

AHMEDABAD OBSTETRICS AND GYNAECOLOGICAL SOCIETY



AOGS E-TIMES

SEPTEMBER 2020

Theme : Catch them Young & Teach Them Right

Motto : Beti Bachhao, Beti Padhao Aur Bete ko bhi Samjhaao

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Happy
Diwali



Painting by Dr. Kalpna Patel



Dr. Rajal Thaker
President

PRESIDENT'S MESSAGE

Dear AOGS Member,

Once again Greetings from Team AOGS 2020-21 and we are happy to present the AOGS E-Times of October 2020 which has a painting by Dr. Kalpna Patel on the cover page.

In October, we had several interesting and innovative programs.

To begin with, the interview of Dr R V Bhatt sir and interaction with his students in Sambharna series Episode 2 was well appreciated. Webinars on Diabetes in pregnancy and Master class on Hysterectomy were also attended with enthusiasm.

October is **Breast Cancer Awareness month**. Since pink ribbon is the symbol for support for breast cancer awareness, we can also call October as **PinkOctober**. AOGS had joined hands with Samved Breast Clinic for the breast cancer awareness program – **Pink Parade**. Due to COVID -19 pandemic situation, it was difficult to arrange the actual event. Hence, virtual event for walk-run-cycle was arranged from 20th-24th October that had not only participants from AOGS but also from several parts of world. (USA, UK, Germany, Russia, South America, South Africa, UAE etc) On 25th October, there was a webinar



for breast cancer awareness, where celebrities like Uday Kotak, Ajay Umat, B V Doshi, Dr Mona Desai, and Poonam Mahajan gave their video messages on breast cancer awareness and congratulated our efforts followed by messages from Breast cancer survivors- 'S'heros'. Our own AOGS-SOGOG members sang in a musical evening in the end where we listened to their beautiful and meaningful songs. In addition, AOGS members performed a skit on breast cancer awareness. A slogan competition was also organized on the theme of breast cancer awareness.

Those who have missed the programs, can view by clicking the following link of AOGS's YouTube Channel.

<https://www.youtube.com/channel/UCbT8DTclHPDIZyLncWlyEQ/>

On 8th November we are having the third episode of Sambharana series with Dr Vilasben Mehta. The Golden Jubilee Oration has been planned on 26th November. We have also announced greeting card making competition for children of AOGS members.

25th November is International Day for the Elimination of Violence against Women. Sexual violence against **women and girls** is rooted in centuries of male domination. Let us not forget that the gender inequalities that fuel rape culture are essentially a question of power imbalances. We should also not forget that, sexual assault can happen to anyone, no matter your age, sexual orientation, or gender identity. **Men and boys** who have been sexually assaulted or abused have the same feelings and reactions as other survivors of sexual assault, but they may also face some additional challenges because of social attitudes and stereotypes about men and masculinity. Since the outbreak of COVID-19, emerging data and reports from those on the front lines, have shown that all types of violence against women and girls, particularly domestic violence, has intensified. This is the **Shadow Pandemic** growing amidst the COVID-19 crisis and we need a global collective effort to stop it.

Enjoy reading articles that we have in this AOGS E-Times.

We are in process of preparing I-cards for life members of AOGS and we have also initiated the process for the online elections of AOGS. Covid-19 is still around.

So take care of your health and take care of people around you.

Stay safe - Stay Healthy in the festival Season.

May the festival of light and brightness of 🕯️ bring Health, Happiness and Brightness for you and your family.

Dr. Rajal Thaker - President, AOGS



Dr. Sunil Shah
Hon. Secretary

HON. SECRETARY'S MESSAGE

Respected Teachers, Seniors and my Dear AOGS friends,

We are in mid of festival seasons. We have quietly celebrated Navratri and Dusshera which is normally so vibrant in our Gujarat and in Ahmedabad. But this is a need of an hour. By taking care of guidelines suggested by Govt we are successful in reducing the cases and deaths of Corona drastically. We are approaching the biggest festival of India Dipawali. All of us have to take very good care of ourselves, our elders, parents and neighbours. Practice **SMS** Social safe distancing of 6 feet, Mask utilisation properly, Sanitization of hand frequently. I am sure by doing such care we will be able to restrict spreading of Corona. Country has seen that in Kerala the cases have increased after celebration of Pongal as well as second large wave has developed in Europe and America. We don't want same situation to happen in Gujarat.

In this Deepavali and new year I request all of you to propagate to refrain from the firecrackers which can harm environment and health of a people who have respiratory problems as well as those are recently affected with covid-19 We should celebrate our Deepavali with lighting of lamps houses, terrace and garden. Distribute happiness, joy to colleagues and food and clothes to needy people.

I along with team AOGS wish all beloved AOGS members and their families Happy Diwali and Prosperous New year.

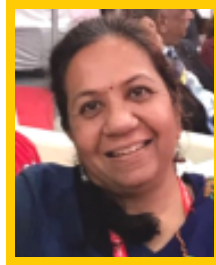
Note: Join all the FOGSI (our parent organisation) program and take benefits.

Dr. Sunil Shah - Hon. Secretary, AOGS

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FOGSI - President



Dr. Rajal Thaker
President



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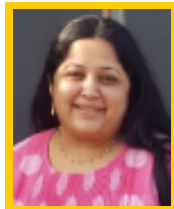


Clinical Secretary
Dr. Sanjay Shah

: Managing Committee Members :



Dr. Arati Gupte Shah



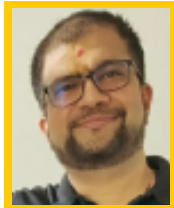
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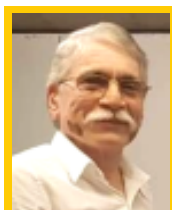
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Towards Adolescent Girl Friendly Health Care

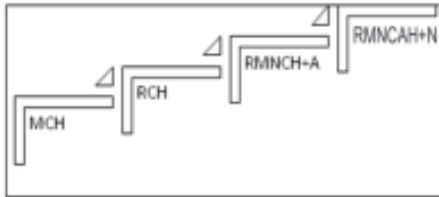
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Adolescent Health is a new arena. Though the need of life cycle approach and benefits are discussed since long, life cycle approach inclusive of Adolescent focus is recent. Adolescent (14-19 yrs.) girls contribute to 9-10% of total population of the nation. A strong base of holistic Health a physical, mental and social wellbeing is built from the birth of the child and when nurtured in every phase of life it fulfills the process of lifecycle approach for sustained holistic health.



Adhering to the emphasis on life cycle approach National program for mother and children was gradually transformed from MCH to RCH (Reproductive child health) to RMNCH+A (Reproductive, Maternal, Newborn, Child and Adolescent Health) to recent RMNCAH+N (Reproductive, Maternal, Newborn, Child, Adolescent Health Plus Nutrition)

Socio cultural practices are major determinants of Health. Social beliefs and Social stigma plays major role in health care practices, more so in case of adolescents. For a long adolescence phase was considered as health safe phase of life. In recent time Increasing focus on adolescent health have expanded list of adolescent health issues.

Treatment seeking behavior studies have shown that 70-80% of cases for sickness in urban and little less of rural area go to private sector in Gujarat. In case of Adolescent girls with reproductive health symptoms its likely to be even higher. Though approaching doctor / specialist for adolescent girls health issues is gradually increasing, it is subjected to acceptance that it's a health issue and needs doctors consultation. Consulting a doctor for RCH problem for adolescent girls continues to be subject of social suspicion and stigma and a girls is always accompanied by an elder family care person. This is may be add on reason of private clinic preference for adolescent girls reproductive health consultation.

When a person with health issue reaches for doctor's consultation, list of symptoms include immediate health issue and rest either not perceived or not considered priority/ worth adding to list of health complaints. On the other side doctor in their busy schedule are likely to miss associated / underlying health problems specially when the problems are mild to moderate. Thus chance to ensure holistic health is missed.

Need to consider Adolescent responsive Health Care is emphasized by WHO as "Progress toward universal health coverage requires a transition from Services geared for adolescents, need to go beyond sexual and reproductive health to address the full range of adolescents' health and development needs." (https://www.who.int/maternal_child_adolescent/topics/adolescence/health_services/en/)

Utilizing opportunity of visit of Adolescent girl to a clinic and respecting evolving concept of RMNCAH+N, consultants can develop SOPs to ensure holistic care of adolescent girls. That means not only her symptoms are attended but her physical, mental, social and nutrition health parameters are assessed and managed.

