



AHMEDABAD OBSTETRICS AND GYNAECOLOGICAL SOCIETY

AOGS TIMES

Nirwana

AUGUST 2022 | VOLUME 5

Theme : Healthy Woman - Healthy Nation

Motto : Ethics Compassion Commitment

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We are the reason behind





Dr. Kamini Patel
President

TEAM AOGS MESSAGE



Dr. Nita Thakre
Hon. Secretary

This year 2022, the **World Mental Health Day Theme is "Making Mental Health & Well-Being for All a Global Priority"**

We all eagerly look forward to the festive seasons as they bring in happiness, excitement and an opportunity to unite with our family and friends. Navratri which has just gone by and Diwali approaching, the festive season can take a toll on women's mental health. **Let's understand how!!**

The festive season is not an easy time for women, especially working women in India. They are not just living up to the label (although wrongful) of multi-taskers, they are living it – juggling work lives with spring cleaning, socialising, and rituals. It brings with it a lot of expectations from others, and also from oneself.

Women want to be the one who manages everything- who **decorates the house, prepares homemade delicacies, dresses up traditionally, and follows all the rituals besides managing a demanding full-time career, driving long hours to and from work, meeting friends, and also giving enough time to children.**

As a working woman, the challenges of managing a full-time career, expectations from the workplace, and being a full-time mother, wife, daughter-in-law or daughter become so high that it often overpower expectations from self. Not being able to do certain things leads to a guilt trip.

There is added pressure to introduce "**culture**" to children. In a joint family where parents are around, they take care of the cultural and the festivities aspects. But in a small family, where women juggle multiple responsibilities, it becomes difficult. **While the festive season is a time to rejoice, it also means work!**

Do celebrations affect mental health?

The need to follow norms and live up to expectations can often take a toll on women's mental health during the festive season. Expectations will always be there, but how one handles them is important. As a community, we very strongly believe that the woman is solely responsible for taking care of all the preparations for a festive day. She needs to be involved in deciding what must be cooked, how the house must be cleaned, etc.

Women from the age group of 24 to 45 years face tiredness, fatigue, back aches, body aches, headaches and other issues.

Ways to Get Over Festive Anxieties and Stress

Maintain a Healthy Routine

Stick to a healthy routine and make out time for exercise and other relaxing activities. This helps to build a positive mind-set and maintain high spirits.

Practice Mindfulness

Mindfulness is the ability to be completely present in the moment without being too much overwhelmed or reactive to the surrounding environment. It can be applied through different techniques like **meditation, yoga, and breathing practises.**

Stick to the Budget

Finance is a major factor. Commercialism leads to overspending and financial burden. True happiness comes from meaningful relations, spending quality time with someone and making wise choices.

Avoid Substance Use

To escape stress, people often get caught up in substance use that worsens the symptoms. Alcohol and drugs can offer temporary comfort, ultimately leading to a variety of emotional and physical health issues.

Conclusion

While the concept of '**Festive Blues**' is quite common in the West, there is less awareness in India about festive stress. The mental health conditions arising from festive stress can be effectively managed by seeking the help of family and close ones and talking to them. **Taking a step back and be mindful is the mantra!**

PAST PROGRAMME



AHMEDABAD OBSTETRICS & GYNAECOLOGICAL SOCIETY

CME ON ROBOTICS

Date : Sunday, 21st August, 2022

Time : 10.00 am - 12.00 pm

Venue : Fairfield by Marriot, Ashram Road, Ahmedabad.



Dr. Kamini Patel
President

Programme Incharge :
Dr. Akshay Shah
Dr. Ashish Verma



Dr. Nita Thakre
Hon. Secretary

Programme Co-Ordinator :
Dr. Binaben Patel
Dr. Naimesh Patel
Dr. Akshesh Modi

09.30 - 10.00	Breakfast
10.00 - 10.05	Prayer
Session 1 10.05 - 10.35	Emotional Health Topic : Look within : Managing Emotions Speaker : Dr. Darshna Thakker Chairpersons : Dr. Manish Jadav, Dr. Lata Trivedi
Session 2 10.35 - 11.05	Robotics Chairpersons : Dr. Parul Kotdawala, Dr. Jayshree Sheth, Dr. Jayesh Patel Topic : Robotic in benign hysterectomy : Hand in hand with Robotic Surgery Speaker : Dr. Raman Patel
11.05 - 11.35	Topic : Robotic in Malignant Hysterectomy with Pelvic Lymph node Dissection. Speaker : Dr. Mahesh D. Patel (Onco Surgeon)
11.35 - 11.55	Questions - Answers
11.55 - 12.15	General Knowledge Quiz by Dr. Lata Trivedi
12.15 pm onwards	Lunch

