

2. AOGS સંદર્ભ

Strong girls - Strong India
BULLETIN

**AHMEDABAD
OBSTETRICS AND
GYNAECOLOGICAL SOCIETY**

NEWS LETTER | MARCH 2018



President
Dr. Hemant Bhatt
+91 98250 10940
hemantbhat2012@yahoo.in

Hon. Secretary
Dr. Jignesh Deliwala
+91 98250 44819
jadeliwala@yahoo.co.in



President - Elect
Dr. Jayprakash Shah
+91 94263 56198
rajnjp@yahoo.com

Vice President
Dr. Anil Mehta
+91 98253 16970
dranilmehta@hotmail.com

Clinical Secretary (I/C)
Dr. Snehal Kale
+91 98240 95580
kalsnehal@yahoo.com

Jt. Secretary
Dr. Tejas Dave
+91 98247 52776
jignatejasdave@yahoo.co.in

Hon. Treasurer
Dr. Raj Iyengar
+91 98240 57054
iyengarraj@rediffmail.com

Managing Committee Members

Dr. Akshay Shah | Dr. Hina Shah | Dr. Kamlesh Jagwani | Dr. Lata Trivedi | Dr. Mahesh Jariwala
Dr. Munjal Pandya | Dr. Nita Thakre | Dr. Parth Shah | Dr. Sanjay Shah

Editors :
Dr. Munjal Pandya
Dr. Parth Shah

Ex-Officio
Dr. Geetendra Sharma
Dr. Rajal Thaker



Co-Opt. Members
Dr. Dipesh Dholakia
Dr. Alpesh Gandhi

Special Invitee
Dr. Vilasben Mehta
Dr. Tushar Shah
Dr. Parul Koldawala
Dr. Rajesh Soneji
Dr. Kamini Patel

Ahmedabad Obstetrics & Gynaecological Society

2nd floor, Ahmedabad Medical Association Building, Ashram Road, Ahmedabad 380009
Phone : 26586426 E-mail : ahmedabadobgynsoc@gmail.com | Website : ahmedabadobgyn.org

FIRST TIME IN ASIA
MATCHER SYSTEM
CERTIFICATION OF OWN
SPERM/EGGS PREGNANCY IN IVF
TO KEEP YOU IN SAFE HANDS



IVF
SPECIALTY
HOSPITALS



WINGS brings to you **Matcher - An electronic witnessing system** which assists in preventing misidentification of patients and their sperm/eggs and embryos.

ADVANCED TECHNOLOGY AT WINGS

- Time Lapse Incubator • IMSI • Micro Tesa

For thorough guidance on ways to avoid IVF failure,
please call on **78787 77222 / 98250 50565**



WINGS HOSPITAL:
2, Sumangalam Society, Opp. Drive-in Cinema, Thaltej, Ahmedabad.
E.: enquiry@wingshospitals.com | W.: www.wingshospitals.com
We don't conduct pre-natal sex determination test. It is a punishable offence.

Ahmedabad | Rajkot | Surat | Udaipur

TEAM AOGS MESSAGE



Dr. Hemant Bhatt
President

Respected seniors and Dear colleagues,

The season of warmth & vacation is nearing, as the exams days are slowly passing by. Everybody is busy in planning their vacation trip in coming months.

The March was hectic, as far as academic activities are concerned. There were two superb days spent on updation of our knowledge at FOGSI – PG students oriented academic seminar at GCS medical college, Amdupura. Thanks a ton to Dr. Hareesh Doshi and entire GCS medical college team for taking pains in making it a huge success on consecutive fifth year.



Dr. Jignesh Deliwala
Hon. Secretary

The CME on Ulipristal and oral Magnesium Sulfate with very interactive panel discussion, the CME on adherent placenta, obstetric hysterectomy, basics of genetics and insightful oration of Dr. Alpesh Gandhi - were memorable days spent with lots of take home messages.

The brain storming session with govt. authorities on how proactively AOGS members can contribute in reducing gender imbalance - was also highly successful with nearly 125 members participating in that discussion. The positive attitude of Asst. Director Dr. R.R.Vaidhya, CDHO Madam Dr. Shilpa Yadav, Advisory board chair person Dr. Devindraben Shah, Moral boosting lecture of Dr. Geetendra Sharma and inspiring presence of CSB member Dr. Pradyuman Vaza & SSB member Dr. Mukesh Savalia was highly appreciated.