Doctors usual approach is complete examination and treatment but in many cases this process is either restricted to major health complaints or specialty of a doctor, due to same associated or underlying health problems remain unresolved and adolescent girls health issues remain unresolved. Nutrition, mental health, reproductive health, preventive service are some commonly ignored/ missed problems depriving girl from holistic health status.

Algorithmic approach for "Integrated Management Of Adolescent Girls Health And Nutrition (IMAGHN)" in line with a National strategy of "Integrated Management Of Neonatal And Childhood Illness (IMNCI)" can be the effective approach to resolve this challenge. Till scientists / researchers work on it, a midcourse action can be "Systematic screening and management".

Systematic screening is defined as "A simple process by which health care providers can increase the number of client needs addressed during a single visit as holistic health care". That includes identification (Diagnosis) of medical / health service needs and treating (Managing) it. Here diagnosis means complete health check up (not dependent on memory/ time / symptoms and management means guidance, counselling, treatment, referral etc.



Systematic screening tools may include an OPD case paper (IT enabled/ paper form) with certain basic parameter assessed and questions asked before adolescent girl meets a Doctor during first visit. For example Basic parameters may include Weight, height, BMI, Blood pressure, Haemoglobin, Urine albumin and Sugar. Questionnaire may include diet, exercise, immunisation including adolescent TT and HPV, menstrual history, RTI questions, anxiety / stress related question. This shall identify all possible holistic health needs (perceived or not perceived, prioritised/ not prioritised) of the adolescent girl, reduce chances of missing any simultaneous and or underlying health problems and ensure management of holistic health and nutrition problems utilising opportunity of adolescent girl visiting a clinic.

A small pilot "systematic screening of adolescents" under Adolescent Responsive health care and Poshan to Roshan, (joint initiative of SMC and UNICEF, implemented by UHCRCE) at Urban Health Center of Surat showed that systematic screening, on an average explored 2 additional health issues, which would have otherwise gone unnoticed and opportunity to manage them would have been lost. Menstrual health, Anaemia, Weight (under/ over), Reproductive health, mental health problems were on the top list, registered due to systematic screening.

Systematic screening can be beginning of "Integrated Management of Adolescent Girls Health And Nutrition (IMAGHN)" in lifecycle approach of health care. This shall also ensure healthier Primi para, young mothers and children in years to come.



ANAEMIA IN ADOLESCENTS

Dr. S. Sampathkumari

MD, DGO, FICOG, FC Diab, FIME

Adolescence is derived from Latin 'adolescere' meaning to grow, to mature and considered as transition from childhood to adulthood. The progression from appearance of secondary sexual characteristics to sexual and reproductive maturity is the marked feature. -10 to 19 yrs. Adolescents are 22.4% of total population. In India prevalence of anaemia among adolescent girls is 90%.

Anaemia is the pathologic state, accompanied by decrease in the level of haemoglobin and the quantity of erythrocytes per unit of volume of the blood. Anaemia is defined as a condition in which the number of red blood cells (RBCs) and their oxygen-carrying capacity is insufficient to meet the body's physiologic needs.

Adolescent girls are more vulnerable to iron deficiency anaemia due to increased requirement of iron which in turn is caused by abrupt increase in lean body mass and total blood volume and menstrual blood loss.

Anaemia is the major public health problem among adolescent girls of age 10-19 years. The reasons for high incidence of anaemia among the adolescent girls are increased requirement during growth spurt, menstrual loss, low intake of iron rich food due to:

- Low socioeconomic status and poor hygiene ,**
- Chronic malnutrition,**
- Poor availability of iron due to predominantly veg diet,**
- Diet low in calories but rich in phytates,**
- Food and religious taboos,**
- GI infections and infestations (e.g. Kala azar, worm infestations)**

Symptoms of anaemia are:

Palor, tiredness, fatigue, loss of memory, palpitation, dyspnoea, loss of memory, dizziness, drowsiness and swelling of legs.

Palor is examined in Palm, conjunctiva, tongue and hard palate

Classification of Anaemia:

- Mild – 10 to 12.9**
- Moderate – 7 to 10.9**
- Severe – <7**

Methods of prevention and control of anaemia in adolescents are:

1. Intake of Iron rich diet are Green leafy vegetables, sprouts , groundnuts, jiggery, sesame dried fruits, vit c rich fruits as Amla, Apple, Orange, Lemon, Liver, Fish, Meat and Egg.
2. Prevention of Malaria – Clean surroundings, Insecticides, Mosquito net
3. Prevention and treatment of Hookworm infestation – De worming tablet once in 6 months -T.Albendazole 400mg
4. Personal hygiene – Washing of hands before and after eating, and also hands after defecation, avoidance of walking with bare foot, Avoid eating open foods, use of clean drinking water.
5. WIFS PROG Prevent by regular consumption of Iron and Folic acid once a week- 52 tab per year.

Anaemia if present in adolescents - rule out Bleeding history from gums, rectum and profuse bleeding during menstruation, Rule out any Infection – Tuberculosis, Thyroid problem.

Depending on anaemia level Iron tablets or Iron Injection or Blood transfusion is to be given.

A Word about Puberty menorrhagia

It is profused bleeding during menstruation- more than 80 ml per month. Treat with:

1. NSAIDS – Trenexamic acid 500 mg bd/tds if not stopped
2. Progesterone tab .MPA or Norethisterone once/twice/ thrice per day FOLLOWED BY oral contraceptive pills – Progesterone alone or combined with oestrogen for 5 to 6 mths
3. Blood transfusion

Anaemia in adolescents should be identified earlier and referred to higher institute. Prevention is more important with Iron rich diets and appropriate treatment depending on the cause.

GIRLS should have 12 gms of haemoglobin at the age of 12 yrs. Such that MMR can be reduced

Let us all make Anaemia free India starting from ADOLESCENTS!



MHT in Gynaecological Cancer Survivors

Dr. Atul Munshi

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 Ex. Prof. GCS and NHL Medical College, Ahmedabad
 Past President, Ahmedabad OBGYN Society (AOGS)
 President, IMS 2010
 Sr. Vice President (FOGSI, 2007)
 Chairperson ICOG 2014
 FOGSI Representative To "SAFOG" 2016 ~ 2017
 Convener Academic Council, ICOG 2015 ~ 2017
 IMS Representative To "International Menopause Society" CAMS 2017 ~ 2018
 On Editorial Board ~ Pediatric Oncall Journal and Journal of Midlife Health

Due to advancements in surgical treatment, chemotherapy, and radiation therapy, gynaecologic cancer survival rates are continuing to improve, and quality of life is evolving into an even more significant focus in cancer care.

Roughly 30%-40% of all women with a gynaecologic malignancy will experience climacteric symptoms and menopause prior to the anticipated time of natural menopause (J Clin Oncol. 2014 Mar 10;27[8]:1214-9).

Iatrogenic menopause after cancer treatment can be more sudden and severe when compared with the natural course of physiologic menopause. As a result, determination of safe, effective modalities for treating these symptoms is of particular importance for survivor quality of life.

The debate regarding the risks and benefits of hormone therapy (HT) has received significant attention since the publication of the results of the Women's Health Initiative study.

HT is the most effective treatment for vasomotor and vulvovaginal symptoms, reduces the risk of postmenopausal hip and spine fractures, and may be cardioprotective if initiated in newly menopausal women.

Well-recognized risks of HT include an increased risk of endometrial cancer with prolonged use of unopposed Estrogen therapy and an increased risk of venothrombotic episodes with both combined Estrogen/progesterone therapy and Estrogen-only oral therapy.

Both combination and Estrogen-only hormone therapy (HT) provide greater improvement in these specific symptoms and overall quality of life than placebo as demonstrated in several observational and randomized control trials (Cochrane Database Syst Rev. 2015 Apr 15;[2]:CD004143).

Endometrial cancer

Endometrial cancer is the most common Gynaecologic malignancy, with approximately 54,000 new cases anticipated in the United States in 2015. Twenty-five percent of these new cases will be in premenopausal women, and with an ever-increasing obesity rate, this number may continue to climb. Exact Indian data are awaited.

