CHALLENGES

AHMEDABAD OBSTETRICS AND GYNAECOLOGICAL SOCIETY NEWS LETTER VOL. 9 Dec. 2010

back to basics

care with COMPASSION
unto the last

AHMEDABAD OBSTETRICS AND GYNAECOLOGICAL SOCIETY
AOGS

1936 75 CELEBRATING 75 YEARS 2010

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CHALLENGES an AOGS News Letter
Vol. 9 Dec. 2010

EDITOR'S PEN...

Dear Friends,

Sunshine is delicious, rain is refreshing, wind braces up, snow is exhilarating, there is no such thing as bad weather, just different kinds of good weather.

- John Ruskin

After lots of BOOM, BOOM, BOOM in Diwali its time to chill. As diwali, festival of lights seek to arrive next year there are yet another reasons to keep our spirits high.

As the winter arrives the warmth of sunshine feels pleasant and soothing. The belief of good health and hard work holds true for this month. December is also believed to be the month of renovation of the texture of body and skin care. Besides that- long sleepy nights, cozy bed does not actually permit to work. Lazy mood and a sip of hot coffee in cool mornings of December feel so heavenly.

The month starts with the CME on Menopause-New Horizon on 11th Dec.2010. Following this is the SOGOG conference which would be an academic extravaganza.

The later half of the month is rejuvenating and fun filled. Christmas-the day of holiday, the birth of jesus, the blastic celebration of Christianity on 25th December is marked as one of the most popular celebratory customs worldwide. It includes giftgiving, carols, church celebration & lots of decoration. Santa Claus, makes the celebration more fascinating and awaited.

The last day of this month is no less than a carnival as well. Old year's night (Dec. 31st),the gala night gives us stimulus to look up to the upcoming year with huge passion and welcome it with our arms wide open. 31st December night is the night of parties & social gatherings to greet everyone yet another happy and healthy year ahead.

"Knowledge speaks, but wisdom listens."

Dr. Kanthi Bansal **Dr. Raj Iyengar**

CME : MIRENA

Beyond Contraception

Tuesday
14 *December, 2010*

Venue: Courtyard - by Marriott
Ramdevnagar Cross Road, Satellite Road, Ahmedabad.

Chairperson : **Dr. Pravin Patel**

8.00pm to 8.10pm	Introduction
8.10pm to 8.15pm	Welcome Note
8.15pm to 8.20pm	Lighting the Lamp
8.20 pm to 8.30pm	Introduction to the speaker
8.30 pm to 9.30pm	**Prof. Ahmed Shawki** : IUCD from genesis to perfection Mirena : Millennium choice for treatment of women disorders
9.30 pm to 9.35pm	Introduction to the panelists and moderator
9.35 pm to 10.10pm	Panel Discussion - Mirena - Benefits Beyond Contraception Moderator : **Dr. Parul Kotdawala** Panelists : **Dr. Manish Banker • Dr. Tushar Shah • Dr. Ajit Rawal** **Dr. Jignesh Shah • Prof. Ahmed Shawki**
10.10 pm to 10.30pm	Q & A
10.30 pm to onwards	Dinner

Program Coordinator : **Dr. Anil Mehta • Dr. Vinod Arora**

Professor of Obestetrics & Gynecology
Cairo University, Egypt
Special interests : Endoscopy surgery and infertility

- Registration -
Free for members
Confirmation by phone compulsory
₹ 500 for nonmembers
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દર વર્ષે ગાડીનું "મોડલ" બદલતા રહેવાનો આગ્રહી માણસ પચાસ વર્ષની વયે પણ પોતાના સ્વભાવનું "મોડલ" બદલવા તૈયાર નથી હોતો.