We will be distributing the verbatim correspondence with govt. authorities as well as the bare act of PC-PNDT in vernacular language at the time of installation ceremony.

Don't forget the 1st April, Sunday. We are having installation of our new team under the stewardship of Dr. Jayprakash Shah.

In all, we thoroughly enjoyed working for AOGS not only for our primary goal of achieving new heights of academics but touching the other spectras of human life by submitting ourselves to social service, providing ample opportunities for fun & frolic with families and knowing our city's other academic iconic places with more information.

Biding adieu, Pranaam,

शुक्रिया, सत श्री अकाल, सावधो.... नमस्कार



From,
Team AOGS

BRAIN STORMING SESSION ON PC-PNDT DATE : 14.03.2018



CME : 19 - SYMPOSIUM ON “ MATURE WOMEN” UNDER THE “AEGIS OF AOGS” DATE : 28.02.2018



CME : 20 - MODERN MANAGEMENT OF MYOMA & ORAL MAGNESIUM SULFATE DATE : 04.03.2018



CME : 21 - AOGS SILVER JUBILEE ORATION
DATE : 11.03.2018



PG - FOGSI FORCE 2018
DATE : 17.03.2018





Invitation



Ahmedabad Obstetrics & Gynecological Society

invites you to grace the installation ceremony

of AOGS Team for 2018-19 on

Sunday, 1st April, 2018 at

R. M. Fozdar Hall

Ahmedabad Medical Association, Ashram Road, Ahmedabad

From 9.00 am onwards

Chief Guest

Nehakumari IAS

Sub Divisional Magistrate
Govt. of Gujarat

Guest of honour

Dr. M.M. Prabhakar

Add. Director Medical Education
Govt. of Gujarat

Dr. Prakash Vaghela

Add. Director of Family Welfare
Govt. of Gujarat

With warm Regards,

Dr. Jayprakash Shah

• President •

Dr. Kamini Patel

• Hon.Secretary •

Dr. Anil M. Mehta

• President Elect •

Dr. Rajal Thaker

• Vice President •

Dr. Snehal Kale

• Hon. Jt. Secretary •

Dr. Sunil Shah

• Hon. Treasurer •

Dr. Lata K. Trivedi

• Clinical Secretary •

Ex Officio : Dr. Hemant Bhatt, Dr. Jignesh Deliwala

: Managing Committee Members :

• Dr. Akshay Shah

• Dr. Mahesh Jariwala

• Dr. Sanjay J. Shah

• Dr. Hina K. Shah

• Dr. Munjal Pandya

• Dr. Shashwat Jani

• Dr. Kamlesh Jagwani

• Dr. Praful Panagar

• Dr. Sujal Munshi

Knowledge is Power, Unity is Strength



AHMEDABAD OBSTETRICS & GYNAECOLOGICAL SOCIETY

2nd floor, Ahmedabad Medical Association Building, Opp. H.K College, Ashram Road, Ahmedabad-380009.
P : 079-26586426 E : ahmedabadobgynsoc@gmail.com, W : www.ahmedabadobgyn.org



Programme Details *AogS* Heritage City out Pride

Day and Date : Sunday, 1st April 2018

- 09.00 am to 09.30 am : Breakfast
- 09.30 am to 10.00 am : Prayer : Falguni Joshi
Lighting of Lamp
- 10.00 am to 10.15 am : Floral welcome
- 10.15 am to 10.30 am : Welcome speech of outgoing
President – Dr. Hemant Bhatt
- 10.30 am to 10.45 am : Secretary's report – Dr. Jignesh Deliwala
- 10.45 am to 10.55 am : Blessings of Guest of honour
Dr. M.M. Prabhakar - Add. Director Medical Education
- 10.55 am to 11.05 am : Blessings of Chief Guest
Nehakumari IAS - Sub Divisional Magistrate
- 11.05 am to 11.15 am : Blessings of Guest of honour
Dr. Prakash Vaghela - Add. Director of Family Welfare
- 11.15 am to 11.30 am : Oath taking ceremony
Dr. Jaydeep Malhotra
- Of President & Change of Presidential Medal
- Office bearers
- Managing Committee Members
- 11.30 pm to 11.40 pm : Introduction of Incoming President
Dr. Jignesh Shah
- 11.40 am to 11.55 pm : President's Speech
Dr. Jayprakash Shah
- 11.55 pm to 12.40 pm : AICOG 2017 Oration : QED in Maternal Care
Dr. Jaydeep Malhotra
- 12.40 pm to 12.50 pm : Felicitation of Past President - Secretary
- 12.50 pm to 01.00 pm : Award giving ceremony
- 01.00 pm to 01.15 pm : Vote of thanks by Dr. Kamini Patel
- 01.15 pm onwards : LUNCH

