

2 . AOGS

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Strong girls - Strong India
BULLETIN

**AHMEDABAD
OBSTETRICS AND
GYNAECOLOGICAL SOCIETY**

NEWS LETTER | MAY 2017



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PRESIDENT'S MESSAGE



Dr. Hemant Bhatt
President

Dear Friends,

The hot, humid season of summer is nearing its end. The life also witnesses same roller-coaster ride sometimes, when we pass through different phases of despair, dejection, joy & elation.

But there is always a beautiful sunny morning following darkest hours of night ! Hope the monsoon will be drenching us cool in few days from now.

During this summer season - we had two interesting CMES - one on PCOS & The other on RPL. We too had wonderful visit to Gujarat vidhyapith, where everybody acquainted themselves with many more new things related with Gujarat vidhyapith, which we never knew ! One example - Gujarat vidhyapith has in its possession & on display the 'Bharat - Ratna' & 'Nishan-E-Pakistan' - both awarded to late Prime Minister of India - Shri Morarji Desai who was also chancellor of Gujarat vidhyapith for more than 22 years!

Next month, we are in for a very informative conference on imaging science - on 10th & 11th June, 2017. Kindly avail the benefit of this great academic event, where our own genius AOGS members will be deliberating on various interesting subjects of Ultrasonography.

There are two CMEs on 4th & 18th June of this month namely on 'Nutrition & Diet in Pragnency' & on 'Latest update in gynaec oncology' respectively.

Hope everybody must have enjoyed the summer season with friends & family members at home & on lovely trips elsewhere in India & abroad.

In a lighter vein, let me narrate one Shayari of Dr. Mukul Choksi, with some modification :

“દોમ ઘખતો જે આ ઉનાળો છે,
એમાં તારી ગેરહાજરી નો ચ થોડો ફાળો છે.
એતો સારું છે, રાખવા ઠંડક
તારી યાદ અને મધમીઠો કેરીગાળો છે.”

SECRETARY'S MESSAGE



Dr. Jignesh Deliwala
Hon. Secretary

Dear Friends,

Season's greetings,

I hope you might have enjoyed your summer vacation with full of zeal & enthusiasm. In the month of April you have witnessed wonderful & informative CME on PCOS & RPL. Apart from the academic feast you might have enjoyed a unique & memorable visit to Gujarat Vidhyapith as it was mentioned by president Dr. Hemant Bhatt

During the month of June we have planned a workshop & Conference on Ultrasound, Ultracon along with society of fetal medicine (SFM) during this conference you can have interesting lectures on 1st trimester scan, USG in infertility & various topics in Gynec by renowned national faculties likes Dr. Ashok Khurana, Dr. Vivek Kashyap, Dr. Ratna Puri, Dr. Chandra Lulla, Dr. Bijoy Bulakrishnan, Dr. Selva Priya & Dr. Sunil Mehta. Details of this conference has been published in this bulletin. In future we are planning to organise two big conferences one on critical care in obstetrics along with FOGSI & another conference on Fetal medicine & USG in gynec along with ISUOG.

So, during this year you all are cordially invited in our various academic & cultural events.

Last but not the least I myself as Hon. Secretary on behalf of AOGS warmly welcome all newly enrolled members to our AOGS family.

CME ON PCOS
DATE : 23.04.2017



CME ON CURRENT CONCEPTS ON RPL
DATE : 07.05.2017



Any AOGS members, who have done something remarkable in any academic field or has done any RCH & social activities during the year 2016-17, kindly mail it to AOGS so, that we can include those activities in preparation of annual report of AOGS.

List of New Life Members

Sr.	Name	Mobile No.	Area
1.	Dr. Dhara Dharmesh Baria	9099082025	Ghodasar, Ahmedabad
2.	Dr. Dharmesh Bhavsinh Baria	9099091325	Ghodasar, Ahmedabad
3.	Dr. Hemaxi Vishal Changela	9586983303	Sola, Ahmedabad
4.	Dr. Lalitesh	9913838220	Motera, Ahmedabad
5.	Dr. Pravina Kishorbhai Kawad	9824734205	Nikol, Ahmedabad
6.	Dr. Navin Arvindkumar Panchal	9879336779	Usmanpura, Ahmedabad

List of New Associate Member

1.	Dr. Jaina Atul Shah	9375100164	Nadiad
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Dr. Kautilya Patel

Son of Dr. Kamini Patel and
Dr. Rajendra Patel (Ranip)

PG entrance exam results:

- AIIMS Nov 2016 : All India Rank - 3
- NEET PG 2017 : All India Rank - 7
- NIMHANS 2017 : All India Rank - 4
- AIIMS MAY 2017 : All India Rank -10

Planning to pursue MCh. Neurosurgery 5 year course Post MBBS at NIMHANS, Bengaluru.