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પ્રમુખશ્રી ની હૃદયઊર્મિઓ

વડીલો અને મિત્રો,

બગીચામાંથી ચૂંટેલા ગુલાબના ફુલના સુગંધ અને સૌંદર્યને માણતાં માણતાં ઉકરડા પાસેથી પસાર થવાનું થાય ત્યારે વિચાર આવે કે ઉકરડો કાંઇ કરી શકે? ઉકરડામાં કચરો ભેગો થતો જાય, વિસ્તાર વધતો જાય, દુર્ગંધ ફેલાતી જાય, ગંદકી વધતી જાય. ઉકરડામાંથી સુગંધ પ્રસરી શકે? સૌંદર્ય સર્જાઇ શકે? જો ઉકરડો કોઇ ચંપો, ચમેલી, મોગરો, રાતરાણી કે ગુલાબ જેવા ફુલઝાડ ના કયારામાં ખાતર બનીને પોતાની જાતને હોમી દે, સમર્પિત કરી દે. ગુલાબ, મોગરાની સુગંધ અને સૌંદર્ય એ ઉકરડાનું આત્મ સમર્પણ છે. ઉકરડાની સાર્થકતા છે. આ જ રીતે જીવતરની કલુષિતતા, કજિયા, કંકાસ અને કલહના ઉકરડાને, જિંદગીના દુઃખો, દર્દો, દંભો, દરિદ્રતાના ઉકરડાને, જીવનની મુંઝવણ, મુંઝાઇ, મોહ અને મજબૂરીના ઉકરડાને હાસ્ય, પ્રેમ અને સ્નેહના ફુલઝાડના કયારામાં ખાતર રૂપે ન હોમી શકાય?

વિપત્તિના માર્ગે પ્રયાણ કરી સંપત્તિની મંઝિલે ન પહોંચી શકાય? ચિત્ર ગમે તેટલું સુંદર હોય, પણ એમાં વપરાયેલા કાળા રંગ વગર તેની સુંદરતા ઊપસી શકે ખરી?

જીવનમાં જે ભૂલો કરી, એ જો ન કરી હોત તો અત્યારે તમે જેવા છો તેવા હોત ખરા?

મંદિરમાં મોગરીના સાતમા થા એ તૂટતા નારીયેળમાં અગાઉના છ થાનું પણ એટલું જ મહત્વ છે. જીવનમાં જે છે તે મહત્વનું છે, કે જે છે તેનો કઇ રીતે ઉપયોગ કરીએ છીએ તે મહત્વનું છે?

मिटा दे अपनी हस्ती को, अगर कुछ मर्तबा चाहे
दाना ख़ाकमें मिलकर, गुले गुलज़ार होता है.

નદી કિનારે ફરી રહેલા ભગવાન બુધ્ધ કિનારાની રેતી પર રમી રહેલા નાના બાળકોને કરૂણતા સભર દૃષ્ટિથી નીહાળી રહ્યા હતા. કોઇએ નાનું ઘર બનાવ્યું, કોઇએ કૂબા બનાવ્યા. કોઇએ વળી મોટાં મહેલ બનાવી ફરતી દિવાલ બનાવી જગ્યા રોકી લીધી. રમતમાં વ્યસ્ત બાળકોમાંથી કોઇનો પગ કોઇના મકાન પર પડતા દીવાલ ઘસી પડી અને બે બાળકો ભાઠી પડયા. મારામારી કરવા તૈયાર થઇ ગયા. વળી સમાધાન થયું અને પાછાં રમતમાં મશગુલ થઇ ગયા.

સાંજ થતાં અચાનક ઘસીએ આવીને કહ્યું કે "ચાલો બાળકો સુરજ આથમી રહ્યો છે, તમારી માતાઓ તમને બોલાવી રહી છે, જલ્દી ઘેર આવો"

એ જ ક્ષણે બધા બાળકો ભેગા થઇ ગયા. પ્રેમથી અને મહેનતથી બનાવેલા ઘર લાત મારી તોડી નાંખ્યા. જેમની સાથે બાઝયા હતા, બોલ્યા હતા એ બધા હાથમાં હાથ નાખી ઊછળતા, કૂદતાં ઘર તરફ જવા રવાના થયા.

ભગવાન બુધ્ધે જોયું કે જ્યાં સુધી બાળકોએ માની લીધું કે આ મારૂં ઘર છે ત્યાં સુધી તેમણે બધું જ કર્યું. બાઝયા, બોલ્યા પણ ખરાં, પરંતુ ઘસીનો સાદ સાંભળ્યો અને ઘરે જવાની વાત યાદ આવતા ક્ષણમાં જ રેતી ના ઘર તોડી ક્રોડી પ્રેમથી હસતાં કૂદતાં ઘર તરફ રવાના થયા.