Master of Ceremony: Dr. Sheetal Punjabi

Programme Co-Ordinator : Dr. Kamlesh Jagwani

CME : ACUTE RESPIRATORY ILLNESS IN PREGNANCY

Date: 8th April, 2018 - Sunday

Venue : Hotel Radisson Blu, Nr Panchvati Cross Roads, Off C.G Road, Ambawadi, Ahmedabad

MOC : Dr. Aarti Vazirani | Chairpersons : Dr Atul Munshi, Dr Ajit Raval

Time	Name	Topic
09:30 am to 10:00 am	Dr. Parthiv Mehta	ARDS in Pregnancy & labour & its management
10:00 am to 10:30 am	Dr. Parth Patel	Bronchitis and Asthma in Pregnancy
10:30 am to 11:00 am	Dr. Chirag Amin	Influenza in Pregnancy; covert foe, overt enemy
11:00 am to 11:25 am	Dr. Parthiv Mehta	Pneumonia in Pregnancy
11:25 am to 12:15 am	Dr. Girija Wagh – Pune	Influenza vaccination: Benefits beyond the mother Influenza B and the vaccine mismatch conundrum
12:15 pm to 01:00 pm	Panelists : Dr. Parthiv Mehta, Dr. Girija Wagh, Dr. Parth Patel, Dr. Akshay Shah, Dr. Shashwat Jani Moderator : Dr. Chirag Amin	
01.00 pm onwards	LUNCH	

Programme Co-Ordinator : Dr. Mahesh Jariwala

An Initiative supported by : Zydus Vaxxicare Makers of : Vaxiflu 4

CME : WOMEN IMMUNIZATION

Date: 29th April, 2018, Sunday

Venue : Hotel Park Plaza, Opp Gujarat College, Ellis Bridge, Ahmedabad.

MOC : Dr. Snehal Kale | Chairpersons : Dr. Rajak Thaker, Dr. Dilip Gadhavi

Time	Name	Topic
09:30 am to 10:00 am	Dr. Minol Amin	Adolescent Girl Immunisation
10:00 am to 11:00 am	Dr. Ava Desai	HPV Vaccination : In Preventing Cervical Carcinoma
11.00 am to 11.30 am	Dr. Raunak Parikh	HPV Vaccination & T-dap in maternal immunization
11:30 pm to 12:30 pm	Panel Discussion : Women Immunization - How important is is ? Panelists : Dr. Amiya Mehta, Dr. Kruti Deliwala, Dr. Dilip Gadhavi, Dr. Ava Desai Moderator : Dr. Raunak Parikh	
12.30 pm onwards	LUNCH	

Programme Co-Ordinator : Dr. Praful Panagar

An Initiative supported by : Glaxo Smith Kline
Makers of : Cervarix & Boostrix



do more
feel better
live longer

Peripartum Hysterectomy - Dr. Hemant Deshpande

Peripartum hysterectomy is Removal of uterus after delivery or at CS or performed within 24 hours of a delivery.