Announcing a Tour to Bhutan

During This Diwali

From 22th October Onwards

For More Information Contact

Dr. Jignesh Deliwala
Phone : 98250 44819



CME 3: NUTRITION & DIET IN PREGNANCY

Program Sponsored By : Torrent Pharma Makers of Shelcal - XT

Date : Sunday, 4th 2017, Venue : Hotel Radisson Blu, Panchvati, Ahmedabad.

Chairperson : Dr. Pradyuman Vaja, Dr. Praful Panagar, Dr. Lalitprabha Gupta

Time	Topic	Speakers
09.30 am to 10.00 am	Break Fast	
10:00 am to 10:20 am	Exercise in Pregnancy	Dr. Jigna Panchal (Physiotherapist-UK)
10:20 am to 10:40 am	Designing a Diet For a Pregnant Woman	Dr. Akhil Mukim M.D (Medicine)
10:40 am to 11:00 am	Role of Calcium during Pregnancy & Lactation	Dr. Janaki Pandya
11:00 am to 11:20 am	Choosing A Right Iron During Pregnancy	Dr. Sushma Shah
11:20 am to 11:40 am	Role Of Vitamin B12 & Folic Acid For Safe Motherhood	Dr. Munjal Pandya
11:40 am to 12:00 pm	Role of Vitamin A, C & D For Supplementantation During Pregnancy	Dr. Sujal Munshi
12:00 pm to 12:30 pm	Panel Discussion Topic : On Significance of Trace Elements-a Myth Or Reality Moderator : Dr. Jignesh Shah (Vadaj) Panelists : Dr. Janaki Pandya, Dr. Sushma Shah, Dr. Munjal Pandya, Dr. Nilesh Shah (Sarkhej)	
Prg. Co-Ordinators :	Dr. Hina Shah & Dr. Mahesh Jariwala	



CME 4: 'Sterling Cancer Hospital'

Date : Sunday, 18th June 2017 | Venue - Memories Hall, 2nd Floor, The Grand Bhagwati, S.G Highway, Ahm.

Chairpersons : Dr. Anila Kapadiya, Dr. Anjana Chauhan

Time	Topic	Speakers
09.30 am to 10.00 am	Break Fast	
10:00 am to 10:25 am	Cervicle Cancer-pre Cancerous Lesions	Dr. Meeta Mankad - Professor Gujarat Cancer & Research Institute & Visiting Gyno-oncologist at Corporate Hospitals
10:25 am to 10:50 am	Fertility Preservation in Oncology	Dr. Vaishali Desai - Sr. Consultant, Gynec Oncology, Sterling Cancer Hospital.
10:50 am to 11:15 am	Tackling Gynec UFO- Evolution of Surgery in Gynec Cancers	Dr. Somesh Chandra - Director and HOD Dept of Surgical Oncology, Sterling Cancer Hospital.
11:15 am to 11:40 am	Recent Advancement in Radiotherapy in Female Cancers	Dr. Vivek Bansal - Director and HOD Dept of Radiation Oncology, Sterling Cancer Hospital.
11:40 am to 12:30 pm	Panel Discussion Topic : "Breast Cancer" Moderator : Dr. Mukul Trivedi, Sr. Consultant, Dept of Surgical Oncology, Sterling Cancer Hospital. Panelists : Dr. Bhavin Shah, Dr. Somesh Chandra, Dr. Vaishali Desai, Dr. Vivek Bansal, Dr. Krishnakant Agrawal	
12.30 pm to Onwards	Lunch	
Prg. Co-Ordinators :	Dr. Sanjay Shah & Dr. Samir Thakkar	

CME on PCOD

PCOS is lifestyle disorder of a multi-system endocrinopathy involving women from menarche to menopause. It has prevalence of 5% -10% of female population. In India with almost 1/3rd of adolescents being diagnosed with PCOS.

