AHMEDABAD OBSTETRICS AND GYNAECOLOGICAL SOCIETY

AOGS TIMES

2021-2022

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THEME : IMPLEMENTATION OF EVIDENCE BASED CLINICAL CARE

MOTTO : SWEAT, SMILE & REPEAT

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Saluting the brave hearts of Kargil War Heroes

TEAM AOGS MESSAGE

Dr. Jignesh Deliwala
President

Dr. Munjal Pandya
Hon. Secretary

Dear Members,

26th July, 1999 was the day of our Victory; in the war which lasted for more than 60 days; where 527 of our bravehearts attained martyrdom, protecting our motherland against all the odds! February 1999 was the time when India and Pakistan signed bilateral 'Lahore Declaration' for the peace of people on both sides; but our enemies breached the treaty and their intruders started occupying around 200 km^2 of area in Kargil sector, majorly forming posts over the peaks of the mountains, gaining control over the area from the top.

'Operation Vijay' was launched, when we started realizing that they weren't just a bunch of intruders. The fight was fierce as our soldiers had to fight climbing almost impossible slope of the inclined hill, where the enemies weren't visible; and our bravehearts could be seen easily by the enemies. Yet, our army didn't give up and fought the battle with all the might and mind; to reclaim the Kargil sector once again, on this auspicious day of 26th July, 1999!

Every year, 26th July is being celebrated as "Kargil Vijay Diwas" throughout the country, in the memory of all those souls who put in brave gallant efforts protecting us, protecting our motherland!

We salute our Jawans!

જય હિંદ!

Dr. Jignesh Deliwala
President

Dr. Munjal Pandya
Hon. Secretary

PAST PROGRAMME

AHMEDABAD OBSTETRICS & GYNAECOLOGICAL SOCIETY

18.07.2021 ▶ 11.00 am to 1.00 pm **SUNDAY**

WEBINAR

UPDATE ON RPL

1 ICOG CREDIT POINT

President
Dr. Jignesh Deliwala

Hon. Secretary
Dr. Munjal Pandya

Coordinators:

Dr. Maulik Shah

Dr. Rushi Patel

Speaker

Role of progesterone in first trimester recurrent pregnancy loss.

25 Mins

Dr. Sunil Shah

Speaker

Prediction & prevention of preterm birth (singleton and twins)

25 Mins

Dr. Girija Wagh

Panel discussion on recurrent pregnancy loss

60 Mins

Chairpersons:

Dr. Meena Amin

Dr. Kashyap Sheth

Dr. Ankita Jain

Moderator:

Dr. Manish Banker

Panelists:

Dr. Kirtan Vyas

Dr. Sujal Munshi

Dr. Aarti Vazirani

Dr. Gaurang Modi

Dr. Asha Gandhi

Dr. Udaya Kotecha

https://bit.ly/Emcure_Dydrofem

AHMEDABAD OBSTETRICS & GYNAECOLOGICAL SOCIETY

01.08.2021 ▶ 10.30 am to 1.00 pm **SUNDAY**

WEBINAR

1 ICOG CREDIT POINT

Primary Caesarean Delivery- How can we bring down ?

President
Dr. Jignesh Deliwala

Hon. Secretary
Dr. Munjal Pandya

Coordinators:

Dr. Jayneel Shah

Dr. Mohit Shah

Chairpersons :

Dr. Falgun Parikh

Dr. Chaitanya Patel

Dr. Vrunda Bhatt

SPEAKER

Overview of rising caesarean rates: Reasons behind

Dr. Nidhi Vasani — 20 mins

SPEAKER

Troubleshooting in CS

Dr. Murlidhar Pai — 25 mins

SPEAKER

Medico legal aspects of LSCS & Labour

Dr. Hitesh Bhatt — 20 mins

PANEL DISCUSSION:

Strategies to reduce primary CS

Moderator: 60 mins

Dr. Parul Kotdawala

Panelists:

Dr. Mukul Shah

Dr. Shashwat Jani

Dr. Nita Sata

Dr. Sapna Shah

Dr. Shonali Agrawal

Dr. Nitin Raithatha

Zuviston | Zuventus

Meeting ID: 964 3216 2465
Passcode: 039370

WEBINAR LINK : https://zuventus.zoom.us/webinar/register/WN_ekiprNAPTQmeHCiwaTtGpg

Dr. Dilip Gadhavi
AMA President

Congratulations!

