextrose normal saline have more than required quantity of sodium (Table 1). However, most of the fluids are deficient in potassium (K). The only fluid which contains potassium is RL (4 mEq/L), however even if 2 L of Ringer is given, it will give only 8 mequivalents of potassium, which is grossly inadequate. Thus, in a postoperative patient who needs intravenous fluids for >1–2 days, replacement of certain electrolytes like potassium becomes crucial to avoid complications like paralytic ileus.

The ideal maintenance fluid which provides the daily requirement of sodium, potassium and glucose would be D5 half (4.5%) normal saline with 20 mEq of added potassium per liter of fluid infused (Table 1).

The maintenance regimen given above can be continued

- If the serum sodium starts to fall, a more concentrated solution should be given (e.g., isotonic saline)
- If the serum sodium starts to rise, a more dilute solution should be given (e.g., one-quarter isotonic saline)
- If the serum potassium starts to fall, more potassium should be added, and, if it rises above normal, potassium should be corrected.

Importance of electrolyte balance in the postoperative period

Postoperative patients are at a risk of developing electrolyte imbalance because of the trauma of surgery, release of stress hormones, intravenous fluids, blood transfusion, acid base disorders and also due to the underlying medical and surgical conditions of the patient. Electrolyte imbalance can be a life-threatening condition and can lead to sudden cardiac arrest. It is also responsible for postoperative ileus, seizures, and arrhythmias. Hence, it is very important for all clinicians to be familiar with the management of this condition.

All postoperative with the following conditions should have daily electrolyte testing:

- Continuous intravenous fluid administration
- Blood transfusion
- Fluid resuscitation (e.g., fluid boluses for hypovolemia)
- Major organ dysfunction (cardiac, renal, hepatic)
- Head injury (e.g., traumatic brain injury, neurosurgery)
- Continuous bladder irrigation
- Abnormal bodily fluid losses (e.g., high-output ostomy)
- Ileus
- Parenteral nutrition.

Replacement of electrolytes

Deficiencies of potassium, calcium, magnesium, and phosphates should be detected and treated before it leads to the above mentioned problems.

Potassium

As discussed above, hypokalemia is a common problem encountered during the postoperative period. This can be managed by adding injection of potassium chloride to the maintenance fluids, e.g., dextrose in normal saline or dextrose half normal saline. Typically about 20 mEq are added per liter. The rate of infusion should not be >10 mEq/h. In severe hypokalemia, if faster correction is desired then the infusion rate can be increased to 20 mEq/h but this requires continuous electrocardiographic monitoring.

Sodium

Hyponatremia in postoperative period is to be treated by infusion of normal (0.9%) saline. No hypotonic fluid like D5W or half saline should be used in these patients. It is important to note that patients with any brain conditions (e.g., hepatic encephalopathy, posterior reversible encephalopathy syndrome) tolerate hyponatremia poorly as the brain edema can be worsened. For the same reason, these hypotonic fluids should be avoided in preeclampsia/eclampsia patients.

Magnesium

Magnesium levels need to be corrected to facilitate treatment of hypokalemia and hypocalcemia. For each 0.4 mg/dL below the target serum magnesium level, the authors' give 2 g (8 mmol) magnesium sulfate intravenously.

Calcium

Ionized (unbound to albumin) calcium is a better indicator of calcium function as compared to total calcium levels. For each 0.15 mg/dL below the targeted ionized calcium level, 1 g of calcium gluconate is administered intravenously. For severe (level <75% of normal) or symptomatic hypocalcaemia, calcium chloride, which provides three times the amount of elemental calcium per gram (compared with calcium gluconate) is preferred.

