

AOGS www.ahmedabadobgyn.org BULLETIN

AHMEDABAD OBSTETRICS AND GYNAECOLOGICAL SOCIETY NEWS LETTER

Theme :
Knock the "t" off the can't



◆ **President**
Dr. Mahesh Gupta
+91 94264 99922
m99922g@yahoo.com

◆ **Hon. Secretary**
Dr. Phagun Shah
+91 98254 31233
phagunshah@gmail.com

◆ **President - Elect**
Dr. Dilip Gadhavi
98980 47505

◆ **Vice President**
Dr. Kiran Desai
98250 87144

◆ **Treasurer**
Dr. Anil Mehta
+91 98253 16970

◆ **Jt. Secretary**
Dr. Jignesh Deliwala
+91 98250 44819

◆ **Managing Committee**

Dr. Anjana Chauhan
Dr. Archana Shah
Dr. Geetendra Sharma
Dr. Kalpesh Trivedi

Dr. Kamini Patel
Dr. Kaushik Vyas
Dr. Mukesh Patel
Dr. Sunil Shah

◆ **Ex-Officio**

Dr. Dipesh Dholakiya
Dr. Hemant Bhatt

President's message

With utmost pleasure I welcome all of you.

I am humbled and honored to stand before you today as I accept the responsibility and authority associated with becoming President of AOGS.

As we are aware that AOGS is very vibrant professional association in not only in Ahmedabad but in India.

As I had visited many societies in Gujarat and out of Gujarat as an operating faculty, I come to know the real value of AOGS.

People from various societies are looking to us with dif. attitude and they expect best outcome from us.

These changes are due to Late Dr. Nadkarni, Dr. Behram, Dr. Pravin, Dr. Manish, Dr. Sanjay Patel, Dr. Parul Kotdawala, Dr. Munshi Atul, Dr. Haresh Doshi, Dr. Pragnesh Shah, Dr. Ajit Raval and may more. Now FOGSI members have accepted us having a little more edge gynec surgeons that's why many of our members are in FOGSI.

These changes are not due to one or two or three person but it is joint efforts by every one and that is year by year.

So I need blessing and suggestion to keep the same importance of AOGS in INDIA. You are the esteemed persons who had devoted time to the AOGS can give the suggestions. Hence I want to know the correct, right and fruitful path to run.

Now things are easy for any presidents to work in AOGS as more and more pharma friends want to join the AOGS after their good rapport and experience with us. As this time me and Dr. Phagun Shah approach only 6 giants and they are here. I humbly welcome them and expect same gratitude, participation in coming years.

Regarding CME, I want to limit CME numbers. And I don't want to prove that I am the best and rest were the worst. But we want to arrange theme base scientific programs.

Up till now AOGS means CME, conference, entertainment programs, yes we do the same but we want to care of the family members of our members. We Want to focus on Mammography, HPV vaccine for our members.

I will pray to almighty GOD that I will not be vindictive or give undue favor to any member.

I will try to remain neutral as long as possible.

The future depends on what you do today.

Once again I thank all of you for the participation in your loved association.



- Dr. Mahesh Gupta

Editor's message

Dear AOGSians,

What an eventful start for the new team! It is rightly said that well begun is half done.. Same stands true for this year . The enthusiasm shown by the AOGS members towards the very well crafted programme during both the cmes was really encouraging. Not only routine ob/gyn, even non medical topics on finance and quiz and lucky dip were very well appreciated by all members. Interaction at the end of each talk , gives an idea of for interest in academic programme.

Again it is proved that good topics covered by good speakers makes scientific programme successful. And that is the aim of new team.

The new and innovative trend of starting the CME by a recent article, by postgraduate student has given a boost to budding gynaecologists.

In June we are coming up with workshop on cadaveric dissection and a family program in July in which we will have bumper housie. We promise to continue this new and innovative trend throughout the year.

We welcome suggestions and new innovative ideas from any member and we assure you it will be executed at appropriate time

“You can have brilliant ideas, but if you can't get them across, your ideas won't get you anywhere”

-Lee Iacocca
Editorial team, AOGS



Venue
Prakash High School, Nr. Sandesh Press,
Bodakdev, Ahmedabad.