It is also called as Obstetric hysterectomy, Cesarean hysterectomy

The first documented hysterectomy on a patient at Caesarean section was performed in United States by Horatio Storer in 1869. Although the uterus was removed successfully, the patient died in 68 hours after surgery

In 1876, Eduardo Porro Head of Midwifery School in Milan described the first cesarean hysterectomy in which both mother and baby survived. Primiparous dwarf 144 cm height, Julia Cavallani after Caesarean section had to undergo hysterectomy. A instrument called a cintrat's constrictor passed over the neck of the uterus and the wire was sufficiently tightened to control hemorrhage by compressing uterine arteries and the uterus was then cut away. The stump was brought out through the abdominal wound which was closed with sutures of silver wire

Modifications were done by Godson in 1884 and Lawson Tait in 1890

INDICATIONS

By far the most common indication for hysterectomy is hemorrhage associated with the following conditions.

Atonic PPH, placenta previa with accreta concealed abruptio placentae, Uterine rupture and Sepsis.

SURGICAL PRINCIPLES

Although the technique of obstetric hysterectomy is similar in principle to that of abdominal hysterectomy in gynecology, numerous anatomical and physiological changes in pregnancy create potential surgical difficulties.

(1) The uterine and ovarian vessels are enlarged and distended, often markedly so, and the adjacent pelvic tissues are edematous and friable.

Abdominal entry is Preferably the midline incision because it provides better exposure. uterus is brought out of the abdominal incision.

Clamp, Cut & Drop technique by Mickel and Plauche is better.

All pedicles ligated as close to uterus & cervix as possible (Sliding off technique), Keep adequate size of the stump

Round ligament should be separately ligated due to Sampson's artery

Cornual and vascular pedicles are ligated doubly, proximal simple ligation and distal transfixation

Clamps on vascular pedicles should be manipulated as little as possible...to avoid trauma.

Remain in midline while dissecting bladder, Laterally dilated venous plexuses of Sanorini may bleed.

Adhesions of bladder with LUS require sharp dissection

Define the lower limit of cervix making an incision in the lower segment or thro. LSCS incision

Uterosacral should always be excised & sutured as separate pedicles

When tying last cardinal ligament take angle of friable & oedematous vagina in it to prevent angle bleeding.

Bladder wall oedematous Protect it, Keep mop between bladder & doyen's retractor

Before u close abdomen, Inspect Pedicles carefully

Do not do peritonization, Keep 2 drains (14 no.) One in pelvis & one superficial

Do not forget to Count Mops & instruments

Perioperative antibiotic prophylaxis should be continued for 24–48 hours. Thromboprophylaxis with heparin may be instituted as per need.

Subtotal or total hysterectomy

Peripartum hysterectomy may be either subtotal or total.

A subtotal hysterectomy is thought to be technically easier and associated with shorter operating time, less blood loss, less urological injury and low morbidity.

Subtotal hysterectomy may be associated with certain post-operative problems from the cervical stump such as bleeding, vaginal discharge and the need for regular cervical cytology

Total hysterectomy is recommended for placenta previa accreta & rupture uterus involving lower segment.

Complications

The most frequent complication of peripartum hysterectomy is excessive blood loss and need for transfusion. The extensive blood loss is related mainly to the primary indications for hysterectomy and delay in deciding to carry out hysterectomy. Edematous tissue, adhesions from previous surgery and the inherent risk for coagulopathy may contribute to blood loss

The bladder is most frequently injured during the dissection from the lower segment in people with previous caesarean sections. The ureters can be clamped, sutured or stitched where they pass under the uterine vessels at the lateral aspects of the lower segment. The reported incidence of urological injuries with peripartum hysterectomy is less than 1%

Other complications are like wound sepsis/dehiscence, urinary tract infections, ileus, anemia, prolonged duration of hospital stay and/or injury after urinary tract infection.

The identification of the risk factors for placenta previa accreta and its antenatal diagnosis may need elective or semi elective peripartum hysterectomy.

In view of the rising incidence of placenta previa accreta, all over the world, the need for peripartum hysterectomy may be on the increase and as such residents in Obstetrics must be adequately trained to perform this difficult but life-saving procedure.