Electrolyte Excess

Potassium

Potassium excess is normally seen in renal disorders or in women on drugs which inhibit the renin-angiotensin-aldosterone system. Emergency treatment is required when there are electrocardiographic changes (tall peaked T waves, widened QRS, bundle branch blocks, ventricular fibrillation, asystole) in the presence of potassium levels >5.5–6 mmol/L. As hyperkalemia with ECG changes can lead to cardiac arrest, the immediate drug which can inhibit the depolarization effect of potassium is calcium. It is given as 10 mL of 10% calcium gluconate over 2–3 minutes with cardiac monitoring. The effect starts immediately and lasts for only 60 minutes. Hence, it is always combined with more long lasting therapies such as infusion of 10 units insulin in 500 cc 10% dextrose over 60 minutes or 10 units insulin in 50 mL of 50% dextrose. The effect of these lasts for 4–6 hours. Nebulization with albuterol is also used adjunctively. Cation exchange resins such as sodium polystyrene sulfonate are used in chronic renal disease. The other emergent treatment for hyperkalemia is hemodialysis.

Sodium

This situation may arise if there is loss of fluid or excessive transfusion of normal/hypertonic saline. Treatment is administration of either free water by mouth/Ryles tube or infusion of hypotonic solution like D5W.

Conclusion

Fluids and electrolyte balance is one of the cornerstones of postoperative patient management. The implications of electrolyte imbalance can be critical and life-threatening and hence it is imperative for all clinicians to manage this aspect of post op care diligently and with due care.

AHMEDABAD OBSTETRICS & GYNAECOLOGICAL SOCIETY
Organises



FOGSI WEST ZONE V. P. CONFERENCE

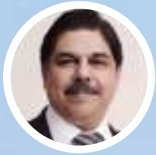


LOGYCON 2023

4 5 6

AUGUST 2023

Venue : Ahmedabad Management Association (AMA) Ahmedabad, Gujarat.



Dr. Hrishikesh D. Pai
FOGSI President



Dr. Madhuri Patel
FOGSI Secretary General



Chairperson
Dr. Mukesh Savaliya



Chairperson
Dr. Geetendra Sharma



Secretary
Dr. Mukesh Patel



Secretary
Dr. Phagun Shah



REGISTRATION FEES

ICOG Credit Points and
Gujarat Medical Council Credit Hours
Awaited....

Registration Type	Early Bird upto 30th June 2023	Regular upto 15th July 2023	Late upto 30th July 2023
FOGSI Member	<input type="checkbox"/> 7080	<input type="checkbox"/> 7670	<input type="checkbox"/> 8260
Non FOGSI Member	<input type="checkbox"/> 7670	<input type="checkbox"/> 8260	<input type="checkbox"/> 8850
Accompanying Person	<input type="checkbox"/> 7080	<input type="checkbox"/> 7670	<input type="checkbox"/> 8260
PG Student	<input type="checkbox"/> 3540	<input type="checkbox"/> 4720	<input type="checkbox"/> 5900

*Inclusive of 18% GST

BANK DETAILS	Account No.	: 200210210000019
	Name of Account	: LOGYCON-2023
	Bank Name	: Bank of India
	Branch	: Ashram Road, Ahmedabad.
	IFSC Code	: BKID0002002

WORKSHOPS

1. Endoscopy
2. Fetal Medicine
3. Cosmetic Gynecology
4. Sonography
5. Mid Life Management
6. Gynec Infertility, IVF and Andrology
7. PPH
8. PIH

TOPICS TO BE COVERED

OB. - GYN.

- High Risk Obstetrics
- Rare Vaginal Surgeries
- Midlife Crisis Management
- Pearls of Clinical Practice
- Gynecological Malignancies
- Medical Disorders of Pregnancy
- PPH
- Debates

TOPICS TO BE COVERED

MEDICOLEGAL

- Consumer Liability
- Criminal Liability + On Table death + Mob Violence
- Documentation and Consent
- ART Act
- PC-PNDT Act
- MTP and POCSO Act
- Mixed Bag - NMC, CEA, RTH
- Debates

Send Hard copy by Courier to Conference Secretariat :

AOGS | 2nd Floor, AMA Building, Ashram Road, Ahmedabad, Gujarat 380009

Ph.: +91 79 2658 6426 | Mob. : 98252 98762, 98253 68346 | Email : logycon2023@gmail.com | Web : www.ahmedabadobgyn.org