Bumper Housie

by
Dr. Mukesh Bavishi
at 6.00 pm

Prizes of Dinner : 8.30 pm.

Rs. 1 lakh to be won.

Venue : Hotel Metropole, Nr. Subhash
bridge corner, Ahmedabad.

Co-ordinators :
Dr. Kiran Desai & Dr. Jignesh Shah

Date : Sunday, 19th May 2013

Time	Subject	Speaker
09.30 am to 10.00 am	Breakfast	
Session I - Chairpersons : Dr. Pradip Bhavsar & Dr. Krupa Trivedi		
10.00 am to 10.15 am	Common menstrual problems	Dr. Ishita
10.15 am to 10.45 am	Management of Abnormal Uterine Bleeding	Dr. Vinod Arora
10.45 am to 11.15 am	Contraceptives : A tailor-made approach	Dr. Darshna Thakker
11.15 am to 11.45 am	Inauguration Ceremony : Dr. Jitu Patel, Dr. Harshad Shah	
	Dr. Bipin Patel, Dr. Mahesh Gupta	
	Dr. Jignesh Shah (AMA)	
11.45 am to 12.00 noon	Refreshment Break.	
Session II - Chairpersons : Dr. Hasmukh Agrawal & Dr. Mahesh Jariwala		
12.00 noon to 12.15 pm	GK Quiz Contest	
12.15 pm to 12.45 pm	ART - Simplified	Dr. Pravin Patel
12.45 pm to 1.15 pm	Management of Pruritus vulvae(Itching Vulvae)	Dr. Anjana Chauhan
1.15 pm to 1.45 pm	Prenatal Screening by DELFIA System	Dr. Usha Dave
1.45 pm onwards	Lucky Dip & Lunch.	

The Program associated by Nova IVI, Eris Pharma, Glenmark Pharma, Bharat Serum & Vaccines Ltd.



Surgical Demonstration Workshop on Cadaver.

Venue : V. S. Hospital, Ahmedabad.

Date : 17th June 2013 **Day :** Monday **Time :** 9 am till 2 pm.

Demonstration of techniques like

- Uterine Artery ligation
- Ovarian artery ligation
- Ureteric Dissection
- Internal Iliac artery ligation
- T. O. T. Procedure
- Bladder injury repair
- Intestinal injury repair.

Program ends with Lunch.

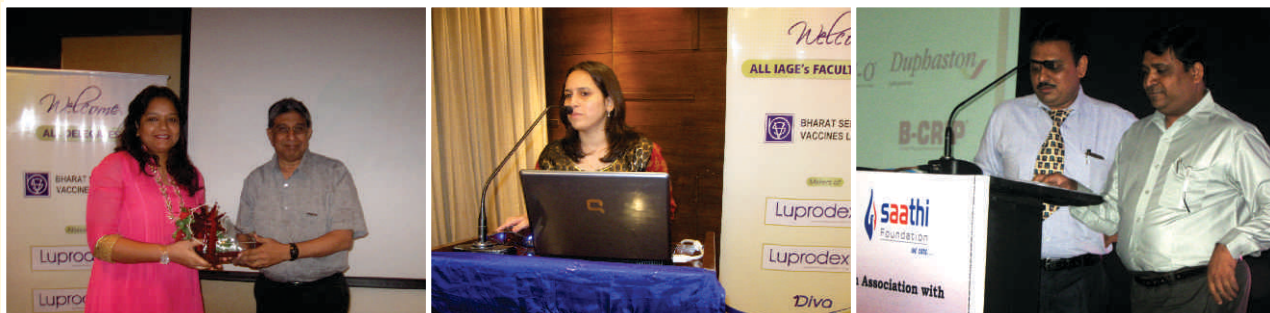
Registration Fees : Rs. 1000/- (One thousand only).

Please register at the earliest as we have only 50 registrations .

AOGS is hosting a Midterm SOGOG conference at Udaipur

Dates : 10th & 11th of August **Days :** Saturday & Sunday.

- Family registration will be available
- Further details on the fees , venue & scientific program will be published in the next bulletin.