Women with early-stage Type 1 endometrial cancer who have vasomotor symptoms after surgery may be offered a short course of Estrogen-based HT at the lowest effective dose following hysterectomy/bilateral salpingo-oophorectomy and staging procedure (J Clin Oncol. 2010 Feb 1;24[4]:587-92). For women with genitourinary symptoms, vaginal moisturizers and/or low-dose vaginal Estrogen are reasonable options. Unfortunately, there are no data to guide the use of Estrogen replacement therapy in women with Type 2 endometrial cancers (Gynecol Oncol. 2011 Aug;122[2]:447-54).

Ovarian cancer

There is minimal data implicating a hormonal causation to ovarian carcinogenesis. Most women with epithelial ovarian cancer do not express tumour Estrogen or progesterone receptors. Treatment will result in abrupt, iatrogenic menopause, raising the question of whether it is safe to use HT in patients with epithelial ovarian cancer.

Multiple studies have failed to demonstrate a difference in 5-year survival rates in women with epithelial cancer using HT for 2 years or less (JAMA. 2009 Jul 15;302[3]:298-305, Eur J Gynaecol Oncol. 2010;21[2]:192-6, Cancer. 2009 Sep 15;86[6]:1013-8). As such, symptomatic patients could be offered a course of HT; however, caution should be exercised in women with Estrogen/progesterone-expressing tumours or nonepithelial tumours. As with endometrial cancer patients, the lowest effective doses should be prescribed.

Cervical cancer

Most cervical squamous and adenocarcinomas are not hormone dependent. For women with early-stage squamous cell carcinoma, ovarian conservation may be possible or oophorectomy may be offered. However, for many patients, bilateral salpingo-oophorectomy at the time of hysterectomy is more common, and the local effect of radiation therapy can result in vaginal atrophy with subsequent dyspareunia or ovarian failure from radiation scatter. Even for patients who undergo oophorectomy, radiation scatter may still result in ovarian failure. In a few observational studies, there are no data to infer that cervical cancer is hormonally related or that survival rates are decreased.

Currently, HT use in cervical cancer survivors is considered safe. Of note, for women with more advanced-stage cervical cancer and who received chemoradiation for primary treatment, combination therapy with Estrogen and progesterone may be more appropriate if the uterus remains in situ. However, for women who have undergone hysterectomy, combination therapy with progesterone may not be warranted and Estrogen alone (orally or vaginally) is acceptable (Gynecol Oncol. 2011 Aug;122[2]:447-54)

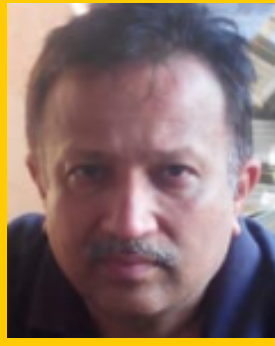
Conclusion:

- Gynaecological and breast cancers affect premenopausal and perimenopausal women at rates ranging 15–70% and treatment often causes the abrupt onset of menopause.
- Available studies do not show an increase in recurrence or decrease in survival among women with endometrial, ovarian or cervical cancer who use hormone therapy (HT).
- Data regarding the risks of systemic HT in survivors of breast cancer are varied, and an increase in breast cancer recurrence with the use of systemic HT has been demonstrated in randomised controlled trials. Limited data exist regarding the use of vaginal Estrogen, however, no effect on recurrence has been demonstrated.
- The decision regarding the use of HT in women with cancer must be individualised and should take into account issues regarding quality of life.
- Counselling at all level is essential.

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1. Amy Bregar AB MS MD, a Kristin Taylor BA MD, a Ashley Stuckey BA Mdb, *
2. COMMENTARY, Publish date: December 9, 2015, Allison Staley, MD, MPH, Paola A. Gehrig, MD

Absent Stomach Bubble



Dr. Janak Desai
(M.D.)

- Practicing Gynaecologist and Obstetrician for last 34 years at Ahmedabad
- Known Fetal Medical Consultant of Gujarat for last 22 years at “Ansh Fetal Care Centre”, Ahmedabad
- Honorary Fetal Medicine Consultant at VSGH attached to NHL Mum. medical college, Ahmedabad
- Running Fellowship programme for Fetal Medicine at VSGH recognised by Gujarat University
- Known FOGSI recognised teacher conducting basic and advance usg training programmes regularly
- Ex Vice President AOGS



Dr. Ameer Shah
(M.S – Ob & Gy)
Consultant fetal medicine expert

Formally trained in Fetal medicine

- Fellowship – fetal medicine – VSGH – Ahmedabad (2012- 13)
- ICOG fellowship – Ahmedabad (2013 -14 Gold Medallist)
- MFM and fetoscopy unit - Mount Sinai hospital –Toronto (2016)
- Partner – Ansh Fetal Care center Ahmedabad - Jan 2015 onwards

Introduction

The fetal stomach first appears as a well defined cystic anechoic structure in the upper left abdomen in approximately 30% of fetuses at 8 weeks of gestation.

It is anechoic because the content is swallowed amniotic fluid.

In most of the fetuses it is consistently seen after 11 weeks.

If the stomach is not visualised in the first trimester, the finding should be mentioned in the ultrasound report and patient called for confirming the presence in the second trimester.

No further invasive investigations are done if the stomach is not visualised in the first trimester

It might not be visible as the swallowing reflex is not yet strongly established

Conversely if the stomach is visualized in the first trimester and persistently absent in the second trimester, it is considered as absent stomach bubble.

The visualisation of fluid in the first trimester may be due to the gastric secretions, or due to a patent TE fistula which closed later on in gestation

The stomach may be transiently absent as its presence is influenced by the amniotic fluid swallowed by the fetus, the amount of gastric secretions, and the rate of pyloric passage of gastric content.

Persistent non visualisation of the stomach is seen in 0.07% - 0.4 % of pregnancies.

A persistent non visualisation means that the stomach is not visible even when we examine the fetus for consecutive 80 minutes (Normal gastric cycle of filling and emptying)

An abnormal outcome is quoted from 48 % to 100% in different literature.

Diagnosis

Many of them have associated anomalies.

We do not routinely measure the stomach in every scan. Most of the times it is deemed of an adequate size by eye balling only.

A practical point is that is the stomach is larger than the gall bladder of the same fetus is usually normal in size.

But if there is a suspicion of a small stomach it should ideally be objectively measured.

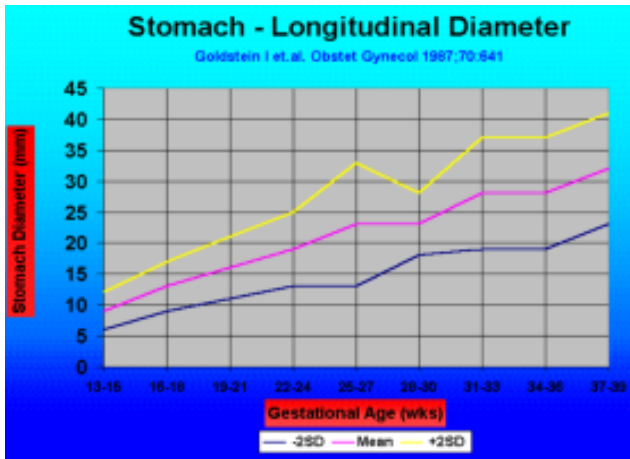
The dimensions of the stomach are defined as the largest area including the pyloric site on transverse or oblique scanning planes. The transverse section at centre of the corpus is used for transverse and Antero – posterior measurements.

Normograms are available for transverse and longitudinal measurements.

Causes

Physiological emptying is the most common cause for a non visualised stomach. There are also other causes some of which can be diagnosed (Cleft lip/palate, Goitre etc) by antenatal usg and some are not (TE – fistula).