આ જ રીતે માનવી ને જ્યારે પ્રજ્ઞાનો સાદ સંભળાશે ત્યારે તેણે રચેલી ઇચ્છાઓ, મનોરથો, અરમાનો, મનસુબાઓની ઇમારતોની વ્યર્થતા સમજાઇ જશે. સારને સાર તરીકે અને અસારને અસાર તરીકે જાણી લેવો એ જ પ્રજ્ઞાનું લક્ષણ છે.

તારીખ ૧ ડીસેમ્બર "World Aids Day" તરીકે અને ૨ ડીસેમ્બર ના રોજ "World Handicapped Day" ઉજવાય છે.

એઇડ્સ ગ્રસ્ત કે શારીરિક અને માનસિક તરીકે ક્ષતિગ્રસ્ત કે વિકલાંગતા ધરાવતા બાળકો કે દર્દીઓ પ્રત્યે આપણામાં ભગવાન બુધ્ધની કરૂણાસભર દૃષ્ટિ કેળવાય તો આ દિવસોની સાચા અર્થમાં ઉજવણી સાર્થક ગણાય.

તારીખ ૧૦ ડીસેમ્બર "World Human Rights & Child Welfare Day" છે અને ૨૪ ડીસેમ્બરે "રાષ્ટ્રીય ગ્રાહક અધિકાર દિવસ" છે ગ્રાહક સુરક્ષા ધારા પ્રમાણે દર્દી પણ હવે ગ્રાહક છે.

ગ્રાહક માટે મહાત્મા ગાંધીજીએ કહ્યું છે કે "ગ્રાહક તમારા વ્યવસાયના સ્થળે આવતો આગંતુક છે. તે તમારા કામમાં ખલેલ નથી, પણ તમારા કામનો ભાગ છે. કામનો પુરક છે. તેને સેવા આપી તમે તેની ઉપર ઉપકાર કરતા નથી, તમે તમારો ધર્મ બજાવો છો. તે તમને સેવા કરવાની તક આપે છે. તે તમારા લીધે નથી પણ તમારું અસ્તિત્વ તેના લીધે છે."

દરેક ગ્રાહક પ્રત્યેનો અભિગમ મહાત્મા ગાંધીજીની વિચારસરણી અનુસાર થાય તો જ સાચા અર્થમાં ગ્રાહક અધિકાર દિવસની ઉજવણી સાર્થક ગણાય.

"ઉગે છે સુરભી ભરી રવિ મૃદુ હેમંતનો પૂર્વમાં" ઉક્તિ અનુસાર હેમંતનો મૃદુ રવિ પૂર્વમાં ઊગે છે પણ હેમંતમાં વર્ષાનો સમાગમ થતાં, વાદળ છાયા વાતાવરણમાં ઠંકાઇ જાય છે. હેમંતમાં વર્ષાનું માવઠું જોતા બેવકા પ્રેમીકા ને પ્રેમી એ કહેલી વાત પ્રસ્તુત લાગે છે.

"તમને ઓળખવામાં જરા ભુલ કરી બેઠો,
થયું તુ માવઠું, હું વરસાદ સમજી બેઠો"
કારણ

"આગમનના ઇંતજારમાં આંખો બિછાવી ઊભા હતા વર્ષોથી અમે,
આવ્યા તો એવા એકાએક આવ્યા તમે, કે સર્વે આવકાર અમને ઓછા પડયા"

"દરેક શ્રાવણ વીની ગયા અને સાવ કોરા ને કોરા જ,
વરસ્યા તો એવા અનરાધાર વરસ્યા તમે, કે સર્વે ઢાંકણ અમને ઓછા પડયા"

અસ્તુ
ભારત માતાકી જય

- ડૉ. મનુભાઈ પટેલના
સહસ્નેહ નમસ્કાર

Sunday
2 January, 2011

WORKSHOP

Thyroid and Women

Venue: Ahmedabad Management Association, Near Atira, Ahmedabad.