AHMEDABAD OBSTETRICS AND GYNAECOLOGICAL SOCIETY

Presents

AOGS MIDTERM BLAST



1

2

3

SEPTEMBER

2023

ONLY LIMITED SEATS

— FIRST COME FIRST BASE —

RS. 24,500

(PER PERSON, TWIN SHARING)

Registration after 30 July Package Rs. 27000

— INCLUDING CONFERENCE, ACCOMMODATION, FLIGHT —

RADISSON HOTEL GOA CANDOLIM



REGISTRATION DETAILS

Kindly Pay Online / Bank Transfer or Favour to Cheque of AOGS

Bank Details

Name : AHMEDABAD OBST. & GYANOLOGICAL SOC.
Bank Name : BANK OF INDIA
Account No. : 200210100011484
IFSC Code : BKID0002002
Branch : ASHRAM ROAD

MORE DETAILS CONTACT : AOGS OFFICE Ph.: 079 - 26586426 | M. : 7861011818

Cervical Amputation with Sturmdorf Suture



Dr. Dipti Shah

Dean, Professor,
Obstetrics and Gynaecology,
Narendra Modi Medical College,
Ahmedabad



Dr. Munjal Pandya

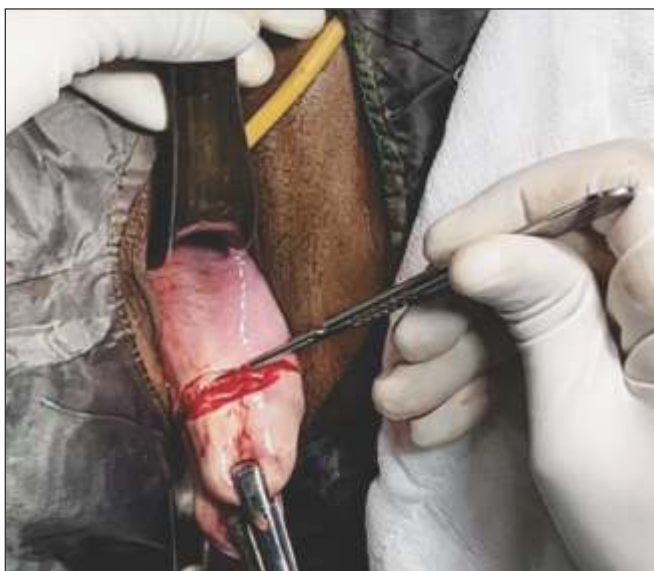
Associate Professor,
Obstetrics and Gynaecology,
Narendra Modi Medical College,
Ahmedabad



Dr. Ashish Varma

Assistant Professor,
Obstetrics and Gynaecology,
Narendra Modi Medical College,
Ahmedabad

We performed the procedure in a patient aged 32 years, 4th para, with infra vaginal elongation of cervix...



1. After Dilatation and Curettage, incision over elongated cervix after Hydrodissection



2. Cervix separated from pubocervical fascia and vaginal wall



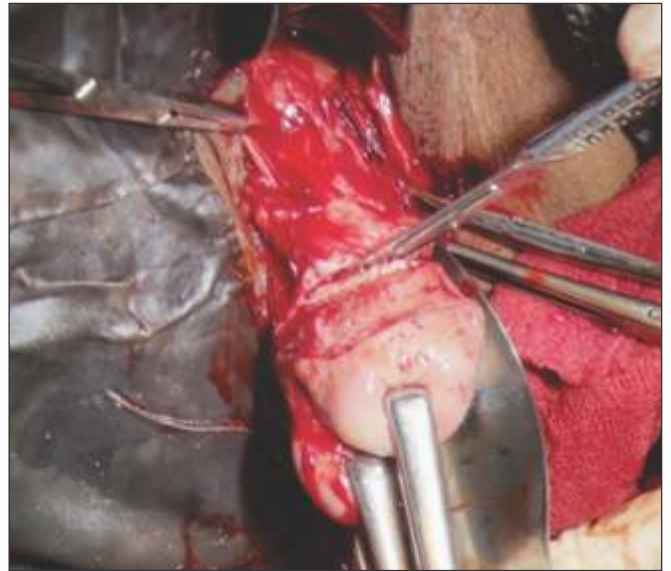
3. Bilateral Descending Cervical arteries ligated