Sponsored by : Intuitive surgicals (Da Vinci Robot)



PAST PROGRAMME



AHMEDABAD OBSTETRICS & GYNAECOLOGICAL SOCIETY

સહર્ષ પ્રસ્તુત કરે છે,
'સુગમ સંગીત' નું નવલું નજરાણું

'મોસમ છલકે - હૈયા હરખે'

તારીખ : ૧૮.૦૯.૨૦૨૨, રવિવાર
સમય : રાત્રે ૬.૦૦ કલાકે

સ્થળ :

પ્રધારા હાઈસ્કૂલ ઓડીટોરીયમ, સંદેરા પ્રેસની સામે, બોડકટેપ, અમદાવાદ



ડૉ. કામિની પટેલ
પ્રેસીડેન્ટ, AOGS



ડૉ. નીતા ઠાકરે
સેક્રેટરી, AOGS



કલ્યાણી કોઠાવજી



શ્રી અંદર વોરા



ડૉ. કાજલુની ઠાકરે



ડૉ. હેમંત શાહ



ડૉ. અંબેલ શાહ



PHARMA MEET



PAST PROGRAMME



Dr. Jivraj Mehta Smarak Health Foundation
Bakeri Medical Research Centre



AHMEDABAD OBSTETRICS & GYNAECOLOGICAL SOCIETY

CME on High Risk Multispeciality Practise in OB. & GY.

Date : 25-09-2022 - Sunday
Time : 8.30 am to 12.30 pm

Place : Dr. Jivraj Mehta Hospital - Auditorium

Ratubhai Adani Arogyadham, Dr Jivraj Mehta Marg,
Paldi, Ahmedabad-380007

Moc :

Dr. Aarti Vazirani - Dr. Kirtan Vyas

Co- Ordinators :

Dr. Akshay Shah, Dr. Chintan Gandhi, Dr. Darshan Shah

8.30 to 9.00 : Breakfast

9.00 to 9.15 : Welcome Speech by CEO Dr. Manesh Agarwal



Dr. Kamini Patel
President



Dr. Nita Thakre
Hon. Secretary

Session I

Management of Pregnancy with Medical Crisis

Chair Person : Dr. Dipesh Dholakia - Dr. Aarti Patel - Dr. Kaushik Vyas

Lecture -1 : 9.15 to 9.35

Dr. Bansi Saboo (Diabetologist)
Pregnancy with server Diabetes & Crisis

Lecture -2 : 9.35 to 9.55

Dr. Tarun Dave (Cardiologist)
Pregnancy with Cardiac Disease & Crisis

Lecture -3 : 9.55 to 10.15

Dr. Himal Shah (Onco Hematologist)
Pregnancy with DIC & Crisis

Lecture -4 : 10.15 to 10.35

Dr. Jagdeep Shah (Nephrologist)
Pregnancy with Renal disease
for Hypertensive Crisis

Session II

Need for Multispeciality Help in Gynaecology

Chairpersons : Dr. Raxita Patel - Dr. Rohit Jain - Dr. Sujal Munshi

Lecture -5 : 10.35 to 10.55

Dr. Pragnesh Shah (Laproscopy Surgeon)
Surgical Help During
Advanced Laproscopy Surgery

Lecture -6 : 10.55 to 11.15

Dr. Mona Shah (Onco Gynecologist)
Surgical Help During Gyanec
Cancer Surgery

Session III

Panel Discussion on High Risk Pregnancy

11.15 to 12.30 pm

Moderator : Dr. Parul Koldawala - Dr. Chirag Amin

Panelists

Dr. Sanjeev Pathak - Diabetologist
Dr. Chirayy Vyas - Cardiologist
Dr. Anish Joshi - Critical Care Specialist
Dr. Saurin Dalal - Nephrologist
Dr. Himal Shah - Hematologist

Dr. Hitesh Patel - MD Physician
Dr. Kshama Shah - Gynaecologist
Dr. Devang Patel - Gynaecologist
Dr. Shashwat Jani - Gynaecologist

12.30 Pm Lunch



PCPNDT Meeting at Swarnim Sankul with Hon. Minister Rushikesh Patel



CONGRATULATIONS



Congratulations to
Dr. Alpesh Gandhi
on giving his 50th oration.

CONGRATULATIONS



Congratulations to
Dr. Munjal and Dr. Janki Pandya
on the publication of their book
"જીવનમૂલ્યોનું સંગીત"

CONGRATULATIONS



Dr. R.G. Patel
for his
appointment as expert
and member of National
Assisted Reproductive
Technology and Surrogacy Board.