Congratulations
for being elected as
President of
Ahmedabad Medical Association
for the year 2021-22

Dr. Pradyuman Vaja
President, SC Morcha

Congratulations!

Congratulations
for being elected as
President of SC Morcha,
Gujarat State, BJP

Dr. Geetendra Sharma

Congratulations!

Dr. APJ Abdul Kalam's TEACHER of The YEAR AWARD
goes to
Dr. Geetendra Sharma
for his exemplary contribution to
DGF Post Graduate Certificate Medico-legal course &
Creating Medico-legal Awareness
Among Medical Fraternity.

Dr. Sunil Shah

Congratulations!

FOGSI & ICOG
Appreciation Awards for valuable services rendered

ARE WE TREATING MALE INFERTILITY ANYMORE !??

Dr. Abhay Khandekar
M.S. (Gold Medalist), M.Ch. (Mumbai)
Urologist

Dr. Nikunj Joshi
M.B.B.S, M.S.
General & Laparoscopic Surgeon

You can go one step further and ask: Is the sperm mandatory any More?
Fertility scientists have found a way to fertilise ovum and convert it in an embryo using a cocktail of chemicals used as an artificial sperm. This is called PARTHENOGENESIS. Embryo contains genes only from mother and multiplies to produce a female child identical to mother. It has been tried on mice and frogs and has already caused serious social and legal concerns for future use in humans .
In clinical practice we are capable of achieving fertilisation with single sperm. We are no longer dependent on ejaculated sperms . Various sperm retrieval techniques have solved the puzzle of Azoospermia. Improved Sperm wash and preservation methods and resultant betterment of IUI results raised hopes for oligospemic patients.
Now is the time not to forget about the aspirations of the couple.These techniques can't replace natural man and women relationship couple's desire. No couple would ever like their child to know the unnatural means of his birth. After all possible efforts are made for normal conception should the couple be guided for ART .
During the first year of marriage pregnancy can occur even with very low sperm counts . If couple is unsuccessful in achieving conception beyond this period inspite of adequate consumation of marriage evaluation should start.
Let us briefly look at the Surgically Correctable causes of Male Infetility.

VARICOCELE :
It appears in 20% of general male population . Around 40% of subfertile males have varicocele which makes it the most commonly known pathology associated with poor semen quality. They are easy to identify on clinical examination and easy to surgically correct. If untreated in a subfertile male it causes progressive testicular damage.
Recently published guidelines by European Association Of Urology (2019)
Varicocele should be surgically corrected in following patients:

- Clinical Varicocele
- Oligospermia
- Infertility duration > two years
- Adolescent varicocele showing testicular damage ion serial examinations .

Surgical techniques for Varicocele repair include retroperitoneal, inguinal and subinguinal approaches.
Microscopic Subinguinal approach is the Gold Standard. It preserves testicular artery, deals with all potential anastomotic venous tributaries and is very less morbid to the patient.
It is said to improve overall blood supply to the testis and improve Leydig cell function clinically improving erectile dysfunction.
Following Varicocelectomy approximately 66 -70% patients have improved bulk semen parameters. 40 to 60 % have increased conception rates.Because human spermatogenesis cycle takes 72 days, first sign of improvement takes 3 to 4 months.
Another current topic focuses on the benifit of Varicocele repair in men who are azoospermic or severely oligospermic. Although numerous studies indicate it can improve spermatogenesis in one third of such men, spontaneous pregnancy is very rare. Remaining two thirds eventually require IVF-ICSI . Couples must therefore be counselled realistically in these situations.
Other focus is on the men who are infertile, have poor semen quality but show varicocele only on Doppler examination. These patients having sub clinical varicocele don't benefit from surgery .

AZOOSPERMIA :
History, physical examination, semen analysis and hormonal assays define and distinguish obstructive from non obstructive Azoospermia.Approximately 1% of general and 10% of infertile population is Azoospermic.
ICSI is commonly offered treatment . Various methods of sperm retrieval such as TESA , PESA and TESE are utilised on the day of ovum pick up . In obstructive azoospermia where sperm production is normal most of them give good and equal results .
Non Obstructive azoospermia with defective and patchy sperm production areas in smaller size testes is a challenge. Micro TESE is a procedure of choice .

OBSTRUCTIVE AZOOSPERMIA :
Vaso epididymal obstruction , previous vasectomy, inguinal hernia or hydrocele surgery,ejaculatory duct obstruction are surgically

treatable causes .