4. Vaginal wall separated



5. Amputation of elongated cervix



6. Dilator placed again to confirm dilated cervix



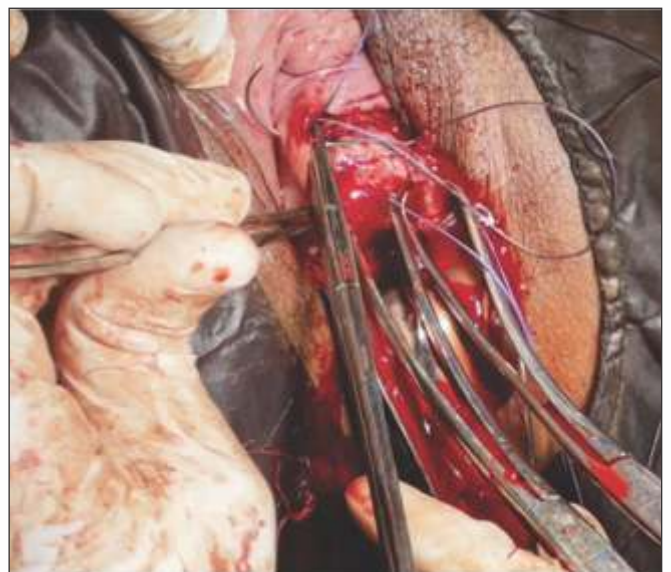
7. After plication of Mackenrod's ligament in front, Sturmdorf suture is taken: Suture passed through anterior vaginal wall



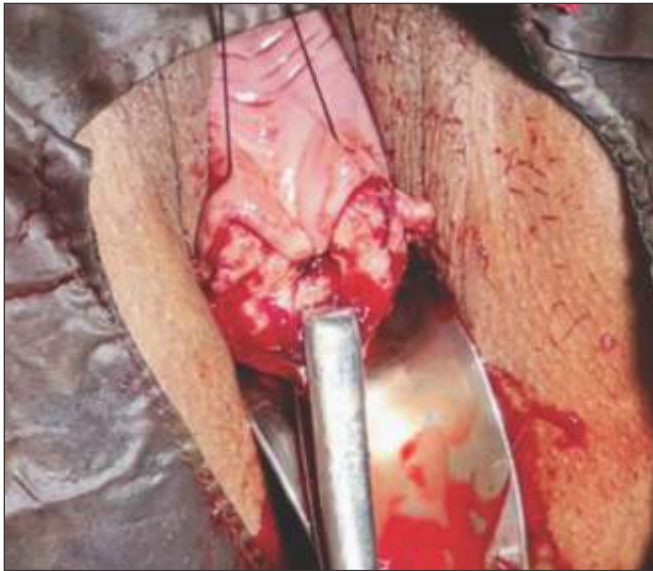
Sturmdorf suture: suture passed inside out from cervical canal



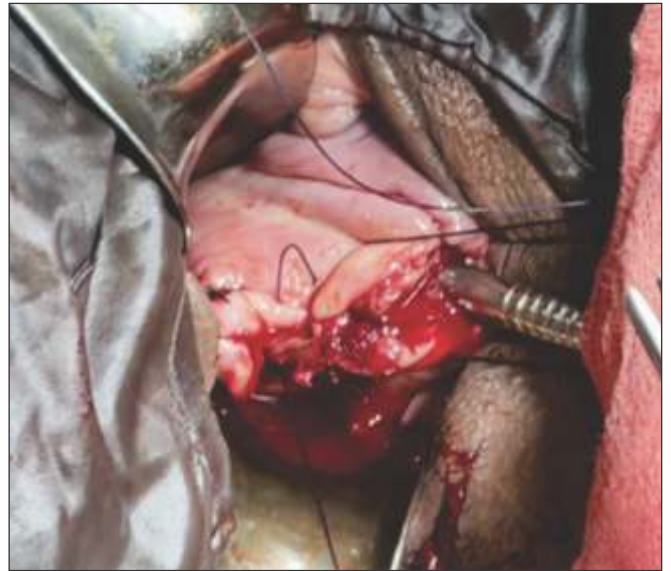
The same needle passed through anterior vaginal wall