Modern Management of Breech Presentation

Antepartum

- Watchful expectancy upto 36 weeks for spontaneous version.
- ECV should be offered to every patient with breech presentation after 36 weeks (ACOG, RCOG) Success rate in primigravida is > 40 %, while in multipara it is > 60 %

ECV

- Procedure is not difficult. No high skill is required, problem is that it is not taught in residency. Knowing it, believing in it & trying it, is just required. Experience can be gained by attempting version at 30 -34 weeks in parous patients when liquor is good & baby is small.
- Written consent is must after proper counseling.
- Success factors for ECV are 1) Good liquor 2) LSA/RSA position 3) Unengaged breech 4) Cooperative Patient 5) Parous patient 6) Tocolytic 7) Placenta posterior / lateral & 8) Experience & conviction of the obstetrician
- Risk of major complications is extremely rare < 1 % . Advantage of vaginal delivery after successful ECV far outweigh the risks.
- USG before & after the procedure is must.
- Facilities for cesarean section should be available.

Potter from Buffalo was doing External podalic version to convert all vertex into breech in parous patients !!

Full term Breech

- Term Breech multicentric Trial conducted in 26 countries by Hannah et al (2000) for "Planned vaginal delivery versus planned cesarean section for term breeches" suggested that all term breeches irrespective of parity should be delivered by cesarean section.
- Much controversy emerged from their recommendation & subsequent guidelines recommended vaginal breech delivery in selective cases.

ACOG committee Bulletin 340 – 2006

- CS will be preferred mode for most physicians because of the diminishing experience in vaginal breech delivery.
- Planned vaginal breech delivery may be reasonable under hospital specific guidelines for eligibility and labor management.

RCOG Guideline No.20b 2006

- Vaginal delivery to be undertaken after proper counselling & consent only in presence of clinician trained in vaginal delivery.
- No long term risks to babies born by vaginal route.

SOGC Guidelines 2009

- Planned vaginal delivery is reasonable in selected women
- Continuous Elec. Fetal monitoring is preferable
- Induction & augmentation of labour not recommended.

Vaginal Breech Delivery

One must learn the method because one may be compelled to conduct vaginal delivery if

1. Women may choose for vaginal delivery.
2. No time for LSCS
 - Fast progress of labour
 - Patient comes very late
3. Delivery of second twin as breech
4. Delivery of baby at LSCS -steps are same.

Assisted breech delivery :-

Prerequisites :

- Obstetric : Normal pelvis, parous patient, complete/frank breech, No

PROM, Mature or near term average size fetus

- Experienced Obstetrician
 - Counselling & consent of the patient
 - All primi breech should be delivered by LSCS.
- Assisted breech delivery is practiced with standard principles i.e. Never pull from below, keep the back anterior & avoid undue haste.

Tips for assisted breech delivery

- Good lithotomy position
- Defer episiotomy till the buttocks fully distend the perineum. Give generous mediolateral episiotomy.
- Do nothing till delivery up to umbilicus. Then active assistance starts.
- Cover the baby with dry, warm towel
- loop of cord is gently pulled down & pulsations checked

" Often the hardest part of vaginal breech delivery is doing nothing when breech crowns " Wiener

- Give traction during uterine contraction only.
- Shoulders can be delivered by simply hooking it out or preferably by Lovset manoeuvre when inferior angle of scapula is seen.
- The breech is allowed to hang until the head is fully engaged & nuchal line is visible. Hanging also helps in flexion of fetal head
- For aftercoming head M S V technique (jaw flexion, shoulder traction) is commonly employed with suprapubic pressure & usually successful.
- Burns Marshall method is less favored & forceps even though best is rarely used due to lack of experience in instrumental delivery.

Trapping of aftercoming head

Stop struggling & think what is the cause. Panic & hurried attempts are futile & dangerous. Never try to deliver the head until the nape of the neck becomes visible as seen from hairline

A. If cervix not fully dilated

- Inj.n Epidosin 1 amp I/V stat should be given or Inj.n Nitroglycerine 50 to 100 ug I/V if available.
- Dührssen's incisions are two small incisions of 1 to 2 cm on the cervix at 2 & 10 o'clock. They are very effective & not as dangerous as thought.

B. Mild CPD

- Exaggerated lithotomy position (Mc Robert's manoeuvre)
- Turn the baby to oblique position & then give traction.

Cesarean section for breech

- Usually it is elective CS so lower segment is not formed. For easy delivery keep higher incision, keep adequate incision, more curved incision & extend the incision by cutting & not finger splitting to have more space.
- For any cesarean for breech rule out congenital anomalies.