CONGRATULATIONS



Dr. Sanjay Patel
for Representing Medical
fraternity as member of
State Appropriate Authority,
ART and
Surrogacy Act 2021.

First Time In History": Cancer Vanishes For Every Patient In Drug Trial

18 rectal cancer patients were given the same drug for six months and as a result of the treatment, cancer was completely obliterated in every patient.

A small group of people with rectal cancer just experienced something of a miracle as their cancer simply vanished after an experimental treatment. According to New York Times, in a very small clinical trial, 18 patients took a drug called Dostarlimab for around six months, and in the end, every one of them saw their tumours disappear.

Dostarlimab is a drug with laboratory-produced molecules that act as substitute antibodies in the human body. All 18 rectal cancer patients were given the same drug and as a result of the treatment, cancer was completely obliterated in every patient - undetectable by physical exam; endoscopy; positron emission tomography or PET scans or MRI scans.

Dr Luis A. Diaz J. of New York's Memorial Sloan Kettering Cancer Center said this was "the first time this has happened in the history of cancer".

As per New York Times, the patients involved in the clinical trial faced grueling previous treatments to obliterate their cancer, such as chemotherapy, radiation and invasive surgery that could result in bowel, urinary and even sexual dysfunction. The 18 patients went into the trial expecting to have to go through these as the next step. However, to their surprise, no further treatment was needed.

The findings are now making waves in the medical world. Speaking to the media outlet, Dr Alan P. Venook, who is a colorectal cancer specialist at the University of California, said that the complete remission in every single patient is "unheard-of". He hailed the research as a world-first. He even noted that it was especially impressive as not all of the patients suffered significant complications from the trial drug.

Separately, Memorial Sloan Kettering Cancer Center and a co-author of the paper, oncologist Dr Andrea Cercek, described the moment patients found out they were cancer-free. "There were a lot of happy tears," she told the New York Times.

For the trial, patients took Dostarlimab every three weeks for six months. They were all in similar stages of their cancer - it was locally advanced in the rectum but had not spread to other organs. Now, the cancer researchers who reviewed the drug told the media outlet that the treatment looks promising, but a larger-scale trial is needed to see if it will work for more patients and if the cancers are truly in remission.

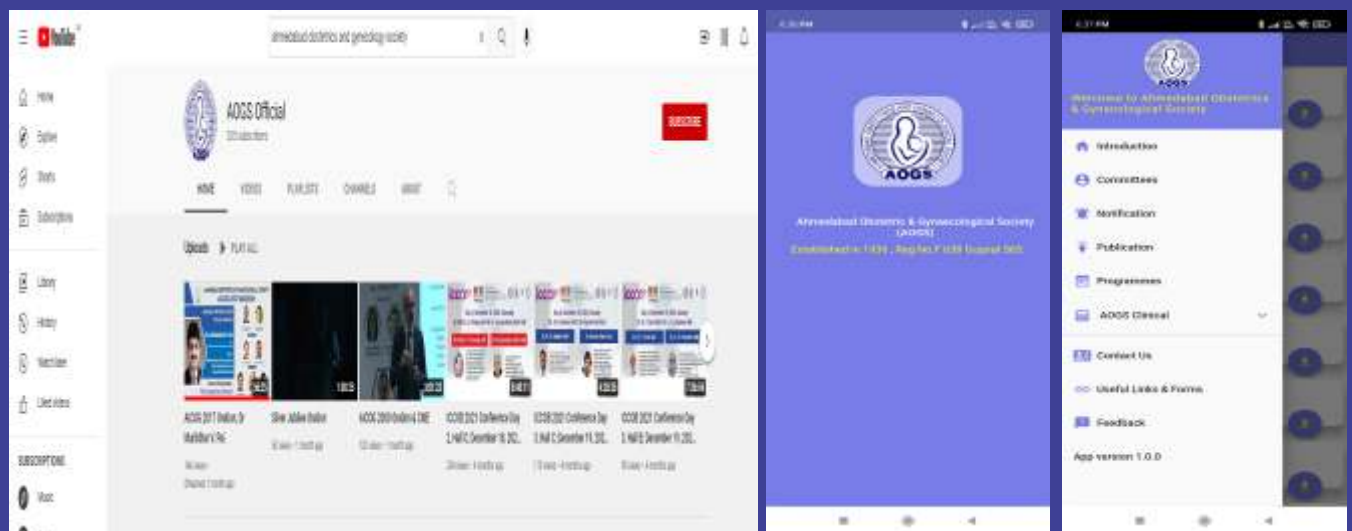
Source: NDTV

EDITOR'S NOTE: cancer is no longer to be considered a disease of an isolated organ, like breast cancer, colon cancer etc. Oncologists the world over now categorize cancer according to the receptors involved. In this case too, Dostarlimab (a programmed death receptor-1 (PD-1)-blocking monoclonal antibody) is a form of immunotherapy that has been previously effective in treating endometrial cancer. The theory applied was that both these types of cancers had similar receptors, which probably was what led to the resounding success of the trial.