The other end of the suture is then connected with free needle and inside out stitch taken and passed through anterior vaginal wall, slightly to the left



8. Sturmdorf suture completed on posterior side



9. Stitches taken on 3 and 9 o'clock positions to close the remaining defects



10. After completion of stitches on both sides



11. Sturmdorf stitch tied on anterior wall, and then posterior wall



12. Final Picture



13. Final Picture

We are shifting to a new place
with more advanced technology
& bigger space



Shukan Hospital

IVF CENTRE

LAPROSCOPY • 4D SONOGRAPHY • MATERNITY

Grand Opening

June 18th 2023

Time : 8.30 am to 1.00 pm

1st Floor, City Centre, Opp. Shukan Mall BRTS

Bus Stop, Science City Road, Sola, Ahmedabad-380060.

M. 70419 40220, 83200 15625 | www.shukanhospital.com



ISO Certified



NABH Accredited



I.C.M.R. Registered
Reg. No. IS 11008

Best Result with Less Expense

20 Years of Experience

Highly Skilled Clinical Team

1000+ Successful IVF Pregnancy

5000+ Laparoscopy & Hysteroscopy Surgery

OUR DOCTORS TEAM



DR. PRAKASH PATEL

Clinical Director
Infertility & IVF Specialist
Diploma in Adv. Laparoscopy (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