Mr. Rutvik son of Mr. Mukesh Savaliya student of Rachana School student of seventh standard had been awarded **GOLD MEDAL** and **Rs. 50000/-** for community service by DLF pramerica spirit of community award 2013. ceremony was held at Delhi on 31st march with Sharmila Tagor as Chief Guest.

For the use of a Registered Medical Practitioner, Hospital or Laboratory only

Comprehensive approach in management of
• Threatened Miscarriage • Recurrent Miscarriage • Infertility

Duphaston^{*}
Dydrogesterone Tablet BP 10mg

- ✓ Derived from **Natural Diosgenin**¹
- ✓ **Orally effective**² unlike micronised progesterone³
- ✓ Has been used in approximately **10 million pregnancies** between 1977 and 2005⁴



1. Nature's Way
2. StatPearls
3. Lactobacillus, Natural Health Products Association of Canada
4. Ovarian and Early Human Development (2005), Page 2

Composition: Each scored film coated tablet contains 10 mg of dydrogesterone. **Indications:** Hormone Replacement Therapy, To counteract effects of unopposed estrogen on endometrium for women with disorders due to menopause & with intact uterus. Progesterone deficiencies in dysmenorrhoea, endometriosis, secondary amenorrhoea, irregular cycles, dysfunctional uterine bleeding, pre-menstrual syndrome, threatened and habitual abortion, infertility due to luteal insufficiency. **Dosage and Administration:** Hormone replacement therapy: in combination with continuous oestrogen therapy, 10 mg dydrogesterone daily during 14 consecutive days per cycle of 28 days. In combination with cyclical oestrogen therapy, 10 mg dydrogesterone daily during last 12-14 days of oestrogen therapy. If endometrial biopsies or ultrasound would reveal inadequate progesterational response, 20 mg dydrogesterone should be prescribed. 2. Dysmenorrhoea: 10 mg twice daily from day 5 to day 25 of cycle. 3. Endometriosis: 10 mg two or three times daily from day 5 to day 25 of cycle or continuously. 4. Premenstrual syndrome: 10 mg twice daily from day 11 to day 25 of cycle. 5. Irregular cycles: 10 mg twice daily from day 11 to day 25 of cycle. 6. Threatened abortion: 40 mg at once, then 10 mg every eight hours until symptoms remit. 7. Habitual abortion: 10 mg twice daily until twentieth week of pregnancy. 8. Infertility due to luteal insufficiency: 10 mg daily from day 14 to 25 of cycle. Treatment for at least six cycles. Advisable to continue treatment for first few months of pregnancy as described under 'Habitual abortion'. **Contraindications:** Hypersensitivity, Unknown vaginal bleeding. If used to prevent endometrial hyperplasia in (women using estrogen). **Precautions:** Breakthrough bleeding, can be prevented by increasing dosage. **Interactions:** None known. **Pregnancy and lactation:** No evidence that can not be used during pregnancy. Excreted in milk of nursing mothers. Effect on ability to drive and use machines: No effect. **Undesirable effects:** Breakthrough bleeding, alterations in liver function may occur. **Pharmacodynamics:** orally active progestogen producing complete secretory endometrium in oestrogen primed uterus. **Shelf life:** 3 years **Storage:** Store in cool and dry place. **Packaging:** Blister strip of aluminium foil and PVC film, of 10 film coated tablets. **Issued on:** Jan 2010

Further information available on request from
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In history of spontaneous abortions & high risk pregnancies



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Prevents development of gestational diabetes & hypertension²

Minimizes chances of sub-fertility³

Improves oocyte development & estrogen levels⁴

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Dose: 1 Tablet Daily

References:

1. Reproductive Biology and Endocrinology 2004;2:7-14. 2. Am J Epidemiol. 2002;156:806-812. 3. Fertility and Sterility 2010;94(1):130-137. 4. Diabetes Care 1998;21(7):1017-1021.