Chairpersons : **Dr. Shilpen Gondalia** *(Surendranagar)* • **Dr. C. R. Kakani**

10.00am to 10.30am	Registration & Breakfast	
10.30am to 11.00am	"Women & Hypothyroid Disorder"	**Dr. Parag Shah**
11.00am to 11.30am	"Women & Hyperthyroid Disorder"	**Dr. Tiven Marwah**
11.30am to 12.00nn	"Controversies surrounding pregnancy, maternal thyroid status, and fetal outcome"	**Dr. Ramesh Goyel**
12.00nn to 12.30pm	Management of pregnancy with thyroid disorder	**Dr. Kiran Desai**

Program Coordinators : **Dr. Mukesh Savalia** • **Dr Kamlesh Jagwani**

- Registration -
Free for members
Confirmation by phone compulsory
₹ 500 for nonmembers
(Register at AOGS office between 2.00pm to 8.00pm on working days)

Program is sponsored by Abbott
A Promise for Life

the makers of

Thyronorm Thyroxine sodium
Precise dosing for precise treatment
Thyrocab
THYROWEL
The wellness supplement for thyroid patients

eYe Donation Program

Received 10 pairs
Jointly with Red Cross Eye Bank Ahmedabad
5 pairs each collected by Dr. Dilip Shah (Sabarmati) and Dr. M. C. Patel
Including previous collection of 7 pairs makes total collection 17 pairs.

Members willing to render their services may contact
- Dr. M. C. Patel
- Dr. Dilip Shah(Sabarmati)
- Dr. Kaushik patel

INFORMATION

FOGSI Recognized 4 days' training course on "PPH Drill"

from *8th to 11th December 2010*
at V. S. General Hospital and N. H. L. Municipal Medical College, Ahmedabad

Includes demonstration of cadaver dissection of Female pelvis and it's blood supply (Up to Internal Iliac Vessels) in Anatomy Dissection Hall, Lectures On PPH, Panel discussion on management of different cases of PPH, Videos on different life saving procedures for PPH and

LIVE DEMONSTRATION OF "STEPWISE DEVASCULARIZATION"

i.e. Uterine artery ligation, Ovarian artery ligation and Dissection of Internal Iliac Artery by experts.
Course Fee is only Rs. 5000/- in favour of FOGSI.
Course is only for FOGSI members. Certificate will be given.
Last date for registration is 4th Dec. 2010.
Maximum 10 members will be trained in a batch.
For registration and other details please contact :
Dr. Alpesh Gandhi Chairman, Practical Obstetrics Committee, FOGSI : **09825063582.**

SOGOG Conference at Bhavnagar from *17th to 19th December 2010*

Registration available at AOGS office during office hours

54th AICOG Conference at Hyderabad from *5th to 9th January 2011*

Congratulations

Dr. C. B. Nagori for being awarded AOGS oration at SOGOG Conference at Bhavnagar on 19 December 2010
Topic : Practical tips on Ovulation Induction and IUI

રાત્રિની નિરવ શાંતિમાં બરાબર સંભળાતો ઘડિયાળના કાંટાનો ટિક ટિક અવાજ દિવસના કોલાહલમાં નથી સંભળાતો.

"Fluid Therapy in Medical Disorders"

- Dr. Sanjay Pandya MD DNB
Consulting Nephrologist -Samarpan Hospital, Rajkot

Almost every third hospitalized patient needs fluid infusion and therefore proper understanding of fluid management is mandatory. Proper fluid management plays very vital role in treatment of all critical patients. While planning fluid therapy it is essential to consider following factors.

1. Severity of dehydration.
2. Etiology of dehydration.
3. Presence of Electrolyte disorders (Na & K).
4. Presence of acid base disorders.
5. Associated coexisting disorders (i.e. DM, HT, CHF, renal failure, liver failure etc).

Aims of fluid therapy:

1. Correction of shock and establish proper tissue perfusion.
2. Correct fluid deficit and ongoing losses.
3. To provide maintenance requirement of fluid electrolyte if needed.
4. Proper selection of fluid so as to correct electrolyte and acid base disorder simultaneously.

Selection of I.V. Fluids (Considering Its Contents):

For proper selection of IV fluid it is essential to remember basic facts about its contents.

◆Table No. 1 Sodium concentration of various I.V. fluids.