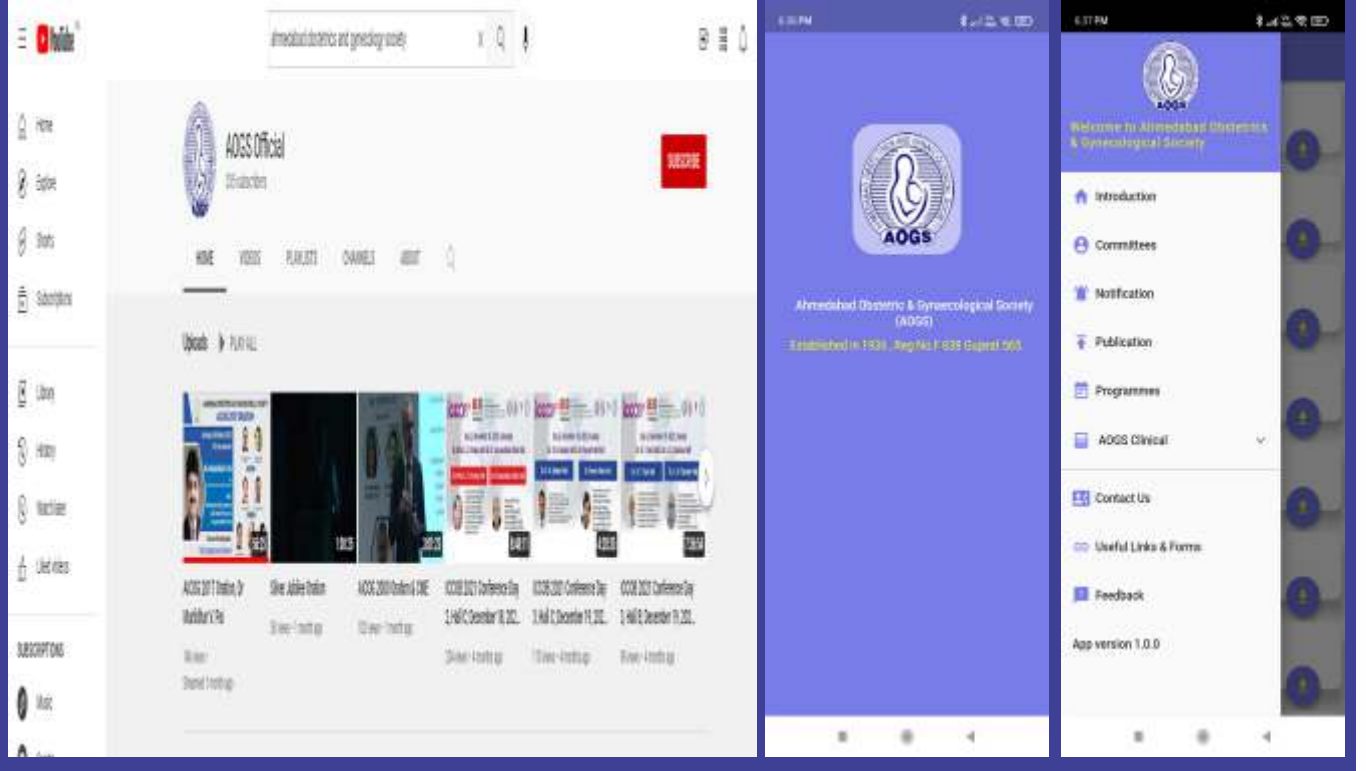
HIGH RISK PREGNANCY
UNIT



ADVANCE
FETAL MEDICINE CENTRE

We request all members to download the AOGS app from play store or apple store to get updates on AOGS events and CME's.

Please also subscribe to our YouTube channel for complete recordings of talks and orations.



AHMEDABAD OBSTETRICS & GYNAECOLOGICAL SOCIETY SOCIAL SECURITY SCHEME

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

IMA અને AMA ની જેમ આ આપણી પોતાની ગાયનેક સોસાયટીની

Unique Security Scheme આપણાં મેમ્બર્સ માટે ઉપલબ્ધ છે.

આ સ્કીમ દ્વારા આપણાં પરિવારજનોને હાલની તારીખમાં

રૂા. ૩,૨૫,૦૦૦ જેવી માતબર રકમ મળી શકે છે. જેમ મેમ્બર્સની સંખ્યા વધતી જશે તેમ આ DFC Amount વધતું જશે.

વધારામાં આ સ્કીમમાં Spouse Membershipની સુવિધા પણ ઉપલબ્ધ છે.

જે AOGS મેમ્બર હજું સુધી આ સ્કીમનાં મેમ્બર ન થયા હોય તેમને સત્વરે મેમ્બર થવાં અનુરોધ.

ફોર્મ અને વિગતો AOGS ઓફિસમાંથી ઉપલબ્ધ છે ઓનલાઇન મેમ્બરશીપનો વિકલ્પ પણ ઉપલબ્ધ છે

AOGS SSS Bank details : Name : AOGS SSS | Branch : Bank of India Ashram Road Branch
AC No. : 200210110002460 | IFSC : BKID0002002

For More Details, Please Contact : Dr. Lata Trivedi Mo. : 79903 08240

AOGS Office : Mo.: +91 78610 11818, Ph.: +91 79 2658 6426



Motherhood Training Center- A Center For Excellence...

FOGSI Recognized

(Advanced Infertility | Gynec Endoscopy | Advanced Ultrasound)

Grab the opportunity to learn from the experts.



Fellowship & Hands-on training courses are available

📍 1st Floor, Sarjan Arcade, Science City Rd, above Axis Bank, Sola, Ahmedabad.

Course coordinators:

Mr. Chirag Gandhi 📞 +91 99986 73367
 📧 ceo@motherhoodhospital.com

Motherhood Operations 📞 +91 95585 53559
 📧 operations@motherhoodhospital.com

Our expert trainers



Dr. Anand Patel
 Consultant Gynaecologist,
 Infertility Specialist & Advanced
 Gynec Laparoscopic Surgeon



Dr. Poojana Shah
 Consultant Gynaecologist
 & Infertility Specialist



Dr. Rajesh Punjaji
 IVF Specialist & Advanced
 Gynec Laparoscopic Surgeon



Dr. Dhara Patel
 Consultant Gynaecologist
 & IVF Specialist



Dr. Shikha Punjaji
 Consultant Gynaecologist
 & IVF Specialist



Dr. Rupal Grewalia
 Consultant
 Fetal Medicine Expert

📞 +91 90990 74235 | 99049 96633

🌐 www.motherhoodhospital.com

Follow us on:



SNEH

WOMEN'S HOSPITAL & IVF CENTRE

WESTERN INDIA
1st
"MATCH WITNESS SYSTEM"

HELPLINE NO.: 7048331000

MANINAGAR : Sneh Hospital Road, Between Hatkeshwar Circle to Seventhday School, Maninagar (E), Ahmedabad-08.