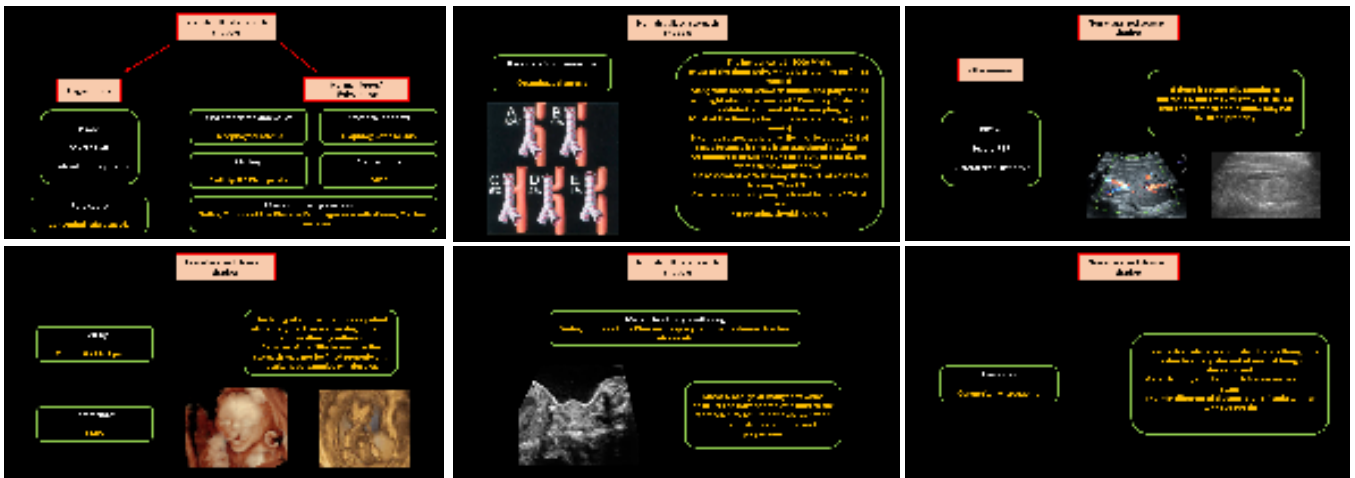




Transverse Diameter of the Stomach

Goldstein I, Reece EA, Yarkoni S et al.
Growth of the fetal stomach in normal pregnancies.
Obstet Gynecol 1987;70:641

GA (wks)	-2SD	Mean	+2SD
13-15	4	6	8
16-18	6	8	10
19-21	7	9	11
22-24	15	18	21
25-27	14	19	24
28-30	12	16	20
31-33	12	16	20
34-36	12	16	20
37-39	16	20	24



Whenever we don't see a stomach bubble, the first approach is to wait and repeat the scan as mentioned earlier.

Also look for other associated anomalies in the usg

The list of causes is given below with a brief description of the anomaly.

Prognosis and management

The failure to demonstrate an adequate stomach bubble even in the third trimester should prompt further investigations in the form of a detailed anomaly scan and an invasive procedure for a Microarray. Other investigations will depend on the associated anomalies or the causes of it.

Prognosis depends on the cause and counselling should be done accordingly.

Even when we do see a small stomach bubble with polyamnios the patient has to be counselled regarding the possibility of Tracheo-Esophageal fistula and the need for immediate post natal evaluation.

Conclusion

In the first trimester usg, documentation of stomach bubble is reassuring and should be documented when it is seen.

If the stomach bubble is absent in the first trimester, invasive testing should not be carried out at that point in time

Physiological emptying is the most common cause of absent stomach bubble.

'Persistent' absent stomach bubble has many causes

If at any stage of pregnancy we do not see the stomach, invasive testing with at least a microarray should be done.

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THE SWITCH

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Zydus Hospital, Ahmedabad

While i was scrolling through my instagram account on a lazy Sunday afternoon a year ago, the repeated flickering advertisement of a "menstrual cup" caught my eye. As the documentary " Social Dilemma" suggests, it was probably planted onto my screen by the Artificial Intelligence. The idea got incepted into my mind.

The idea of letting your menstrual blood accumulate into a cup to be disposed off at the end of the day sounded little weird to begin with, but it was environment friendly. The more i read about it, the more curious i became to experiment it & discover its merits & demerits.

I measured my correct size as per the "size chart" given on the company's website and a nice pink colored silicone cup was delivered to me in a fancy packing in a week's time. I had read the "Do's and Don'ts" and was all set to use it in the very next cycle.

It has a "Vacuum sealing" techniuie whereby the cup once inserted, fits very well and stays put. There is absolutely "ZERO LEAKING". For the same reason, the cup never slips or gets loose, how much ever, you jump or dance, twist or turn !!!

YESSSS!!!

The silicon materials is mucosa friendly and causes no rashes or allergy or irritation at all.

The cup needs to be emptied every 10-12 hours, cleansed thoroughly before every insertion and cleansed with boiling water at the end of the cycle to prevent any microbial breeding.

- No More LEAKES,
- No more Slips,
- No more Stains,
- No more discomfort by friction between the sanitary napkins & your clothes,
- No more skin irritation,
- No more of that "STICKY" feeling down there,
- No more "Sleeping in attention" during those nights of the month,
- No more "frequent changing of sanitary napkins" through the day or night,
- No more risk of infections from soaked S. Napkins kept unchanged for longer durations.



On the contrary,

- you can now Jump, play, dance, cycle, swim, go hiking,
- wear any tight clothes of any color of your choice (yes, you can wear a white trouser too, no more staining),
- you can whirl around & sleep to your heart's content without having to check for the stains.
- You can enjoy a swim or have a beach holiday or do bungee jumping during those days of the month.
- How very environment friendly as opposed to the S.Napkins.
- And cost effective too... one cup costing around 300 to 500 INR can last for years together.

Too overwhelmed by my experience of using the menstrual cup, I started educating the women around me, friends, colleagues, staff & family & motivated them to "give it a shot". Each one of them who experimented it, was 100% happy and gave me positive feedbacks with no major flaws to it.

It's been a year since we all embraced this new discovery of science & the menstrual cup has "TRULY LIBERATED" us from our menstrual discomforts & woes.

It was WORTH THE SWITCH !!

અતીતની અટારીએથી - 'મહાગુજરાત'નો પ્રાદુર્ભાવ



Dr. Hemant Bhatt

Hon. Treasurer, SOGOG

AOGS President, 2017-18

Trustee, Ahmedabad World Heritage City Trust, AMC

૧૯૪૭માં બ્રીટીશરોની હકૂમતમાંથી મુક્તિ મેળવ્યાનાં માત્ર નવ વર્ષ પછી ગુજરાતને તેના ભાષાકીય રાજ્યની રચના અને દ્વિભાષી - મહારાષ્ટ્ર

તથા ગુજરાતનાં સંયુક્ત રાજ્યની અવાસ્તવિક સંરચનામાંથી મુક્તિ મેળવવા બીજા પાંચ વર્ષ સંઘર્ષ આદરવો પડ્યો.

૧૯૫૬ ની ઓગષ્ટની આઠમી તારીખે ભદ્ર ખાતેના અમદાવાદનાં કોંગ્રેસ ભવન ઉપર સેંકડો વિદ્યાર્થીઓનું ટોળું પહોંચ્યું કારણ..? ઈન્દુચાયાના શબ્દોમાં "આઠમી ઓગષ્ટનો દિવસ સને ૧૯૪૨માં કોંગ્રેસની મહાસમિતિએ અંગ્રેજોને 'હિન્દ છોડો' ની હાકલ કરીને ઐતિહાસિક બનાવ્યો હતો, તે જ પવિત્ર દિવસે સવારે છાપા વાંચતા ગુજરાતના લોકોને સનાનના સમાચાર મળ્યા કે, ત્રણ રાજ્ય (ગુજરાત, મુંબઈ શહેર અને મહારાષ્ટ્ર) ની યોજના રદ કરીને દિલ્હી સરકારે મુંબઈનું વિદર્ભ સહીત મહા દ્વિભાષી રાજ્ય સ્થાપવાનું ઠરાવ્યું છે અને મહાગુજરાતને મિટાવી દેવાનો કાળો કાચદો છે સંસદે મંજૂર કર્યો છે."

હજારેક યુવાનોના ટોળા ઉપર કોંગ્રેસી આગેવાનોએ બોલાવેલી સશસ્ત્ર પોલીસે ટીયરગેસ કે લાઈ ચલાવ્યા વગર સીધા ગોળીબાર જ કર્યા. જેમાં પૂનમચંદ, કૌશિક વ્યાસ, સુરેશ ભટ્ટ અને અબ્દુલ પીરભાઈ - નામના ચાર દૂધમલ જવાનો શહીદ થયા, આ દિવસ, ગુજરાતમાં કોંગ્રેસના વળતાપાણીના પ્રારંભનો ઐતિહાસિક દિવસ બની રહ્યો!