IV Fluids	RL	Iso-G	Iso-M	Iso-P
Na(mq/L)	154.0	130.0	40.0	25.0

3% NaCl 2 ml = 1 mEq Na, 7.5% NaHCO3 10 ml = 9 mEq Na

◆Table No. 2 Potassium concentration of I.V. fluids

IV Fluids	Iso-M	Iso-P	Iso-G	RL	Kcl (15%) Amp
K(mEq/L)	35.0	20.0	17.0	4.0	20mEq/ 10ml

◆Table No. 3 Characteristics of IV fluids.

Characteristic	I.V. Fluids	Characteristic	I.V. Fluids
Most physiological	RL	Glucose free	Saline, RL
Rich in sodium	NS, DNS, RL	Sodium free	Dextrose solutions
Rich in chloride	NS, DNS, Iso-G	Potassium free	NS/DNS, Dxtr sol.
Rich in potassium	Iso-M, P & G	Avoid in liver failure	RL, Iso-G. 5%D
Corrects acidosis	RL, All Isolyte	Avoid in renal failure	RL, All Isolyte
Corrects alkalosis	Isolyte-G, NS	Provides phospherus	Isolyte-M

◆Table No. 4
Initial selection of IV fluids for various clinical disorders.

Clinical Disorder	Ideal initial fluid	Clinical Disorder	Ideal initial fluid
Hypovolemic shock	I.V. Fluids	Burns	Ringer's lactate
Diarrhea	RL, NS	Intra operative	Ringer's lactate
Vomiting	Isotonic saline	Starvation Deficit	5% Dextrose
Diabetic ketoacidosis	Isotonic saline	Hypokalemia	Isolyte-M, KC1 drip
Adult maintenance	Isolyte-M	SIADH	3% NaC1 + IV Frusemide
Post TURP	Ns, Avoid 5%D	Stroke, Neuro surg.	NS, Avoid Dxtr sol

(Abrevations used: RL-Ringer's lactate, Iso.-G- Isolyte-G, Iso.-M- Isolyte-M, Iso.-P- Isolyte-P, Inj. KCl- Inj. Potassium chloride, NS- Isotonic saline, DNS- Dextrose saline, 3% NaCl.- Hypertonic saline, Inj. NaHCO3 – Inj. Sodium bicarbonate.)

Considering above mentioned basic facts proper selection of IV fluid should be done for given patient.

Selection of I.V. Fluid in Common Clinical Problems:
Fluid Therapy In Hypovolemic Shock:
Fluid loss leading to hypovolemia, hypotension and shock are common problems. Amount of fluid to be given is decided by clinical and other guidelines. Most important question to be answered is that which fluid should be given and why?
Potency of various IV fluids, colloids and blood products are different in correcting shock. Agents which can effectively expand intravascular volume and raise blood pressure are preferred for initial treatment of hypovolemic shock (as summarized below).

◆Table: Rise in intravascular volume with IV agents

Type of Fluid (1,000)	5% Dextrose	Isotonic Saline	Colloids/ BT
Rise in Intravascular Vol	83ml	300ml	Roughly 100%

Selection of I.V solution for initial treatment of hypovolemic shock is summarized below.
1. Fluids to be avoided : 5% Dextrose, all Isolyte fluids.
2. Most effective agents : Colloids, albumin, blood products.
3. Most preferred fluids : Isotonic saline, Ringer's lactate.

So for initial treatment of hypovolemic shock.
Avoid 5% dextrose:
Avoid 5% dextrose because (a) It is ineffective in raising blood pressure (1000 ml of D-5% will increase intravascular volume

only by 83 ml). (b) It carries risk of hyponatremia (as it lacks sodium) and (c) It leads to urinary fluid loss. Larger and faster infusion of D-5% (>25 gm/hour) will lead to hyperglycemia and osmotic diuresis. Two distinct disadvantages of osmotic diuresis are (1) It delays correction of dehydration and (2) It misguides clinician by creating false impression that there is satisfactory correction of fluid deficit. In such setting rate of fluid replacement may be reduced, despite hypovolemia. This can be detrimental.

Avoid all Isolytes:
Isolyte M, P and G, all should be avoided in initial treatment of hypovolemic shock because of poor sodium content (so less effective in correcting hypotension); high potassium content (risk of hyperkalemia in oliguric patient) and its dextrose content (can lead to osmotic diuresis and fluid loss).