Important

- Individual obstetrician must tailor their practice to fit their circumstances
- Disasters result from the excitement on the part of the Doctor.
- In today's medicolegal era one should be very careful in selecting the case for vaginal breech delivery leaving very little scope for the chance.

Dr. Haresh Doshi
MD, PhD, FICOG

Quadrivalent influenza vaccine that gives broader protection.

VaxiFlu-4

0.5ml single dose PFS of Inactivated Influenza Vaccine (Split Virion) I.P. (Tetavalent)

Pioneering. Comprehensive. Transformational.

0.5ml single PFS of
Inactivated Influenza Vaccine (Split Virion) I.P. (Tetavalent):



Complies with WHO recommendation (Northern hemisphere) for the 2017-18 season



Comprehensive protection against 2 strains each of influenza A & B viruses



India's 1st indigenously manufactured Quadrivalent influenza vaccine



Split virion vaccine with high rates of seroconversion, seroprotection and GMT titers



Developed using state-of-the-art manufacturing unit and real time cold chain management



Zydus
Vaxxicare

CELEBRATING THE JOY OF MOTHERHOOD



Through advanced technology, specialist doctors and compassionate ambience, we offer you complete solution, right from infertility to delivery.

Services Offered

- | Couple Assessment
- | IUI, IVF & ICSI
- | Laser Assisted Procedure
- | PGS & PGD
- | Sperm, Egg and Embryo Cryopreservation

Our Specialties

| Endocrinology | Andrology | Embryology | Genetic Medicine
| Obstetrics | Gynaecology | Neo-natology | Pediatrics

Full-time Doctors



Dr. Raman Patel

Sr. Gynec & Endoscopic Surgeon,
Infertility & IVF Specialist



Dr. Reitu Patel

Clinical Embryologist,
Infertility & IVF Specialist

Associate Doctors

Dr. Bina Mavani
Dr. Rishma Lakhani

Panel Doctors

Dr. Parul Kotdawala Dr. Namita Shah
Dr. Nita Thakre Dr. Kashmira Chhatrapati

Zydus Hospitals and Healthcare Pvt. Ltd.

Near Sola Bridge, SG Highway, Thaltej, Ahmedabad – 380054, Gujarat.

For further details contact: 079 6619 0372/66

Zygonivf

FIRST TIME IN GUJARAT

hands-on
TRAINING *in*

EMBRYOLOGY
CLINICAL ART



Courses offered

Hands-on Embryology Training

4 days INR 40,000 / 3 weeks INR 1.25L

Course Director: **Dr. Dharmesh Kapadia** MBBS, MCE (Australia)

FOGSI recognised training course in Advance ART

7 Days INR 35,000/-

Course Director: **Dr. Tushar Shah** MD, DGO

FOGSI recognised USG Training

7 Days INR 35,000/-

Course Director: **Dr. Mehl Damani** MD, DGO

High Risk Obstetrics in IVF patients

7 days INR 35,000/-

Course Director: **Dr. Ajit Rawal** MD, DGO

Hands-on training in Andrology (IUI lab)

2 days INR 20,000/-

Course Director: **Ms. Bhumi Shah**

Fertility Enhancing Laparoscopic & Hysteroscopic surgeries

7 days INR 35,000/-

Course Director: **Dr. Ajit Rawal, Dr. Tushar Shah, Dr. Mehl Damani, Dr. Nachiket Bhatt**

Fellowship in clinical ART. Including hands on training.

IVF, Endoscopy, USG, Highrisk Pregnancy

Course duration 6 months.

Course Fees INR 2.0L

Zygon Academy of Training in Embryology & Reproductive Medicine

1st Floor, Sushrusa Hospital, Near Sardar Patel Sewa Samaj Hall, Behind Girish Cold Drinks,

Navrangpura, Ahmedabad, Gujarat, India. M.: 9879030295; 9825050020

www.ivfhandson.com | E.: ivfhandson@gmail.com; zygonivf@gmail.com



DR. DIPAK LIMBACHIYA
M.D., D.G.O., Endoscopy Specialist
Specialist in Advanced LAP Gynaec Surgeries &
LAP Onco Gynaec Surgeries

EVA Hospital offers one step solution to all gynaecology and onco-gynaecology problems treated by exclusive laparoscopy.