સને ૧૯૨૦માં ગાંધીજીએ જ્યારે નાગપુરની કોંગ્રેસમાં અસહકારની યુગવર્તી લડત શરૂ કરીને ભારતીય રાજકારણનાં સૂત્રો હાથમાં લીધા ત્યારે થોડા જ માસમાં કોંગ્રેસની નાગપુરની બેઠકમાં જ કોંગ્રેસનું નવું બંધારણ રજૂ કર્યું, તેમાં ભાષાવાદ અલગ પ્રાંતિક સમિતિઓ રચવાની ભલામણ કરેલી હતી. તે મુજબ ગુજરાત, મહાકોશલ, આંધ્ર, કેરલ વગેરે વિભાગની કોંગ્રેસની નવી પ્રાંતિક સમિતિઓ સ્થાપઈ, ત્યારે જ ગાંધીજીએ સ્વરાજ્ય મળે ત્યારે જ આવાં ભાષાવાદ રાજ્યો સ્થાપવાનો આદેશ આપ્યો હતો.

સને ૧૯૪૭ માં આપણે આઝાદ થયા ત્યારે દેશી રાજ્યોના વિલિનીકરણ પછી ૧૫.૦૨.૪૮ ના રોજ સરદારશ્રીના આશીર્વાદથી ટેબલભાઈની આગેવાની હેઠળ સૌરાષ્ટ્રનાં એકમનું મંગલાચરણ થયું હતું. જામસાહેબ તે રાજ્યનાં રાજપ્રમુખ હતા. સૌરાષ્ટ્ર રાજ્યની સ્થાપનાના પ્રસંગે સરદારે કચ્છ સમેત સમગ્ર ગુજરાતની પ્રજા ગુજરાત સમસ્તની રચનામાં એક થાય તેવું સ્વપ્ન જોયું હતું. ગાંધીજીના તો શબ્દો હતા "ગુજરાતમાં સૌરાષ્ટ્ર અને કચ્છ ભળે એટલે મહાગુજરાત થયું."

૮મી, ૯મી અને ૧૪મી ઓગષ્ટના તોફાનો જે ઝડપથી ૧૯૫૧માં સમગ્ર ગુજરાતમાં ફેલાયા, તે જોઈને સમગ્ર દેશ ચક્રિત થયો. તે સમયે પંડીત નહેરૂ એ લોકસભામાં કહેલું કે, દ્વિભાષી રાજ્યનો લોકસભાનો નિર્ણય હિંસાથી ફરશે નહીં. તેમણે ઉમેરેલું કે ચૂંટણીઓ કરીને પ્રજા વર્તમાન સરકારને બદલી શકે છે, પરંતુ સરકાર તોફાનોને નમતું જોખશે નહીં.

કોંગ્રેસનાં તે સમયનાં ગુજરાતનાં મંત્રી શ્રી ઠાકોરભાઈ દેસાઈએ પ્રજાના "દારૂયા પર ડામ" જેવા વાક્યો ઉચ્ચારીને કહ્યું હતું કે "બંદૂકની ગોળીઓ ઉપર સરનામા લખેલા હોતા નથી, તેથી કોને-ગુનેગાર કે નિર્દોષને તે વાગે તે કહી શકાય નહીં."

૧૯૫૬ ની લોકસભાની ચૂંટણીઓ વખતે ચૂંટણી પ્રચાર દરમ્યાન ગુજરાત આવેલા તત્કાલીન કોંગ્રેસ પ્રમુખ શ્રીમતી ઈન્દીરા ગાંધીના શબ્દો હતા : "અંગ્રેજોની ગોળીઓનો સામનો કરનારા પત્યરથી ડર્યા નથી અને ડરશે પણ નહીં. અમદાવાદમાં મેં પત્યરબાજી દેખી અને ગાળો પણ સાંભળી. પણ, એ રસ્તે કાંઈ મહાગુજરાત નહિ મળે!"

પંડીત નહેરૂએ ૧૯૫૬માં ભૂજ-કચ્છની તેમની મુલાકાત સમયે પોતાના પ્રવચનમાં એવું કીધું કે અમદાવાદના કોઈ લોકો ગુજરાતનું રાજ્ય સ્થાપીને જમીનના ભાવ વધારીને ભારે નફો મેળવવા માંગે છે!!

દ્વિભાષી રાજ્યનો ખરડો ૧૯૫૬માં લોકસભામાં ૨૪૧ વિરુદ્ધ ૪૦ મતે પસાર થયો હતો - ખરડો ઉપરની ચર્ચામાં જ્યારે વિરોધપક્ષોએ ટીકા કરી કે અમદાવાદના તોફાનો કોઈપણ પ્રકારની ચેતવણી વગર કરાયેલ ગોળીબારની

ઉશ્કેરણીથી થયા છે અને ગુજરાતમાં દ્વિભાષી રાજ્યની સ્થાપનાના નિર્ણયને લઈને તોફાનો થયા છે, ત્યારે પંડીત નહેરૂ ખૂબ ઉશ્કેરાઈ ગયા હતા.

અમદાવાદ, નડીયાદ, ખેડા, ભરૂચ સહીત અનેક જગ્યાઓએ પોતાની આગ ઝરતી તેજાબી વાણીમાં મહાગુજરાત આંદોલનના સૂત્રધાર ઈન્દુચાયા એ લોકોને આક્રોશ સાથે જણાવ્યું હતું કે, "મોરારજીભાઈએ દ્વિભાષી રાજ્યની તરફેણ કરીને ગુજરાતને ઘોળે દિવસે વેચ્યું છે. મહાગુજરાતની રચના માટે દ્વિભાષી રાજ્યના ભૂક્કા બોલાવી દો., જો કોંગ્રેસીઓ બેટીંગ કરતા હોય તો કાતિલ બોલીંગ ફેંકીને તેમની વિકેટો ખેરવીશું અને જો તેઓ બોલીંગ કરતા હશે તો અમે છક્કારો ફટકારીશું."

૧૯૫૬માં પંડીત નહેરૂ અને ઈન્દુચાયાની સમાંતર સભા પણ અમદાવાદે જોઈ. પંડીતજીની સભા માટે મજૂર મહાજન સંઘ અને સરકારી તંત્રની અનેક મથામણો પછી માંડ એક લાખ માણસ એકત્રિત થયું ત્યારે ઈન્દુચાયાની લો કોલેજ પાસેની સભામાં સ્વયંભૂ માનવ મહેરમણ ઉમટીને ચાર લાખથી વધુની મેદની જમા થઈ. પંડીતજીની સભા માટે મહેસાણા, વડોદરા વગેરે સ્ટેશનોથી જે પાસ રેલગાડીઓ દોડાવવામાં આવી તેમાં બેસીને મહાગુજરાતનાં બુલંદ અવાજ કરતા હજારો માણસ ઈન્દુચાયાની સભામાં આવ્યા!

ગુજરાતની મહાગુજરાતની લડતને સ્વીકારી ન શકનાર શ્રી મોરારજી દેસાઈએ ૧૯મી ઓગષ્ટ, ૧૯૫૬ ના રોજ લાલ દરવાજા ખાતે જાહેરસભાનું આયોજન કર્યું હતું. મજૂર મહાજન અને કોંગ્રેસે ઘણીયે મોટરો અને ખટારા પરમાં અને શહેરમાં માણસોને ભરી લાવવાને મોકલ્યા, તેમ છતાં સમગ્ર અમદાવાદ શહેરે તે દિવસે સવારે સાતથી સાંજના સાત સુધી અભૂતપૂર્વ સ્વયંભૂ "જનતા કચ્ફરુ" પાળ્યો. સરદાર વલ્લભભાઈના દિકરી મણિબેન લાલ દરવાજા મોરારજીભાઈના સૂચિત સભા સ્થળે જોવા ગયા ત્યારે ચોપાસ લાઉડ સ્પીકરનાં ભૂંગળા બાંધેલા દેખાયા પરંતુ સોગંદ ખાવાને કોઈ માણસ ત્યાં દેખાયો નહીં. આ ખબર સાંભળીને શ્રી મોરારજી દેસાઈનું મ્હોં પડી ગયું હતું. તેઓ ઘણા દુ:ખી થયા અને એવી જાહેરાત કરી હતી કે અમદાવાદની જનતા જ્યાં સુધી મોરારજીભાઈને રાજીખુશી થી સાંભળશે નહીં ત્યાં સુધી તેઓ ઉપવાસ કરશે.