Isotonic saline is most preferred:
Because it corrects hypotension effectively (1000 ml of saline will increase intravascular volume by 300 ml so effective in raising blood pressure) and is safe even when glycemic status is not known. Advantages of saline over colloids/ blood products are less cost, easy availability and no risk of reaction.

Ringer's lactate is preferred fluid:
Because it corrects hypotension effectively (1000 ml of saline will increase intravascular volume by 240 ml approx. so effective in raising blood pressure) and it is most physiological (composition of RL is similar to ECF, so large volume of RL can be infused without fear of electrolyte imbalance).

Colloids, albumin, blood products most effective agents:
All these agents are distributed chiefly in intravascular compartment, so they correct hypotension most effectively with least volume. However considering it cost and possible side effects, it should be used judiciously.

Fluid Therapy In Diarrhoea:
As diarrhoeal fluid is rich in sodium, bicarbonate and potassium, diarrhea leads to hypokalemic hyperchloremic metabolic acidosis with dehydration. Most of the patients with diarrhoea induced dehydration can be treated effectively with ORS. Few patients with severe dehydration and shock need I.V. fluid therapy. RL is most preferred I.V. fluid to correct dehydration. Lactate content of RL gets converted in to bicarbonate by liver. As RL additionally provides bicarbonate it is preferred fluid in diarrhea. In severe form of Diarrhea with acidosis and hypokalemia, treatment needs to be done simultaneously and meticulously. If only metabolic acidosis is corrected rapid, potassium will be shifted intracellularly. If patient is hypokalemic, only correction of acidosis can precipitate dangerous hypokalemia. Common complain in such situation is weakness, uneasiness and difficulty in breathing with fall in SPO2.
On the contrary, without correction of acidosis, potassium supplementation can cause dangerous hyperkalemia. This is due to failure of potassium shift into the intracellular compartment (due to acidosis), even in state of potassium deficit of the body.

Fluid Therapy In Vomiting:
Vomiting leads to hypokalemic hypochloremic metabolic alkalosis with dehydration. Most preferred I.V. fluid to correct dehydration due to vomiting is isotonic saline. Saline effectively prevents hypokalemia and corrects rest all abnormalities. To restore previous and ongoing potassium losses, 30-40 mEq/l potassium is added to saline (after correction of shock and in absence of oliguria or renal failure).
Isolyte-G is the specific fluid used for the replacement of upper GI loss, as it corrects all electrolyte abnormalities. This is the only fluid which corrects metabolic alkalosis directly. However this fluid should not be used
1. In presence of shock, oliguria and renal failure (because of 17 mEq/l potassium);
2. In patients with liver disorder (because of its content ammonium chloride, which can precipitate or aggravate hepatic encephalopathy); and
3. In presence of associated diarrhea leading to acidosis (because Isolyte-G by providing H ion aggravates acidosis caused by diarrhoea).

Fluid Therapy in Combined Loss: Diarrhea and Vomiting:
Most preferred I.V. fluid to correct combined loss due to diarrhea and vomiting is isotonic saline with potassium supplementation. RL preferred to correct deficit due to diarrhea, is detrimental in vomiting, as it aggravates metabolic alkalosis. Similarly Isolyte-G preferred to correct deficit due to vomiting, is detrimental in diarrhea as it aggravates metabolic acidosis.

Fluid Therapy in Hyponatremia:
1. Ruled out pseudohyponatremia.
2. **Hyponatremia with dehydration** (combined loss of both salt and water i.e. cholera): Supplement both fluid and water i.e. Isotonic saline or Ringer's lactate.
3. **Hyponatremia with Anasarca** (Retention of both, but retention of water greater than retention of salt i.e. C.H.F., Cirrhosis of liver): Restrict both fluid and water with loop diuretics.
4. **Hyponatremia with Euvolemia** (Retention of water and loss of salt i.e. SIADH): 3% NaCl- Hypertonic saline in symptomatic patients, with strict fluid restriction and loop diuretics.