PCOS is the commonest specific cause of anovulation in clinical practice. 75% subjects of anovulatory infertility have PCOS. Endocrine disturbance leads to menstrual irregularities, anovulatory infertility and hyperandrogenism. Indians are more prone to insulin resistance because of greater ethnic susceptibility & genetic familial aggregation of type 2 Diabetes. All pts of PCOS, regardless of BMI Should be screened using 2 hrs OGTT. AMH concentrations present in women with PCOS play an integral role in causing anovulation due to its inhibitory influence on the actions of FSH that normally promotes follicular development from the small antral stage to ovulation.

Management: Lifestyle changes, Diet and Exercises.

- 1) PHYSICAL ACTIVITY of 150 min/weekbrings menstruation, ovulation, decreases BMI & chance of type 2 Diabetes. Adipose tissues are now accepted as endocrine organs. Adiponectin secreted by the adipose tissue increases the insulin sensitivity which if produce 5% weight loss gives cure for infertility.
- 2) PHARMACOLOGICAL : OC Pills are used for menstrual irregularities.

Metformin [1500-2000mg/day] acts to induce ovulation, controls hirsutism, metabolic and glycemic index abnormalities.

DCI : MI mediate action of insulin and gives beneficial effects at metabolic, hormonal and ovarian levels.

CC Leads to a rise in FSH leading to ovulation 80% but live birth rate 29% due to the antiestrogenic effect on endometrial receptivity.

Letraozole causes monofollicular development and does not thin out the endometrium as CC. Dosage is 2.5mgs to 5mgs per day for 5 days .

Gonadotropins (FSH, r FSH) 75 IU per day for 7 to 10 days till a follicle of 18 mm size followed by Ovulation triggered by inj.HCG 5000IU.

- 3) SURGERY: Operative lap. Surgery for Fibroid/ Adhesion /Cyst &
Laparoscopic ovarian drilling is done in women with CC resistant PCOS.

Gonadotropins when compared to laparoscopic ovarian drilling

- A) One time cost for drilling is higher than that of gonadotropins.
- B) Surgical expertise required is higher in lap drilling.
- C) Intensive monitoring required for gonadotropin therapy.
- D) OHSS & multiple pregnancy higher with gonadotropin therapy.
- E) Laparoscopic surgery in obese PCOS women is with intra and postoperative risks.
- F) Risk of over enthusiastic drilling leading to poor ovarian reserve.
- G) Pre-operative Serum AMH is useful to avoid litigation of POF.

CME on Recurrent Pregnancy Loss

- RPL is defined as 3 consecutive spontaneous pregnancy losses, affecting 1-2% of females.
- Aetiologies: Genetic causes (Parental chromosomal abnormalities), Endocrinopathies (Uncontrolled diabetes, uncontrolled thyroid disorders), Anatomical uterine abnormalities, Autoimmune disorders (Anti Phospholipid Antibody Syndrome), Environmental factors. Almost in one third of the cases' aetiology is unexplained
- Investigations: karyotyping of parents, chromosomal study of abortus, endocrinal assessment, evaluation of uterine anatomy, immunological analysis of autoimmune disorders
- Diagnosis of APS requires the presence of at least 1 of the clinical criteria and at least 1 of the laboratory criteria.

The clinical criteria include the following:

Vascular thrombosis

3 or more consecutive unexplained miscarriages

At least 1 unexplained death of a morphologically normal fetus at or after 10 weeks' gestation

At least 1 premature birth of a morphologically normal neonate at or before 34 weeks' gestation, associated with severe preeclampsia or severe placental insufficiency

The laboratory criteria include the following:

aCL: Immunoglobulin G (IgG) and/or immunoglobulin M (IgM) isotype is present in medium or high titer on 2 or more occasions, 6 or more weeks apart

Prolonged phospholipid-dependent coagulation on screening tests

Inability to correct the prolonged screening test with normal platelet-poor plasma

Successful correction of the prolonged screening test with excess phospholipids

Exclusion of other coagulopathies as clinically indicated and heparin

- No role of TORCH investigations
- Treatment: correction of endocrinopathy, correction of anatomical defects, anti-coagulation, use of donor gametes
- Progesterone support is beneficial in reducing pregnancy loss in such patients
- Low dose aspirin is shown to be beneficial
- Tender Loving Care is important in counselling such couple

Courtesy : Dr. Munjal Pandya

Gujarat Vidyapith Tour Date : 14.5.2017



Ultracone Registration Details

Coordinator: Dr. B.I. Patel(9825010718) & Dr. Girish Patel (9825477635)
Dr. Mayank Chaudhary(9898115171), Dr. Jigish Trivedi (9426373932)