મહાગુજરાતના આંદોલન પછી કોંગ્રેસનો ગઠ ગણાતું અમદાવાદ ૮મી ઓગષ્ટ, ૧૯૫૬ પછી એક રાતમાં જ કોંગ્રેસનું કચ્છર વિરોધી થઈ ગયું, એક રાતમા માથા ઉપર મૂકાતી ઘોળી ટોપી અદ્રશ્ય થઈ ગઈ, જો કોઈ પહેરે તો તેનું આવી બચ્યું. (ઈન્દુલાલ યાજ્ઞિકની આત્મકથા : ભાગ ૬ પૃષ્ઠ:૩૦)

ગાંધીજીએ આવા પરિવર્તનની આગાહી કરી હતી: આપણી રાજસત્તા બ્રિટીશરોની માફક બંદૂકના ખેરે ટકી નહી શકે. અનેક ત્યાગ અને તપ વડે કોંગ્રેસે પ્રજાનો વિશ્વાસ સંપાદન કર્યો છે. પણ, જો આજની ઘડીયે કોંગ્રેસવાળાઓ પ્રજાને દગો દેશે તો, અને સેવા કરવાને બદલે માલિક બની જશે તથા ઘણીપણું આદરશે તો કદાચ હું જીવું કે ન જીવું, પણ આટલા વરસનાં અનુભવોના આધારે આ આગાહી કરવાની હિંમત કરું છું કે, દેશમાં બળવો ફાટશે, ઘોળી ટોપીવાળાને પ્રજા વીણી વીણી ને મારશે અને કોઈ ત્રીજી સત્તા તેનો લાભ લેશે (મનુબેન ગાંધીનું પુસ્તક: "મિહારની કોમી આગામી")

ગતવા ગુજરાતની સ્થાપનાનાં પંચ વર્ષ પછી પણ ઈતિહાસમાં ઉપરોક્ત બનાવો અને પ્રસંગો આજની સાંપ્રત પરિસ્થિતિમાં કેટલા પ્રસ્તુત બની રહ્યા છે!

તા.ક.: કમનસીબીની સીમા તો એ હતી કે જીવનભર ગુજરાતની અસ્મિતાને ખીલવવાને માટે અનેક પુસ્તકો લખનાર સમર્થ લેખક, રાજપુરુષ, સાહિત્યકાર આદરણીય શ્રી કનૈયાલાલ માણેકલાલ મુશ્શી મહાગુજરાતનાં આંદોલન વખતે અવ્ય ધનાઢ્યોની માફક મુંબઈ ખોવાની બીકથી મહાગુજરાત માટે રચાયેલ મહાગુજરાત જનતા પરિષદનો વિરોધ કરવાને ખાસ નિવેદન પ્રગટ કર્યું હતું! (ઈન્દુચાયાની આત્મકથા : ભાગ-૬ : પૃષ્ઠ ૩)

મહાગુજરાતની લડતના જ્યાંથી મંડાણ થયા તે ભદ્રના કોંગ્રેસ હાઉસની સામે જે શહીદ સ્મારકની રચના થઈ તેનું સમગ્ર શ્રેય મહાગુજરાતની લડતના અપ્રિતમ પ્રહરી, 'ઈન્દુચાયા' તરીકે લોકહૃદયમાં પોતાનું સ્થાન ચિરસ્મરણીય બનાવનાર સ્વ.ઈન્દુલાલ કનૈયાલાલ યાજ્ઞિકને ફાળે જાય છે આ સ્મારકનું ઉદ્ઘાટન ૧૯૬૮માં ૧૯મી સપ્ટેમ્બરે રેટીયાબારસના દિવસે ઈન્દુચાયાના શુભહસ્તે થયું.

આ છે મહાગુજરાતની રચના ની ગરવી ગાથા...



Covid: "The Aggressive Teacher"

Dr. Munjal Pandya

Assistant Professor

AMC MET Medical College

Sheth L.G. Hospital, Ahmedabad

My Learnings from The Rocky Ride through COVID...

So, the world has been fighting against the menace called COVID for last 7 months now.

I and my family have been taking enough care and precautions with utmost care. On 14th September, I started developing fever, next day, my COVID report came positive!

Treatment was started with home isolation. Things sailed smoothly till 7th day, after which I started developing health issues at a greater scale. My CT scan showed involvement this time, and my worry grew much more.

I was admitted at SVP hospital, one of the most appreciated hospitals, and rightly so! Wonderful management and caring attitude of everyone there, along with treatment made me recover faster!

I gained a lot of support from many souls, by all means, I could feel strong pillars around me, making me confident of coming back to that extremely energetic routine life! Prayers were done and sent from many, strengthening my belief of getting back to normal again, but this time, I had few resolutions:-

- Paying attention to only one thing at a time, enough of multi-tasking and speed which derailed and drained me in the past.
- If we actually go into Digital well being of our mobile, we would be surprised to see that we unlock it many a times, causing wastage of time and mind, compromising a major time slot from the limited 24 hours of the day we have!
- The sole purpose of this life is to get connected with our Creator/our origin, which answers all our questions, rather, we may have no questions after that realization.
- I've seen enough people getting into politics to pull others down, to make others sad, or to shorten someone's progress, but the more you read Great people and about them, more you realize, "Such People Don't Matter!"

All in all, I pray that no one has to go through even the slightest of the pain and this disease anytime in this world! We are given an opportunity to be good, to make positive difference in many lives, to progress ourselves on the rightest path, along with taking all others with us.

I am and will always be grateful to my family (including non blood relatives), physicians, seniors, teachers, friends, and everyone who assisted me to get myself back from the one of the scariest phases of my life...

I feel "I" from my life has evaporated, and 'recognition' just stays as a by-product, not having any impact on further life actions! One more thing I majorly kept on thinking: Lack of our own spiritual teachings during school times, really has crippled us, by not having the base and basic roots to stabilize!

Do things for your own satisfaction, not for what others see/think/react...

Be Good, Do Good, and Be kind to all the living beings...

God is Great!

संभारण SERIES EPISODE - 2 - DR. ROHIT BHATT
Webinar Date : 11.10.2020



WEBINAR : 14.10.2020



Pride laparoscopic surgeons of Gujarat & SOGOG-Team of 18 societies of Gujarat invites you to join E-Webinar on Comprehensive Masterclass on Hysterectomy

Date: 14th October 2020

Day: Wednesday

Time: 05.00 pm onwards

Register At Earliest To Avoid Last Moment Disappointment

<https://myabbotmeetings.webex.com/myabbotmeetings>

SOGOG members & Co-Ordinators:



Dr. Pragmesh Shah Dr. Divyesh Shukla

Program Co- Ordinators



Dr. Munjal Pandya Dr. Chinmay Patel Dr. Shailesh Makwana

MOC :



Dr. Azadeh Patel

Welcome Address by Chief Guests



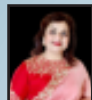
Dr. Alpesh Gandhi (FOGSI President) Dr. Minaxiben Patel (SOGOG President) Dr. Dipesh Dholakia (SOGOG Convenor)

Chairpersons:

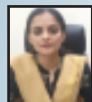


Dr. Chaitanyabhai Patel (Ahmedabad) Dr. Arati Gupte Shah (Ahmedabad)

Speakers:



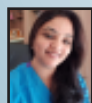
Master Tips In Enhancing Skills In TLH- Dr. Sunita Tandulwadker (Pune)



Master tips in TLH for frozen anterior & posterior compartment Dr. Shinijni Pande (Mumbai)



Master tips in Resolving mystery of difficult NDVH Dr. Dipesh Dholakia (Ahmedabad)



Master tips in TLH for large Uterus. Dr. Minaxi Sundaram (Chennai)

Panel discussion on Case based brain storming discussion with experts giving master-tips :

Chairpersons:



Dr. M.C. Patel (Ahmedabad) Dr. Babubhai Patel (Ahmedabad)

Moderators:



Dr. Nagendra Sardeshpande (Mumbai) Dr. Ashwath Kumar (Kerala)

Panelists:



Dr. R. M. Saraogi (Mumbai)



Dr. Vyomesh Shah (Patan)



Dr. Mahesh Gandhi (Visnagar)



Dr. Hemant Deshpande (Pune)



Dr. Chirag Amin (Ahmedabad)



Dr. Sonal Kottawala (Ahmedabad)



Dr. Sanket Pisat (Mumbai)



Dr. Kiran Coelho (Mumbai)



Dr. Manish Manchave (Pune)



Dr. Janmajay Mahapatra (Cuttack)

Vote of Thanks:



Dr. Hemant Bhatt (Ahmedabad)

Webinar : 17.10.2020

diabetes and obesity epidemic

yesterday
Obstetric emergencies

today
NCDs

tommorrow
CVD/HT
obesity Diabetes

2nd DiaCONNECT
PSG
Virtual Conference
Pregnancy Study Group

That until and unless urgent action is taken to systematically address the issue, it has the potential to undo the gains in maternal and newborn health achieved in the last decade and further worsen the ongoing diabetes and obesity epidemic.

the Global Voice for Women's Health

Knowledge Partner
zoom
ARTIST



Breast Cancer Awareness : 25.10.2020

SAMVED BREAST CLINIC

&

Ahmedabad Obstetrics and Gynaecological Society

SOGOG

Presents



8th PINK PARADE

BREAST CANCER AWARENESS

VIRTUAL WALK / RUN / CYCLING

25th October 2020, Sunday 6:30 PM IST

Click one of the links below to Join the **LIVE** Virtual event :

 **YouTube** <https://youtu.be/lhiqKSoVY0Y>

OR

 **f** <https://www.facebook.com/BreastCareClinicSamvedHospital>

Reach us for any query at :

 reach@breastcentreindia.com  079-40023030/40024040

 www.breastcentreindia.com

SAMVED BREAST CLINIC

&

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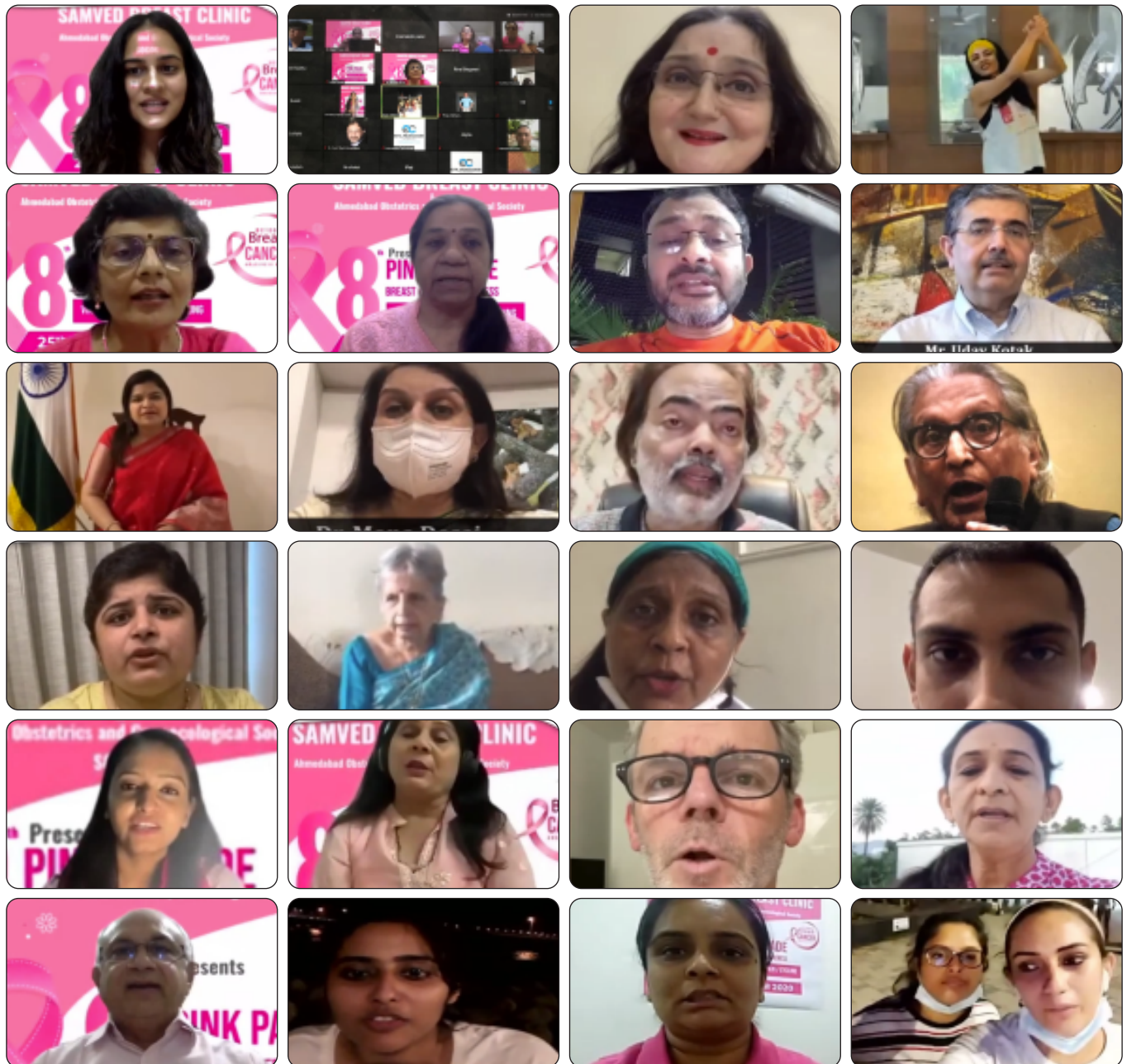
PROGRAM DETAILS

- 6.30 Welcome address - R J Nimisha & Vaissnavi Shukl
- 6.35 Prayer - Aarti Munshi
- 6.40 Funfitness - Ruju Desai
- 6.50 Address by Founder, Samved Breast Clinic - Dr Shefalli Desai
- 6.55 Address by President, AOGS - Dr Rajal Thaker
- 7.00 Messages from Key Leaders
- 7.15 Saluting Our Breast Cancer Warriors
Life stories/Performances of Breast Cancer Warriors
- 7.30 Messages from across the globe
- 7.45 Interviewing live runners
- 7.55 Address from Team Samved - Dr Nisha Joshi
- 8.00 Winners of Slogans & Address by President, SOGOG - Dr Minakshi Patel
- 8.05 Musical evening
- 8.30 Conclusion - Hon Sec, AOGS - Dr Sunil Shah

PINK Parade Breast Cancer Awareness : 20th Oct. to 24th Oct. 2020



Breast Cancer Awareness - Webinar : 25.10.2020



Skit on Breast Cancer Awareness by AOGS members



Skit Concept : Dr Kanthi Bansal, Dr Nita Thakre, Dr Rajal Thaker

Participants : Dr Darshini Shah, Dr Jignesh Deliwala, Dr Kanthi Bansal, Dr Kruti Deliwala,
Dr Nita Thakre Dr Rajal Thaker Dr Tejal Patel

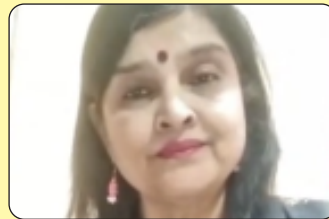
Musical Evening by AOGS-SOGOG members Date : 25.10.2020