Fluid Therapy in Hepatic Encephalopathy:
Basic principles of fluid selection:
1. Avoid hypoglycemia (high risk due to hepatic failure

leading to decreased glycogen storage).
2. Avoid hypokalemia and metabolic alkalosis (high risk due to vomiting and diuretics). These abnormalities may precipitate or aggravate hepatic encephalopathy.
3. Avoid hyponatremia (high risk due to vomiting and improper sodium deficit fluid infusion). These abnormalities may aggravate cerebral edema.
4. Avoid hypotonic fluid (like 5% Dextrose, which can aggravate cerebral edema).

Selection of fluid:
1. 20% dextrose is preferred as it provides greater calories in lesser fluid volume.
2. Provide adequate sodium rich fluids to correct deficit due to vomiting and diuretics and to provide maintenance need (about 100 mEq sodium per day). Similarly provide adequate potassium supplementation to correct deficit and to provide maintenance need.
3. Avoid Ringer's lactate. Due to hepatic dysfunction lactate may not get converted in to bicarbonate by liver and its accumulation may lead to lactic acidosis.
4. Avoid Isolyte-G. Due to hepatic dysfunction ammonia may not get converted in to H ion and urea by liver and its accumulation may lead to hepatic encephalopathy.
5. Oedematous cirrhotic patients need fluid and salt restriction.

Fluid Therapy in initial phase of stroke:
Basic principles of fluid selection: In initial treatment of patients with stroke
1. Maintain euvolemia. Avoid hypovolemia and hypotension.
2. Avoid hypotonic fluid and hypoosmolality (which can aggravate cerebral edema).
3. Avoid hyperglycemia (which can enhance brain injury and breakdown of B.B.B.).

Selection of fluid:
1. Avoid 5% dextrose, as it is hypotonic and it leads to hyperglycemia.
2. RL is appropriate fluid if volume of infusion is small. But avoid if large fluid volume is required because of its slightly low osmolality (Plasma 285 mOsm/L vs. RL 274 mOsm/L) and presence of calcium in same, which may promote reperfusion injury.
3. Isotonic saline is the ideal I.V. fluid.

Summary:
1. Select appropriate fluids considering etiology and associated electrolytes/acid base disorders.
2. In correction of hypovolemic shock Isotonic saline is most preferred fluid and colloid or blood products are most potent agents.
3. In diarrhea RL, in vomiting isotonic saline and in combined loss isotonic saline is most preferred I.V. fluid.
4. In hyponatremia, principles of fluid and salt supplementation are totally different in different hydration status.
5. In hepatic encephalopathy, initial fluid therapy should avoid hypotonic fluid, and avoid dehydration, hypoglycemia, hypokalemia, hyponatremia and metabolic alkalosis.

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R C H Programs

4 Dec. 2010 5.00pm to 8.00pm	Health and Happiness for all - Know your body *at **Ahmedabad Management Association Hall.***	**Dr. Darshna Thakkar**
15 Dec. 2010 3.00pm to 4.30pm	Mid life to menopause *at **Vallabh Sadan, Ashram Road.***	**Dr. Darshna Thakkar**
11 Dec. 2010 *Sheth R.T.Vidyalaya* *Adinathnagar, Odhav*	Adolescent Health problems of teenagers Aids Awareness Rubella **Program Coordinator**	Dr. Ushaben Shah Dr. Kirti Vadalia Dr. Ushaben Patel **Dr. Kirti Vadalia**
18 Dec. 2010 *Navrang School* *Ambikanagar, Odhav*		
22 Dec. 2010 *at Nalanda School,* *Ghatlodia*	Health problems of teenagers Diet and Nutrition Rubella AIDS **Program Coordinator**	Dr. Kanubhai Shah Dr. Kaushik Patel Dr. M. C. Patel Dr. Shahikala Shahu **Dr. M. C. Patel**

Thyroid Disorder - Prevalence and Incidence in India

Prevalence

~ 4.2 Cr. Indians are suffering with thyroid Disorder
As good as the Prevalence of Diabetes

Incidence

~ 3.5 to 4 lac new patients are added every year (last few years incidence

Thyroid Disorders in Women: An Overview

- Thyroid disorders are very common in women.
- Thyroid changes are especially important during pregnancy and in postmenopausal women.
- Understanding the pathophysiologic features and clinical management of various common thyroid disorders in women is pivotal.