IN A LIGHTER VEIN



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.



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 Thank you! Team AOGS!

EVENTS CALENDAR

- West Zone YUVA conference- 7th to 9th October- Jabalpur
- SAFOG- SLCOG International conference- 30th September to 2nd October- Colombo, Sri Lanka
- ASRM 2022- 22nd to 26th October- Anaheim, California
- SOGOG- 9th to 11th December- Kevadiya colony
- AICOG 2023- 4th to 8th January- Kolkata
- ACOG 2023- 19th to 21st May- Baltimore, Maryland

Case report : Pregnancy with Takayasu's Arteritis : A rare disease case approach.



Dr. Vrunda Supreet Bhatt

M.S Obs & Gynec,
 Consultant laparoscopic surgeon and
 high-risk pregnancy specialist.
 Aarya Women’s Hospital, Ahmedabad.

Introduction:

Takayasu’s arteritis (TA) is a rare chronic inflammatory progressive large vessel vasculitis (LVV) of unknown etiology. It is also known as pulseless disease or “young female disease” or aortoarteritis. The disease was first described by the Japanese ophthalmologist Mikito Takayasu and Onishi. It most commonly affects women of childbearing age and of Asian origin. It leads to narrowing, occlusion and aneurysms of systemic and pulmonary arteries in the body, affecting primarily the aorta and its branches. Its incidence is reported to be 13 cases per million population. Takayasu’s arteritis can result in a weak pulse or loss of pulse in arms, legs and organs. For this reason, people used to refer to the illness as “pulseless disease.”

During pregnancy, there is an increased risk of cardiovascular complications such as hypertension and congestive heart failure hence it warrants special attention during the peripartum period. Fetal complications like IUGR, Low birth weight, IUD can also occur. An interdisciplinary collaboration of obstetricians, cardiologists, rheumatologists, and neurologists is often necessitated for an optimal maternal and fetal prognosis.

Case Report:

A 29-year-old Primigravida patient was referred to us at Aarya Women’s hospital by a Rheumatologist for antenatal management of a known case of Takayasu’s Arteritis during her first trimester. The patient was diagnosed with TA before 3 years in 2018 at Delhi and was on treatment since then. Before 3 years she had developed claudicating pain in left upper limb, backache, jaw pain, fever and weight loss. On PET CT scan there was thickening of Ascending Aorta and Aortic Arch and its branches s/o Aortoarteritis. Earlier the patient was on oral steroids (Tab. Prednisolone 4mg twice daily) and Methotrexate for control of symptoms of TA. Pre conceptionally, she consulted her Rheumatologist again and was switched to Azathioprine 50mg twice daily and Tab. Omnacortil 10mg daily with tab. Folic acid 5mg. She had mild flare of the disease when she became pregnant which got controlled after steroid treatment.

On Examination: During first trimester the blood pressure was same in both the limbs. But in second and third trimester there was difference of >20mmhg between both upper limb’s blood pressure measurements. Right Upper limb BP: 120/84mmhg and left upper limb BP: 144/90mmhg. She developed hypertension in last month of pregnancy without presence of urinary protein. In each visit blood pressure measurement in all the four limbs and manual pulse checking was done. Pulse in all four limbs were palpable normal.

Investigations: 2D ECHO by a Cardiologist was done twice during whole pregnancy which suggested no abnormality. Colour doppler of neck and limbs suggested normal flow. No narrowing or stenosis was found. The plan of MR angiography was kept in mind in case any abnormality found on doppler. Apart from routine Antenatal blood investigations, levels of S.ANA, S.ACA, S. Anti-RO, S. anti-Ca were also checked.