Registration fees:-

Cash or cheque (in favour of:- "Society of Fetal Medicine")

Specialists - 2500 (20% discount for SFM member)

Residents - 1000, Spot - 3000

Secretariat Address

Gynobsonoscan Centre: Kavery complex Subhash Bridge Circle, Opp. RTO office Ahmedabad-380027
Wings Hospital:- 2, Sumanglam Society, Drive-in Road, Behind HDFC Bank, Ahmedabad-380054



ULTRACON 2017

SFM Gujarat Chapter & AOGS

Theme : "Gynec-Infertility-upto 14wks pregnancy"



Date : 10th & 11th June 2017 | Hotel Silver Cloud, Opp. Gandhi Ashram, Ahmedabad, Gujarat

Saturday, 10th, June 2017 : Workshop & Scientific Program

Time	Topic	Speakers
8:00 TO 9:00 AM	BREAKFAST & REGISTRATION	
SESSION - 1		
9:00 TO 9:40 AM	Live Videos (2)	
9:40 TO 10:20 AM	Live Videos (2)	
10:20 TO 11:00 AM	Live Videos (2)	
11:00 TO 11:30 AM	TEA BREAK	
SESSION-2		
11:30 TO 11:45 AM	Predictors of poor outcome in early pregnancy	Firoz Bhuvan, Botad
11:45 TO 12:05 PM	Acquired deformity of uterus	Ajay Valia, Vadodara
12:05 TO 12:20 PM	Premaxillary triangle a useful tool	Jayesh Patel, Surat
12:20 TO 12:35 PM	Endometrial receptivity	Nisha Patel, Ahmedabad
12:35 TO 12:55 PM	First trimester anomaly scan	Dr. Vivek Kashyap
12:55 TO 1:05 PM	Discussion	
1:05 TO 2:00 PM	LUNCH BREAK	
SESSION - 3		
2:00 TO 3:00 PM	QUIZ	
3:00 TO 3:10 PM	ARSA	Dr. Kamlesh Patel
3:12 TO 3:22 PM	G-CSFIN ENDOMETRIUM	Dr. Jayesh Amin
3:24 TO 3:34 PM	Twins aneuploidy scan	Dr. Rita Hingrajia
3:36 TO 3:46 PM	Increase NT in < 45mm CRL	Dr. Deval Shah
3:48 TO 4:00 PM	Fetal Arrhythmia	Dr. Samir Patel
4:00 TO 4:15 PM	TEA BREAK	
4:15 TO 4:25 PM	Early Neuro-Sonogram	Dr. Shetal Desai
4:27 TO 4:37 PM	Opportunity as a Sonologist in abroad	Dr. Hemang Parikh
4:39 TO 4:49 PM	Congenital esophageal duplication cyst	Dr. Swati Thakkar
4:51 TO 5:00 PM	Ectopic Pregnancy	Dr. Ami Shah
5:02 TO 5:12 PM	Septo-optic dysplasia	Dr. Jagrut Joshi
5:14 TO 5:24 PM	Meckel Gruber	Dr. Mekhla Goyal
5:26 TO 5:36 PM	Case Presentation	Dr. Darshan Wadekar

Sunday, 11th, June 2017 : CME- Scientific Program

Time	Topic	Speakers
8:30 to 9:10 am	REGISTRATION & INTRODUCTION	
SESSION - 1		
9:10 to 9:25 AM	Congenital Uterine anomalies	Janak Desai
9:25 to 9:40 AM	IT & CNS abnormalities	Mayank Chaudhary
9:40 to 10:00 AM	Early fetal Echo	Girish Patel
10:00 to 10:30 AM	Genetics for obstetricians	Dr. Ratna Puri
10:30 to 11:00 AM	TEA BREAK	
SESSION - 2		
11:00 to 11:20 AM	Perils of multiple pregnancy	Dr. Chander Lulla
11:20 to 11:50 AM	Aneuploidy Screen & NIPT	Dr. Ashok Khurana
11:50 to 12:15 PM	Current concept in infertility	Dr. B.I. Patel
12:15 to 12:35 PM	Basics of Genetic	Dr. Alpesh Patel
12:35 to 12:55 PM	The word play in Obstetric report	Dr. Priya selva
12:55 to 1:15 PM	Recurrent pregnancy loss & genetics	Dr. Ratna Puri
1:15 to 2:15PM	Lunch	
SESSION - 3		
2:20 to 2:40 PM	First Trimester Doppler, is it necessary?	Dr. Sunil Mehta
2:40 to 3:10 PM	Adnexal Masses: Doppler & 3D-4D	Dr. Ashok Khurana
3:10 to 3:25 PM	Folliculometry	Dr. Jigish Trivedi
3:25 to 4:10 PM	Amniotic fluid	Dr. Bijoy Balakrishnan
4:20 to 5:20 PM	Panel Discussion: Dr. Bijoy, Dr. Khurana, Dr. Ratna puri, Dr. kashyap Dr. Lulla, Dr. Priya Selva	
	Vote of thanks	