PRAHLADNAGAR : 3rd Floor, Sahajanand Palace, Above Gopi Restaurant, Anandnagar Cross Road, Prahladnagar, Ahmedabad-15.

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

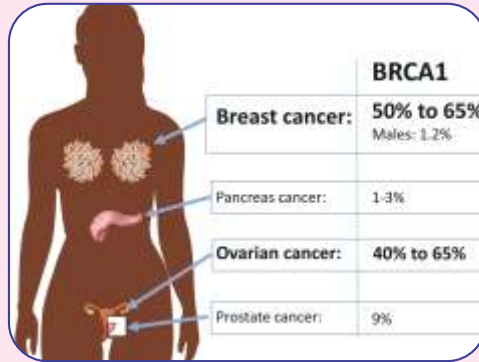
- Awarded as **HEALTHCARE LEADERSHIP AWARDS 2021** for Best Gynecologists & Infertility Specialist in Gujarat
- Awarded as **NATIONAL QUALITY ACHIEVEMENT AWARDS 2021** for Best Ivf & Infertility Surrogacy Centre of Gujarat & Ahmedabad.
- Awarded as "Gujarat NU GAURAV" for work in Healthcare sector by 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

BRANCHES OUT OF AHMEDABAD : SURAT | BARODA | RAJKOT | ANAND | BHARUCH | VAPI | PATAN | JAMNAGAR | MORBI | JUNAGADH | BHUJ | ANJAR | BANSWARA | JODHPUR | BALOTARA | BADMER

Building Families

Advanced Preimplantation Genetics

@ Bavishi Fertility Institute



Female Partner Carrier BRCA1
Mother suffered from Breast Cancer
SUCCESSFULLY TREATED
PGT-M (PGD)

more under treatment

Completing Families SINCE 1998



Best IVF Chain In India (West)
 (The Economics Times)
 2019 | 2022 | 2023



Best IVF Clinic Chain in India
 (Mid-Day)



Simple | Safe | Smart | Successful

- Ahmedabad** : **Paldi** : Opp. Manjula Muni. Garden, Nr. Orion Building & Adani CNG, Paldi Cross Roads, Ahmedabad-380007. Ph. 079-4040 4646, 098795 72298
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

ALL CENTERS OFFER ALL FERTILITY TREATMENT UNDER ONE ROOF WITH INTERNATIONAL STANDARDS

Technology • Trust



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

Block - C, Neelkanth Park-II,
Ghoda Camp Road, Shahibaug,
Ahmedabad-380 004
Ishitamam : 9724011764

QR Code for
Entire Article



Eva Women's Hospital & Endoscopy Centre

E : drdipaklimbachiya@gmail.com
E : info@evawomenshospital.com
W : www.evawomenshospital.com
P : 079-2268 2217 / 22682075 M : 9825028771

Planet WOMēN™

IVF Center & Advanced Women's Hospital



Our centre '**Planet WOMEN**' IVF Centre & Advanced Women's Hospital, recognized by Times of India as '**Hub for Medical Tourism in IVF**'.

All your Answers at one place:

Female Infertility Clinic

3-D, 4-D & Gynaec Sonography

IUI-IVF-ICSI-Egg Donation

PESA / TESA

Laser Assisted Hatching

Male Infertility Clinic

Gynaec Endoscopy Unit

PGS / PGD / PGT

Surrogacy

Menopausal Clinic

FOGSI recognized training centre for ART (IVF)/Endoscopy/Sonography

Planet WOMēN™
IVF Center & Advanced Women's Hospital

"Planet WOMEN" IVF Centre & Advanced Women's Hospital

Sahajanand College Cross Road, Near Nehrunagar Cross Roads,
Ambawadi, Ahmedabad-380015, Gujarat (INDIA)

Email : planetwomen1@gmail.com Website : www.planetwomen.in

Helpline Number : 75750 22422, 75750 25422