*Helpful services available from Monday to Friday between 8 am to 7 pm

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MISOPROSTOL

Recommended Dosages 2012

800µg	Induced abortion¹ 800µg pv <i>or</i> sl 3 hrly (max x3 within 12hrs) ^a			PPH treatment 800µg sl single dose ^f
	Missed abortion 800µg pv 3 hrly (max x2) <i>or</i> 600µg sl 3 hrly (max x2) ^b			
600µg	Incomplete abortion^{2,3} 600µg po single dose ^a <i>or</i> 400µg sl single dose ^a			PPH prophylaxis² 600µg po single dose ^e
400µg	Cervical ripening pre-instrumentation 400µg pv 3 hrs <i>or</i> sl 2-3 hrs before procedure ^a	Induced abortion^{1,4} / Interruption of pregnancy 400µg pv <i>or</i> sl 3 hrly (max x5) ^a		
200µg		Intrauterine foetal death⁴ 13-17 wks 200µg pv 6 hrly (max x4) ^c		
100µg		Intrauterine foetal death⁴ 18-26 wks 100µg pv 6 hrly (max x4) ^c		
25µg			Intrauterine foetal death⁵ 25µg pv 6 hrly <i>or</i> 25µg po 2 hrly ^d	
			Induction of labour^{2,5} 25µg pv 6 hrly <i>or</i> 25µg po 2 hrly ^d	
		Care with previous uterine scar and caesarean section		
1st Trimester		2nd Trimester	3rd Trimester	Post-Partum

Check for updates at www.who.org

Notes

- 1 Only use where legal and with mifepristone, where available
- 2 Included in the WHO Model List of Essential Medicines
- 3 Leave to work for 1-2 weeks unless excessive bleeding or infection
- 4 Halve dose if previous caesarean section or uterine scar
- 5 Make sure you use the correct dosage - overdose can lead to complications. Do not use if previous caesarean section

References

- a WHO/RHR. Safe abortion: technical and policy guidance for health systems (2nd edition), 2012
- b Gemzell-Danielsson et al. IJGO, 2007
- c Gómez Ponce de León et al. IJGO, 2007
- d WHO recommendations for induction of labour, 2011
- e FIGO Guidelines: Prevention of PPH with misoprostol, 2012
- f FIGO Guidelines: Treatment of PPH with misoprostol, 2012

Abbreviations pv - vaginal; sl - under the tongue; po - oral; PPH - post-partum haemorrhage; µg - microgramme

Immunization & Pregnancy

Vaccines help keep a pregnant woman and her growing family healthy.



Vaccine	Before pregnancy	During pregnancy	After pregnancy	Type of Vaccine
Hepatitis A	Yes, if indicated	Yes, if indicated	Yes, if indicated	Inactivated
Hepatitis B	Yes, if indicated	Yes, if indicated	Yes, if indicated	Inactivated
Human Papillomavirus (HPV)	Yes, if indicated, through 26 years of age	No, under study	Yes, if indicated, through 26 years of age	Inactivated
Inuenza IIV	Yes	Yes	Yes	Inactivated
Inuenza LAIV	Yes, if less than 50 years of age and healthy; avoid conception for 4 weeks	No	Yes, if less than 50 years of age and healthy; avoid conception for 4 weeks	Live
MMR	Yes, if indicated, avoid conception for 4 weeks	No	Yes, if indicated, give immediately postpartum if susceptible to rubella	Live
Meningococcal: tQPMZTBDDIBSJEF tDPOKVHBUF	If indicated	If indicated	If indicated	Inactivated Inactivated
Pneumococcal Polysaccharide	If indicated	If indicated	If indicated	Inactivated
Tdap	Yes, if indicated	Yes, vaccinate during each pregnancy ideally between 27 and 36 weeks of gestation	Yes, immediately postpartum, if not received previously	Toxoid/ inactivated
Tetanus/Diphtheria Td	Yes, if indicated	Yes, if indicated, Tdap preferred	Yes, if indicated	Toxoid
Varicella	Yes, if indicated, avoid conception for 4 weeks	No	Yes, if indicated, give immediately postpartum if susceptible	Live

For information on all vaccines, including travel vaccines, use this table with www.cdc.gov/vaccines

Get an answer to your specific question by e-mailing cdcinfo@cdc.gov or calling 1-800-232-6222

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- Embryoscope
- PGD (Preimplantation Genetic Diagnosis)
- CGH (Comparative Genomic Hybridization Analysis of all chromosomes in embryo).
- ERA(Endometrial Receptivity Assay)

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