BLOOD TRANSFUSION SAFETY CHECKLIST

Dr. Alpesh Gandhi, Vice President, FOGSI-2013

1. Indication must be present. Blood transfusion should never be ordered unless it is worth the risk.
2. It is always better to keep cross matched blood ready for use but do not ask for blood without requirement.
3. Group and screen samples used for provision of blood in pregnancy should be of less than 3 days old. Fresh sample is ideal.
4. Except emergency, only stored screened blood should be used.
5. Blood of 1st relative / Siblings should not be transfused unless emergency.
6. Whole blood has no indication unless blood components are not available.
7. Transfusion of Single unit of blood has not much role.
8. Patient's past H/O related to blood transfusion, indication, reaction to or complication because of blood transfusion should be evaluated, if any.
9. Blood received from blood bank can be stored in Freeze but not in deep freezer.
10. Red cells received to be started within 60 min of leaving controlled storage and complete it in maximum 4 hours.
11. Visual inspection of the blood pack is done. Check for any leak, clots, discolouration turbidity or hemolysis. If any check is failed, return the blood to blood bank.
12. Transfusion consent to be signed.
13. Where transfusion of all or specific blood components is refused by patient or relatives, this should be documented in the patient's clinical records.
14. Cross match and blood bag to be cross verified by the Doctor and Nurse which includes name of the patient, BGRh of the patient and the donor, name of the component, date of tapping, date of expiry, donor reference number, patients reference number, date and time of issue of the unit, volume etc
15. ABO-, rhesus D- (RhD-) and K- (Kell-) compatible red cell units, Platelets, FFP and Cryoprecipitate should be transfused.
16. FFP and cryoprecipitate should ideally be of the same group as the recipient. If unavailable and emergency, FFP of a different ABO group is acceptable providing that it does not have a high titre of anti-A or anti-B activity.
17. Platelet concentrates should ideally be of the same ABO group as the recipient. When platelet concentrates are in short supply, administration of ABO-nonidentical platelets is an acceptable practice. If RhD-positive platelets are transfused to a RhD-negative woman of childbearing potential, anti-D immunoglobulin should be administered.
18. Blood bag label to be stuck in nurses' note.
19. No 18 or 20 G I.V. Line / Central line should be taken.
20. Blood is administered with special B.T. administration set with micron filter.
21. Blood transfusion chart to be updated and counter signed by a doctor.
22. Rate and units to be decided as per indication.
23. Blood warming is usually not required rather keep the patient warm. If blood warming is required, use authenticated licensed warmer for it.
24. Pulse, Temperature, Respiratory rate, B.P., should be monitor at the beginning, after 15 min of starting of B.T., regularly at every 30 min and at the end of B.T.
25. Oxygen saturation is measured, if Pulse oxymetre is available at every 30 min.
26. Urine output to be monitored.
27. Calcium Gluconate is required when 3 or more units are given in a day.
28. Signs for any blood transfusion reactions or complications should be watched for.
29. Preserve the Blood bag with label and B.T. set for few hours.
30. Dispose the blood bag and B.T. set as per Hospital Bio-medical waste management guidelines.
31. In an extreme situation and when the blood group is unknown, group O RhD-negative red cells can be given (although they may be incompatible for patients with irregular antibodies). In emergency, in major obstetric haemorrhage, the provision of emergency blood with immediate issue of group O, RhD-negative and K-negative units, with a switch to group-specific blood as soon as feasible.
32. If patient has an unexpected transfusion reaction, Stop transfusion immediately. Check and monitor vital signs. Maintain IV access (Do not flush existing line, change the I.V. Set and use new IV line if required). Check that the right pack has been given to the right patient. Administer therapy appropriate to the adverse event. Inform the responsible blood bank and senior.