Dr. Anil Mehta



Dr. Devang Kanuga



Dr. Falguni Shashank



Dr. Geetendra Sharma



Dr. Hardik Shah



Dr. Shetal Desai



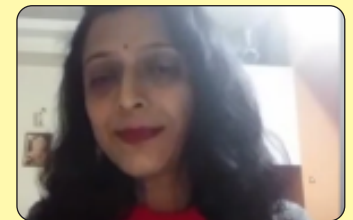
Dr. Hiran Naik



Dr. Kamlesh Jagwani



Dr. Meeta Parekh



Dr. Nivedita Vaja



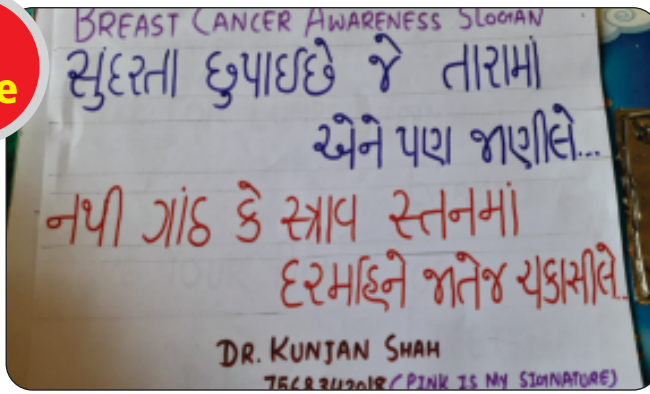
Dr. Praful Doshi

जिंदगी एक सफर है सुहाना।
यहाँ कल क्या हो किसने जाना?
रेग्युलर अपना चेकअप कराना
फिर काहे का घबराना
जिन्दगी एक सफर, है, सुहाना,
यहां कल क्या हो किसने जाना?
मैमोग्राफी और। **PAP** टेस्ट तू कर।
फिर काहे कि करना फिक्र।
मैमोग्राफी और और **PAP** टेस्ट तू कर।
फिर काहे कि। करना फिक्र।
फिर डॉक्टर को रिपोर्ट दिखाना।
यहाँ कल क्या हो किसने जाना? जिंदगी एक सफर है सुहाना
यहां कल क्या हो किसने जाना?
खर्चें की तू परवाह न कर।
सरकारी में जायेगा जिधर
खर्चें की तू परवाह, न कर।
सरकारी में जायेगा जिधर?
पैसा तुझे नहीं पड़ेगा चुकाना।
यहाँ कल क्या हो किसने जाना जिंदगी एक सफर है सुहाना।
रेग्युलर अपना चेकअप कराना।
मौत आनी है आएगी। एक दिन जान जानी है। जायेगी। एक दिन।
मौत आनी है आएगी। एक दिन जान जानी है जायेगी। एक दिन।
आगे इसे अगर तुझे है भगाना।
रेग्युलर चेकअप अपना कराना।
जिंदगी एक सफर है सुहाना यहां कल क्या हो किसने जान....

- Dr. Kamlesh Jagwani

Breast Cancer Awareness : Result of Slogan Competition Dt. 25.10.2020

1st Prize



Dr. Kunjan Shah

Judges :

Dr. Shefali Desai
Dr. Nisha Joshi
Dr. Rajal Thaker

2nd Prize



Dr. Halvi Ediger Ramaraju

2nd Prize



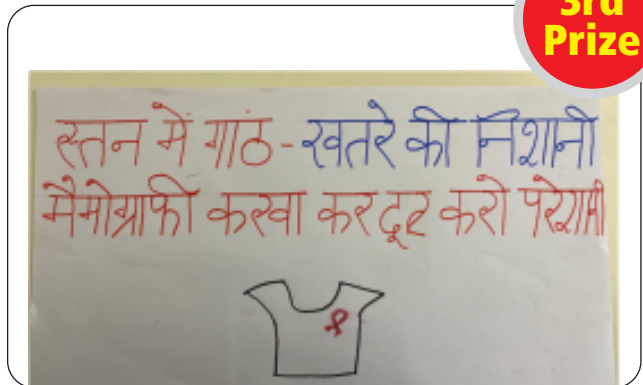
Dr. Rajan Joshi

3rd Prize



Dr. Archana Shah

3rd Prize



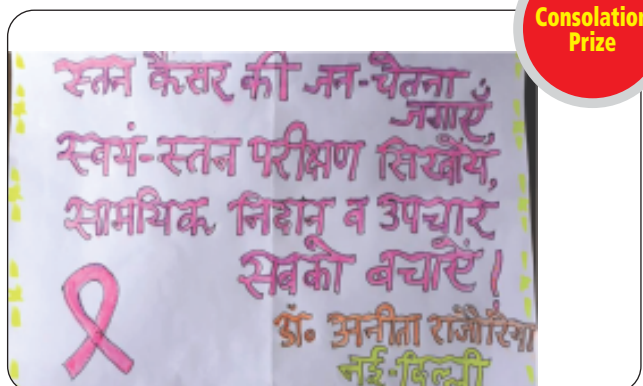
Dr. Parul Sharda

Consolation Prize



Dr. Anjana Chauhan

Consolation Prize



Dr. Anita Rajorhia

Future programs



AOGS ANNOUNCES A SPECIAL CONTEST FOR OUR YOUNG ONES

Create Your Imaginations
MAKE YOUR OWN GREETING CARDS FOR THIS DIWALI



JUDGES

Dr. Arti Patel

Dr. Kamlesh Jagwani

ADD YOUR SPECIAL SPARKLE AND WIN A PRIZE!

For Children of AOGS Members Only

Please write your name and contact details along with name and age of your child

Last Date : 07/11/2020, Time : 9.00 pm

Email : greetingsaogs@gmail.com

AGE GROUPS

Up to 5 yrs

6yrs to 10yrs

11yrs to 15yrs

16yrs to 20yrs

1 ENTRY PER CHILD



DR. RAJAL THAKER
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DR. HEMANT BHATT
 TREASURER

PROGRAM CONCEPT
DR. RAJAL THAKER

WELCOME
DR. MEENAKSHI PATEL

SOGOG ACTIVITIES
DR. DIPESH DHOLAKIYA

INTERVIEW OF
DR. VILASBEN MEHTA

DOWN THE MEMORY LANE

- DR. AJESH DESAI
- DR. ARTI PATEL
- DR. ATUL MUNSHI
- DR. C B NAGORI
- DR. DIPAK BHAGDE
- DR. KASHYAP SHETH
- DR. KIRAN DESAI
- DR. RAJU DOSHI
- DR. SAPANA SHAH
- MR. CHIRAG MEHTA

VOTE OF THANKS
DR M C PATEL

PROGRAM CO-ORDINATORS

- DR. MAHESH JARIWALA
- DR. MEHUL SUKHADIA

Series Co-Ordinator
DR. PARUL KOTDAWALA

સંકીર્ણ SERIES :

"RECONNECT WITH GREAT TEACHERS OF YORE" IN GUJARAT, WHOSE WISDOM, SKILLS AND INSPIRATION HAVE SHAPED MOST CURRENT GYNECOLOGISTS IN GUJARAT.

DR. VILASBEN MEHTA



In conversation with
DR. RAJAN JOSHI

EPISODE 3



8 NOVEMBER 2020
 SUNDAY



10.30 AM - 12.30 PM

CONNECT WITH DR. VILASBEN MEHTA

VISIT BELOW LINK FOR UNIQUE AND INSPIRING EXPERIENCE
<http://enlacecode.com/live/index.php/webinar/join/aogs-reconnect-3>

You Tube LIVE! on <https://youtu.be/ahZwctV707Y>



on www.facebook.com/groups/aogsofficial/

Future programs

● AOGS GOLDEN JUBILEE ORATION - DATE : 26.11.2020 ●

Sir Sabaratnam Arulkumaran PhD DSc FRCS FRCOG



Topic : Adolescent Health Care : Global Perspectives

Date : 26th November, 2020

Time : 8.30 pm IST (3 pm UK Time)

Duration of Oration : 1 Hour

Sir Arulkumaran is Professor Emeritus of Obstetrics and Gynaecology, St George's University of London from Jan 2013 after he retired from his position as Professor & Head of O&G from 2001 to 2013.

He is Foundation Professor of O&G, St George's Medical school, University of Nicosia from 2014 and Visiting Professor, Institute of Global Health Policy Innovation, Imperial College, London from 2012.

He was past President of the FIGO (International Federation of Obstetrics & Gynaecology) – (2012 - 2015); of the British Medical Association (BMA) June 2013- June 2014 and the Royal College of Obstetricians & Gynaecologists (RCOG) of the UK (2007-2010).

He was appointed Knight Bachelor by her Majesty the Queen of the UK in her Birthday Honours List in June 2009 in recognition of his services to Medicine and Health Care.



AOGS SILVER JUBILEE ORATION - DR. RANI BANG

December 2020

Topic:

**Community Based Approach to
Reproductive Health**