Optimal management of Vasal or epididymal Obstruction includes microsurgical reconstruction. These are demanding specialised procedures requiring strict adherence to the surgical principles for tension free ,water tight precise mucosa to mucosa anastomosis preserving the blood supply. It has a potential of providing long-term source of ejaculatory sperms and normal pregnancy. Sperm retrieval and cryopreservation can be done during this surgical procedure to be utilised for IVF /ICSI If reconstruction fails.

Cost effectiveness analysis indicates that microsurgical reconstruction is the safest and most financially sound management option for Vasal and epididymal obstruction .

Ejaculatory Duct Obstruction:

(Fructose Negative Azoospermia wth low volume low pH semen)

*Ejaculatory ducts obstruction is a surgically reversible cause of male factor infertility diagnosed in 1 to 5 % of infertile men.

*It may be due to the congenital atresia or maybe Secondary to infection

*Low volume ejaculate , Pre ejaculatory pain, hematospermia in male with infertility are presenting features

- semen analysis and Trans rectal ultrasound confirm diagnosis.
- Trans urethral resection of ejaculatory ducts gives dramatic results.

DISORDERS OF EJACULATION AND INFERTILITY :

ANEJACULATION refers to inability to produce semen sample through masterbation or intercourse . It may be due to autonomic dysfunction, anti psychotic drugs or spinal cord disorders and trauma .

Use of vibrators and in severe cases electro ejaculation gives more than adequate sperms for IUI.

RETROGRADE EJACULATION :

Retrograde ejaculation occurs when semen enters the bladder instead of emerging through the penis during orgasm. It is also called dry orgasm. When it is associated with infertility the exact cause should be determined.

When it is a result of bladder neck injury following trauma ,surgery or neurological injury due to retroperitoneal lymph node dissection or radiation therapy it is irreversible . Drugs like pseudoephedrine are tried but have not shown promising results.

Sperm retrieval from the post ejaculatory urine has not shown consistent results.

SUMMARY:

Pregnancy is not synonymous with the successful treatment of male factor infertility .

- Treatable causes of male infertility should be meticulously evaluated and treated
- Every possible attempt should be made for good semen quality as natural pregnancy achieved though normal intercourse is every couple'S dream . No child in this world would prefer to be referred as IVF/ ICSI child.

Why Investment is necessary?

Dr. Jignesh Shah

- Consultant Gynaecologist with interest in stock market.
- Ex vice president Gujarat IMA
- Ex Hon secretary, Ahmedabad medical association
- Partner at Niftydoctor Securities.

There are not many millionaires who have created wealth by putting money in fixed deposits or putting money in saving accounts. For wealth creation, taking risk is necessary. It is our responsibility that the risk benefit ratio for our investments favours our profile and our time horizon.

As Mark zuckerberg says...biggest risk is not taking any risk..in a world that is changing really quickly, the only strategy that is guaranteed to fail is not taking risks.

I would consider there are major two types of Investment themes...

1) Goal based investing

Goals can be buying a car, buying a residence, building a hospital or clinic, child education, marriage of children, regular domestic or international trips or Retirement planning. Here emphasis should not be on return on Investment but on achieving the goal. This requires systemic allocation of money from income towards goal based investment. To achieve goal based Investment, we need to select assets where we can put our money in a systematic monthly basis. For that choices include equity, gold and debt funds.

Goal based investing can be for short term(which is less than 5 years) or for a longer time period.

Short term(<5 years)

When goal is for shorter term like buying a car or saving up for a trip then money should be allocated to debt funds or bonds or fixed deposits. These classes of investment have low risk profile which is necessary for short term goals.

Long term(>5 years)

When goal is for longer duration like child's college fund or marriage fund then money should be invested into equity mutual funds, index mutual funds or gold mutual funds. We can also select exchange traded index funds or gold funds because here expense ratio is significantly less than normal mutual funds. These classes of investment have a slightly higher risk profile which means they can lead to volatility in short term but they average out over multiple investment cycles.

2) Wealth creation

There are mainly two types of assets we can choose for investment: Growth investment or defensive investment. Investing money in equity mutual funds, direct stock investment, putting money in real estate or in bullion market like gold and silver comes under growth investment. Investing money in fixed deposits, debt funds or even keeping cash comes under defensive type of investment.