We proudly announce another milestone of Dr. Dipak Limbachiya in the journey towards excellence that Dr. Dipak Limbachiya received prestigious award at Annual British Society for Gynaecological Endoscopy conference held at Hull, United Kingdom on 18 & 19 May 2017. for presenting 3 videos,

1. Laparoscopic reversal of sterilization
2. Complications of laparoscopy: A decade of experience
3. A laparoscopic retrieval of a foreign body(broken surgical knife) from retroperitoneal space: An interesting case.

**Aesculap Einstein Vision2.0
World Best
3D Laparoscopic System**



For video Watch
<http://bsge.org.uk/video-library/>



Eva Womens Hospital & Endoscopy Center
Block-C, Neelkanth Park-II, Godha Camp Road, Shahibaug, Ahmedabad-380004
Ph. 079-22682075, 22682217
E: info@evawomenshospital.com, W: www.evawomenshospital.com



The littlest feet make
the biggest footprint
in our hearts.

- High success rate in repeated IVF failure
- Pioneer in male infertility
- 7000+ Successful IVF Pregnancies

IUI

IVF

ICSI

Cryo preservation

Egg-Sperm & Embryo donation

TESA/PESA/MicroTESE/PGD/PGS

HAT TRICK!

2016, 2017 Now **2018**



BAVISHI FERTILITY INSTITUTE

AHMEDABAD

#1

RANKED
IN WESTERN INDIA

2nd ALL INDIA

- **Mumbai Institute**
Mumbai: 3rd
Western India: 6th
- **Delhi Institute**
Delhi NCR: 7th
Northern India: 10th

- **Kolkata Institute**
Emerging Institute
in 2018

THE TIMES OF INDIA

(3IRCinsights Survey)

Dr. Falguni Bavishi M.D.
Dr. Himanshu Bavishi M.D.



BAVISHI FERTILITY INSTITUTE

Dr. Janki Bavishi M.S.
Dr. Parth Bavishi M.D.

Ahmedabad : Opp. Manjulal Muni. Garden, Next to Adani CNG & Gajarawala Flats, Paldi # Roads, Paldi, Ahmedabad-7
Ph. +91-79-4040 4646 M. +91 98795 72298

GHATKOPAR	BORIVALI	ANDHERI	DADAR	THANE	VASHI	DELHI	SURAT	KOLKATA
2nd Floor, Vallabh Vihar, Next to Ramji Mandir, Nr. Rajawad Signal, M. G. Road, Ghatkopar (E), Mumbai-77. Ph: 022-250 88888 M. +91-91672 04020	M. M. Medical Centre, Ankur, Nr. Many Imm School, L.M. Road, Shivajinagar, Borivali (W), Mumbai-103 M. +91-91672 04019	Surya Hospital, Nr. Vallabh Park, Lalubhai Park Road, Vile Parle (W), Mumbai-49. M. +91-93204 59955	Amit Medicare Clinic Pai House, GF, 601/E, Dr. Ambedkar Road, Matunga (E), Mumbai-19 M. +91-93204 59955	Bapsal Urology Centre, Nr. Rupee Co.op. Bank, A.K. Vaidya Marg, Panch Pakhad, Thane (W) - 400602. M. +91-91672 04018	Apollo Clinic, The Emerald, Sector 12, Blis. Near Siddhi Towers, Vashi, Navi Mumbai-703 M. +91-91672 04018	Bavishi Fertility Institute Bhagat Chandra Hospital, RZ-F 1/1, Mahaveer Enclave, Nr. Dwarka Palam Flyover, Delhi - 45. M. +91-90126 30134	Bavishi Fertility Institute 901-902, 9th Floor, Param Doctor House, Lal Darwaja, Station Road, Surat, M. +91-98795 72247	Bavishi Pratiksha Fertility Institute Moore Heights, 93, Manik Bandopadhyay Sarani, Nr. Malancha Cinema, Tollygunj, Kolkata-700040 Ph. 033-4065 1000 M. +91-90739 30307

Toll Free No. : 1800 233 3434 | E-mail : drbavishi@ivfclinic.com | Website : www.ivfclinic.com