Management: The first and second trimester of pregnancy went without any complication. The dose of Steroid was reduced to minimum and NT scan, TIFFA scan was Performed to rule out any congenital birth defects. Yet the oral steroid and azathioprine were continued throughout the pregnancy. Aspirin 150mg was given till 34 weeks to prevent development of IUGR. In the last trimester apart from routine medication Tab. Labetolol (200mg) was added twice daily to control the blood pressure. There was no growth retardation of the foetus and at 38 weeks patient came with natural labour pains with 3cm cervical dilatation and trial of labor was given. On ARM, there was meconium-stained liquor hence Caesarean Section was undertaken and healthy baby of 3kg with good APGAR score was delivered. Post operative period went well without any complication. Team approach as an Obstetrician and High-Risk Pregnancy Specialist along with rheumatologist and Cardiologist gave a smooth pregnancy experience to the patient.

Discussion:

Various types of TA have been acknowledged in the past: type I (disease embroiling aortic arch and its branches), type II (lesions constrained to descending thoracic aorta and abdominal aorta), type III (patients with characteristics of types I and II), type IV (involvement of pulmonary artery), and type V (combined features of types IIb and IV). The patient presented here had a Type 1 disease. The diagnosis of the disease is possible from its typical symptoms and signs and also from MRangiography/ PET CTscan.

Pregnancy does not interfere with disease progression; but TA has several adverse implications on pregnancy like abortions, preeclampsia, IUGR, IUD, and abruption of placenta. Etiology of IUGR may be impaired placental blood flow. Incidence of IUGR is high when bilateral renal involvement is present. More than 60% of patients have some kind of complications and the four most important ones are Takayasu’s retinopathy, secondary hypertension, aortic regurgitation, and aneurysm formation.

Management of TA entails an interdisciplinary approach with involvement of obstetricians, anaesthesiologists, cardiologists, rheumatologists, and neonatologist.

Preconception counselling is essential regarding dosage adjustment or cessation of cytotoxic drugs, folic acid supplementation in the periconceptional period, and optimal timing of pregnancy. Pregnancy should be ideally planned in remission phase.

Vaginal delivery is the preferred mode, and epidural analgesia has been advocated for labor and delivery. In women with hypertension, delivery should be abbreviated by the use of vacuum cup. In women with complications or severe disease, Elective LSCS is preferred to prevent cardiac decompensation due to increased blood volume and blood pressure observed during uterine contractions and increased cardiac output observed during labor. Our patient was hemodynamically stable hence short trial of labor was given.

The overall five-year survival rate after diagnosis was 83.1%. Death typically is a consequence of congestive heart failure or cerebrovascular events. Early diagnosis with proper medical or surgical management is essential for a good prognosis. A high index of clinical suspicion in patients presenting with pulseless peripheral vessels could be kept in mind to optimize the management.

Organized by :



45th SOGOG 2022

9th

10th

11th

DECEMBER 2022

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TENTCITY 2**

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10. Sardar Sarovar Dam view points
11. Panchmuli lake
12. Children Nutrition park
13. Arogya Van (Herbal Garden)
14. Cactus garden
15. Butterfly garden
16. Zarvani waterfall
17. River Rafting at Khalwani

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Premium Delux AC	At Tent City 2	18,054	19,057	20,060
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MS. Gynec (Infertility & Foetal Medicine Specialist)

Dr. PURVI SHAH

Gynecologist
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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	PREGNANCY WELLNESS PROGRAM
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ICSI	BLASTOCYST CULTURE	
SURGERY	GARBHSANSKAR	MALE INFERTILITY (TESA/PESA-MICRO TESE)
PGD/PGS	MATERNITY YOGA	



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 in OBST & Gynec
- 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



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- Lab is open for all Gynecologist

We are a prestigious and trusted IVF (Test Tube baby) treatment Center having world-class technology and skilled doctors to facilitate infertility treatments. There are only a few hospitals that are reliable and are equipped with technology. Motherhood is one of the best hospitals in Ahmedabad to avail services for infertility treatments. To achieve a higher success rate, Motherhood Hospital is equipped with test tube baby facilities and ultramodern technology. We offer affordable treatments with quality and superior equipment so that you can avail of our services swiftly. We are happy to be a part of the journey of several couples who became parents after our IVF treatments.

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- IMCI (Intro Cytoplasmic Morphological Sperm injection)
- TESA (Testicular sperm Aspiration)
- Oocyte / Sperm / Embryo Freezing
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- Endometrial Receptivity Assay (ERA)
- PGT A / PGT M
- Surrogacy

IVF Lab.



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Dr. Rajesh Punjabi
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(Gold Medalist)
Art Specialist (USA)



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M.B.B.S., D.G.O
Gynecologist &
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Dr. Dhara Patel
M.B.B.S., MD (Gynec)
Consultant Gynecologist
& IVF Specialist



Yuvrajsinh Thakore
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