We medical professionals need to learn and implement financial planning because we doctors have some unique problems. We start earning little late and also we start with big debts in form of educational expenses or establishment of clinic. Hence, intelligent asset allocation is extremely important.

The various asset classes and their risks and benefits include:

Equities

Pros

- Equities generally provide above-average asset returns
- Equities are generally liquid assets that are easy to buy and sell.
- Equities provide several different types of shares, including large-cap, small-cap and mid-cap.

Cons

- Equities provide returns that are more volatile than other asset classes, including bonds.
- Most shares move in tandem with the broader markets.

Bonds

Pros

- Bonds pay a fixed return to investors.
- Bonds tend to be less volatile relative to other asset classes like stocks.

Cons

- The value of a bond is eroded by higher inflation.
- Liquidity issues can arise while trying to exit out of an investment

Real estate

Pros

- Real estate can provide monthly income from your tenants.
- You can insure your investment.

Cons

- The minimum investment value required is higher.
- Liquidity is lower

Commodities

Pros

- Commodities provide diversification.
- Commodities can offer protection against rising inflation.
- Most commodities are liquid assets.

Cons

- Commodities can be volatile.

Thus , different classes of assets have different advantages and disadvantages and hence the following formula can be used for asset allocation:

Asset allocation for equity= 100 – age.

The rest should be equally distributed between bonds, commodities and real estate and an emergency fund of 6-12 months expenses must be kept as cash

SOCIAL EGG FREEZING

Dr. Kamini Patel
Director & IVF Specialist
Vani IVF Centre

Vani Patel
Embryologist and Geneticist
Vani IVF Centre

Introduction:

Social egg freezing, 'non-medical freezing of eggs' or 'elective egg freezing' is a process through which women can opt to store their eggs in order to preserve fertility and willingly delay motherhood. Cryopreservation of eggs has always been in limelight for controversies because of the high risk during freezing. The main reason for having a highly sophisticated procedure for egg freezing as opposed to sperm freezing, is due to high water content of eggs which increases the chances of crystal formation. In 2012, the American Society for Reproductive Medicine (ASRM) demonstrated a safe procedure for the cryopreservation of eggs. This technique gave hopes to females who were not able to conceive because of medical reasons. Moreover, this technique would also help females undertaking cancer treatment to protect the follicular pool from the dangers of chemo or radiation therapy. Apart from medical reasons, with the availability of freezing healthy donor eggs, this technique would allow homosexual male couples to complete their family. This opportunity was extended and used by women for non-medical reasons as well. There is a fine line between the medical and non-medical reasons which needs to be known before commenting anything on current controversy (Harwood, 2015).

Medical and Non-Medical Reasons:

Medical Reasons: Cancer is the main cause which is included predominantly in medical reasons for egg freezing. Women under the age of 45 years affected by breast cancer have 90% chance of surviving for 5 years or more but chemotherapy and radiotherapy are both gonadotoxic agents which affects the follicular pool by 21-70% (McCray et al., 2016). Apart from cancer, other conditions like autoimmune disorders or haematological conditions also have the same concerns of decreasing fertility due to concerned toxic treatment. Under genetic conditions such as mutation in BRCA1/2 gene, egg freezing may higher the chances of conception and it would protect the cells from further carcinogenic mutations.

Non-Medical Reasons: The ethical committee comes into the picture when egg freezing is opted by females without any medical reason to preserve her fertility. Through various surveys in Canada, UK and Denmark the most cited reason for undergoing egg freezing is 'lack of suitable partner' (Dunne and Roberts, 2016). The current scenario regarding women equality, the right of women to choose a partner and having an equal say in starting a family have been beneficial towards a brighter future for females. Keeping professional life as a priority affects adversely as female's biological clock is ticking and this binds her in starting early family life, thus compromising her professional life. Currently the most desired age for women to have children has been 30 according to Canadian statistics. In British Colombia, the live birth rate for the women of age group 35 years and older was 11% in 1990 which has raised to 23% in 2011 (Dunne and Roberts, 2016). At the same time the live birth rate in the age group of 20-34 years fell from 83% to 74% in 2011. This drop of percentage can be due to the age preference women have for starting a family or due to the lack of the rightful companion. Other reasons might be the increasing rate of divorce at a very young age. The main point of discussion is that infertility causes the same level of damage and mental disturbance when caused by any illness or age. Is it appropriate to raise ethical questions to the non-medical reasons when the end result – 'infertility' causes the same level of detriment in both the scenarios?