Your candidate for Vice- President FOGSI (North Zone) 2019

Dr. Sudha Prasad

MD, FICOG, FICMCI

Professor & IVF coordinator, MAMC

President, AOGD 2016-17

Vice President Indian Fertility Society (IFS) for 2016- 2018

Secretary General IFS for 2014- 2016

Joint secretary IFS for 2012- 2014.

Chairperson Infertility committee AOGD 2009- 2012.

Member Infertility sub-committee FOGSI 2007- 8 and 2014 -16, 2017 -19

Member endometriosis sub-committee FOGSI 2017- 19.

Member DGES committee 2017-18.

Head of Department, Deptt OBGY, MAMC 2014-16

Associate Dean, Maulana Azad Medical College, New Delhi

Dean, Faculty of Medical Sciences, Delhi University 2015 -16.

Received "State award" by Govt. of Delhi in Jan, 2007, for PC-PNDT.
Started "Fast successful IVF program at Public Sector" at MAMC, Delhi since 2007.

Awarded Radha Krishnan best Teacher's Award in 2014.

Awarded WHO Fellowship for "In-Vitro-Fertilization and Tubal



Love, Support and Vote

MORAL STORY

GREED & SATISFACTION

A student asked his teacher, "What is Greed?" The teacher said, "In order to answer your question, go through the chocolate factory next to our school and pick the one chocolate you like the most. But there is a rule. As you pass through the factory, you can not turn back. You must pick the chocolate as you go forward only."

The student went to the chocolate factory. As he walked through, He saw the one chocolate wrapped nicely, he instantly liked it but he wondered that he may find much bigger one further. So, He walked further, then he saw another chocolate. But again, he thought the same. When he started to reach near the end of the factory, he couldn't see any chocolates as big as the one he didn't pick earlier and started to regret his decision of letting it go.

Finally, he gave up. He went back to the teacher with an empty hand and gave an explanation of what he did. The teacher told him, "You did like the one chocolate very much but still you kept looking for a bigger one. And later you realized that what you let go off was the best chocolate you could find there. That my dear is called Greed."

Moral: We let go of many good things in our life because of our greed of having even better things. Our Human Nature is such that we always want better and better. But in the search of better, we let go of many good things which could have given us similar satisfaction and made us happy. Learn make your choice wisely.



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- Dedicated and ultra modern Bone Marrow Transplant (BMT) Unit
- DMG (Disease Management Group) to help patient receive the most appropriate & personalized treatment
- Women Winning for Women initiative - wherein female patients will be treated by 'all-women' staff

TRUST

B/h Armieda, Sindhu Bhavan Marg, Off S. G. Highway, Bodakdev, Ahmedabad-380054, Gujarat. | Contact: 079-4040 4747, 3098 3098

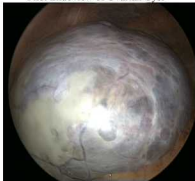
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DR. DIPAK LIMBACHIYA
M.D., D.G.O., Endoscopy Specialist
Specialist in Advanced LAP Gynaec Surgeries &
LAP Onco Gynaec Surgeries

COMPLETE TREATMENT OF THE DISEASE AT SINGLE SITTING BY PROPER UNDERSTANDING AND TIMELY USE OF TECHNOLOGY

First Endoview of Ovarian Cyst



- 75-year-old female with h/o Abdominal Hysterectomy done 30 years back came with c/o severe pain in left iliac region since 5-6 days.
- USG was S/O big septate ovarian cyst of approx 20 x 18 cm size in lower abdomen. LDH was raised, rests of the tumor markers were normal.
- **PLAN: Laproscopic management of suspicious big ovarian mass?malignancy**

Intact Specimen Removed



- Frozen section report of the ovarian mass sent during operation turned out to be Boderline Mucinous Neoplasm. At the same sitting Lap BSO+ Omentectomy+ Appendicectomy+ Bilateral pelvic lymphadenectomy+ Para-aortic lymphadenectomy was carried out.
- Pt was discharged at day 2 post-surgery. Final HPR was Boderline mucinous neoplasm with microscopic foci of invasive mucinous carcinoma.



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Eva Endoscopy Training Centre
Block - C, Neelkanth Park-II,
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Contact No. 9724501150, 9408709454
E : pareshpatel1906@gmail.com

**Eva Women's Hospital
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- 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



Bavishi Fertility Institute wins
“Excellence in IVF” Award
from : MY FM - Divya Bhasker Group