Year	Age at First Marriage (Years)		Age at Divorce (Years)	
	Males	Females	Males	Females
1971	24.6	22.6	39.4	36.8
1981	25.4	23.1	37.7	35.2
1991	27.5	25.5	38.6	36.0
2000	30.5	28.2	41.3	38.8

Table 1: Lockwood, 2011 describes about the early age divorce in England which suggest that people marrying for the second time at that age might go for family planning, which is difficult at the age group of 30-38 years.

Scientific Values:

Socially the egg-freezing process has been advantageous to many females either with medical or non-medical reasons leading to infertility. This 'treatment' option as any other treatment options do not come with a guarantee of a baby that means if we store the eggs does not mean that a baby is guaranteed by the centres.

There are certain facts and figures associated with the success rate. Starting with a simple explanation, the egg quality deteriorates at a steady pace with age, this rate increases after female turns 40. A decline in the quality

of eggs increases the chance of chromosomal abnormalities. So, it's understood that if one freezes the eggs after the age of 35, they will have a lower success rate compared to an individual who chooses to freeze her eggs at the age of 28.

Age (Female)	Chromosomal Abnormality (%)
29	20.7%
35	34.5%
40	58.2%
43	83.4%

Table 2: Franasiak et al., 2014 studied 15,169 trophectoderm biopsies of embryos from woman of different age groups and stated the chance of increasing chromosomal abnormality with increasing age.

Along with the age at which the eggs are frozen, there is inclination towards the age at which a female chooses to start family. A woman who stored her eggs at the age of 30 and plans to start her family at the age of 41 will definitely have less success rates than a woman who stored her eggs at the age of 28 and started her family at the age of 35. This is because the miscarriage rate increases with increase in age.

Success rate is also connected with the egg retrieval process. As the egg retrieval process includes the use of super ovulation protocol, this might also change as per the age and the follicular reserve in one's body. A woman at the age of 38 might have to undergo more than one super ovulation cycles to get sufficient number of eggs which might get more painful and expensive.

Age Group (Female) (Years)	Miscarriage Rate (%)
30	7% - 15%
30 – 34	8% - 21%
35 – 39	17% - 28%
>40	34% -52%

Table 3: Clinical Gynaecologic Endocrinology and Infertility, 2015 shows the miscarriage rate with increasing female age.

The number of eggs which are retrieved for the egg freezing process also determines the success rate. With the thaw rate of 75%, if 10 eggs are retrieved than 7 eggs would be successfully thawed with 5-6 eggs able to being fertilized and the transferrable embryo number would be 3-4. Thus for egg freezing program the ideal number for a higher chance of success rate would be 15 and thus if in first super ovulation cycle the woman bears only 5 eggs, second cycle would be recommended (Cobo et al., 2016).

The process of egg freezing is now done by vitrification which was earlier done by slow freezing. After multiple scientific studies, vitrification is now considered as the safe way for egg freezing. Vitrification has the same rate of implantation as fresh embryo transfer. There is no risk of fetal malformations or pregnancy complications associated with vitrification. Hence concluding that vitrification does not add any complications compared to fresh embryo transfer (Noyes, Porcu and Borini, 2009; Cobo et al., 2014).

Thus it is always better to have a detailed discussion about success rate and the actual scenario with anyone who is willing to go for egg freezing. According to the scientific values and numbers associated with the success rate, egg freezing simply gives a few more years to postpone the family planning. In other terms, it builds a 'bridge' between the reproductive prime ages of woman and her willingness to become a mother.

Professional Grounds: On professional ground this procedure would be recommended only if freezing eggs would give couple a higher chance of success and not just blindly dragging the couple in this treatment for sake of money. As mentioned in the scientific values, the age of egg freezing and the age at which woman decides to use her eggs influences the success rate, thus any individual coming in for egg freezing should be allowed to make an informed decision without any bias opinion from the centres.

Human Rights and Ethics:

Article 8 and 12 states the importance of female's right for her family and marriage. As per the law, it is hard to understand how exactly the time limit in storing the gametes would affect the society and others.

Ethically, the right of destruction of gametes should be female's choice and should not be bound to destroy it based on any time limit.

Arguments FOR Social Egg Freezing:

Infertility either by illness or age related decline should not be discriminated. Cancer patients have no choice and thus are forced to freeze their eggs for future. But a woman swho foresee the future and try to prevent her fertility comes under the condition of 'preventive medicine.' Under both the conditions the main aim is to preserve the fertility and to have a chance to conceive in later years no matter what medical or non-medical reason it might be.

Secondly, if biological evaluation is the basis on which men and women are discriminated than social egg freezing would be the best way to bring equality and empower women. This would give women a chance to give their say in family planning without being obligated of their biological clock. As Savulescu and Imogen & Goold and Savulescu says "Egg freezing for non-medical reasons promote sex equality." (Savulescu and Goold, 2008; Goold and Savulescu, 2009)

The wish to have a genetic connection with your child is something everyone looks for but sometimes the conditions are not favourable and hence the couple has to go for donor eggs. This 'elective' egg freezing might be a chance to avoid donor eggs if infertility is age related. As mentioned before, this is a 'preventive medicine' which should be looked upon as an upbringing of the society and nothing else.

Arguments AGAINST Social Egg Freezing:

Arguments against social egg freezing do not hol d weightage as 'social' egg freezing is for a good cause and to empower women and taking considerations of her thoughts regarding family planning. Contradicting to the cause, this procedure requires a lot of investment in terms of money. Understanding the simple fact that women around the world who are independent have right to say in their family planning but the women who actually needs are not able to pay for such a 'fancy' procedure. This process can be a hit in the developed countries of the world where population is under control and money is not a matter as compared to other developing countries of the world. Some countries like India where women are still struggling for education, demanding social egg freezing is a big question. So the argument lies here, how social egg freezing can actually empower women of developing countries?

The next dilemma that we have to deal here is that 'does social egg freezing promote artificiality?' As we know some of the religions do not support infertility treatment and considers it as a taboo. According to some religions, this process is promoting artificiality and thus what is the success rate of social egg freezing when we look at global levels?

Population who has blind faith in their religion and are not upgraded along with technology loses a chance to use this technique to have a family in order to save their moral values. Simple answer to this would be 'why not use safe and fully accepted technology in order to have a better family planning rather than rushing into something unknown before time?' some people in the name of religion are scared as they feel that this Assisted Reproduction Technology (ART) plays with God's plan and involves manipulation. It is hard to explain that manipulation.

Discussion:

'Social' egg freezing is considered as an advancement in the field of IVF-ART and also has played role in women empowerment. Looking at the scientific, professional, moral, ethical and social grounds there are more positive points to continue and enhance 'social' egg freezing compared to few points against this procedure.

Scientifically, egg freezing has been proven to be safe and accepted around the world. Awareness is must regarding the age at which women can store her eggs to get the maximum success rate.

Taking advantage of anyone's need and giving them false hopes would not serve the purpose of fertility preservations. Thus on professional grounds, unbiased counselling is demanded which would bring awareness among the females who are willing to opt for her fertility preservation. Allowing the patient to take proper informed consent should be the motto for professionalism.

Ethically, fertility preservation comes with minimal manipulation and thus there is no such dilemma except the destruction of oocytes because of the time-limit. According to the scientific values the best age to fix as an age limit to access the fertility preservation process should be 38. This would give better success rate and would avoid the 'false' hope or misunderstanding people would have regarding social egg freezing. As fertility preservation just bridges the gap and gives a chance to priorities other things and plan a family when couple is actually ready and not because they are bound to female's biological ticking clock.

Morally, destruction of oocytes can be mentally harming but this can always be solved by the fact of 'oocyte' donation to the one who actually needs. This concept can be hard to explain to the population who are religiously bound or are not aware of medical procedures.

Socially, this decision would not be harming anyway except the burden on ACU clinics, but this can again be solved if the certain cryobanks are established which would work for the benefit of patients and not for the sake of money.

'Social'/'elective'/'non-medical' egg freezing should be supported without any bias and should be spread among different parts of the world so that maximum women can benefit from harmless fertility preservation procedures.

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Vani

A step towards happiness

Dr. Kamini Patel
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- Recurrent Implantation Failure
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High Risk Pregnancy

Ovarian Tissue Cryopreservation

Oocyte preservation

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Viren Patel


Dr. P.C. Shah


Vishal Pandhade


Dr. Jay Vaishnav


Dr. Kamal Parikh


Dr. Vinod Joshi


Dr. Kuntal Patel


Dr. Parth Patel

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