

शिक्षित

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AHMEDABAD OBSTETRICS AND GYNAECOLOGICAL SOCIETY

NEWS LETTER | MAY 2018

OUR HERITAGE CITY
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TEAM AOGS MESSAGE



Dr. Jayprakash Shah
President

“Awariness is the greatest agent for change”

Dreaming of a better society and talking fancy might not help the world to heal or to make a better world. We believe in the above quoted words, we believe bringing awariness can change a little in everyone. As we know individual we are one drop together we are an ocean.



Dr. Kamini Patel
Hon. Secretary

“May this month of May bring shine for the mothers in these dark clouds of high Maternal Mortality Rates”

A very warm welcome to all to this May Bulletin and to the season of alphansoes. This month we had undertaken a CME on Healthy Pregnancy a small initiative from our side to decrease the maternal mortality rate.

Taking care of plant and forgetting the seeds makes our future farming in danger, keeping this in mind and understanding the need of an hour we planned 6 awariness programs at school levels under the guidance of FOGSI for Menstrual Hygiene with the title of GTR- Green the Red.

પુત્રી બધાના નસીબ માં ક્યાં હોય છે, ઈશ્વર ને જે ઘર પસંદ પડે ત્યાંજ હોય છે.



*“Men are what their Mother’s Made Them”
Don’t keep your daughter safe teach your sons to be humans.*



Gujarat Sthapana Divas Date : 01.05.2018

મહાગુજરાત આંદોલનનું કેન્દ્રબિંદુ આરંભથી જ અમદાવાદ બની ગયું હતું. પરંતુ, આ આંદોલનનું સાચું મશાલધારી ખાડિયા હતું. ૮મી ઓગસ્ટ ૧૯૫૬ના દિવસે કોંગ્રેસ હાઉસ સામે થયેલા ગોળીબારથી માંડી છેવટે આ આંદોલન ગુજરાત રાજ્યના સર્જનથી સમેટાયું ત્યાં સુધી ખાડિયા અડિખમ રહીને આ આંદોલનને વેગ આપતું રહ્યું હતું. બ્રહ્મકુમાર ભટ્ટ અને જયંતી દલાલ જેવા આ આંદોલનના સેનાપતિઓ પણ આ જ ખાડિયાના સંતાનો હતા. ૧૯૫૬માં બ્રહ્મકુમાર ભટ્ટના નેતૃત્વ હેઠળ અમે જ્યારે 'નવગુજરાત'ના નામે દૈનિક શરૂ કર્યું ત્યારે તેનું જન્મસ્થાન પણ ભાવની પોળ-ખાડિયામાં જ હતું. એક વરસ સુધી ચાલેલા ખાંભી સત્યાગ્રહમાં ખાડિયાનું યોગદાન અનન્ય રહ્યું હતું.

- વિદ્યુત ઠાકર



CME : Date : 13.05.2018



"ZERO NEW HIV INFECTION IS EVERYONE'S RESPONSIBILITY"

Date: 22/05/2018

Venue: Hotel Ashray Inn, Near Gandhi Ashram,

Opp: Collector Office, Ashram Road, Ahmedabad

Time: 6.15 p.m. to 7.15 p.m.

Dr. Sunil represented AOGS in Gujarat state AIDS control society and NACO initiative to control AIDS in new born.

GTR Green the Red

AOGS with public awareness committee of FOGSI organised following Adolescent Health and menstrual hygiene awareness programs. 'GTR-Green the Red' initiative is all about using eco-friendly pads and menstrual cups that are reusable and costs less compared to commercial available sanitary napkins. The GTR initiative is aimed to reduce not only side effects of sanitary napkins to women but it also prevents harmful effects of sanitary napkins on environment.

Program 1 : Date : 10/5/2018, Time : 3 - 4 pm, Venue : Rotary Club Inner Wheel



Program 2 : Date : 11/5/2018, Venue : Bhaipura Urban Health Center



Program 3 : Date : 14/5/2018, Time : 11.45 am to 12.45 pm, Venue : Shardaben Hospital, Saraspur



Program 4 : Date : 20/5/2018, Time : 7.45 am - 9 am, Venue : Mahipatram Rupram Ashram, Raipur, Ahmedabad



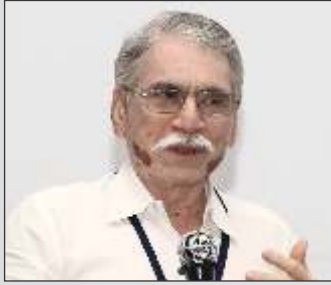
Program 5 : Date : 24/5/2018, Time : 11am-12 noon, Venue: Stree Kelvani Uttej Mandal (SKUM), Ahmedabad



MMCON 2018 - Date : 18,19,20 May 2018



MMCON 2018



SYNOPSIS OF CME 2

Compiled by Dr. Lata Trivedi - Clinical Secretary AOGS

MANAGING MISCARRIAGE

Dr. Manish Pandya

Miscarriage also called spontaneous abortion and account for 10-15 % of clinically recognizable pregnancies. There are explainable causes in 50 – 60 % of cases such as genetic, infection disease in mother and or foetus, endocrine disorder and auto immune (against body's own tissue) disease. All these various disorders cause one or the other abnormalities in the foetus, which is incompatible with life. Therefore, the foetus is aborted. This is nature's defence mechanism. But in as many as 40-50% of the cases, the cause of recurrent abortion is unexplained. In these cases, it is now known to be the result of an allogeneic immune response (immune response to cells that are antigenetically distinct but are of same species) by the mother towards the paternal antigens present in the foetus.

- Both Micronized progesterone & Dydrogesterone Derived from plant source ie, Diosgenin (*Dioscorea villosa*) and they both are Closely related to endogenous progesterone, both in its molecular structure as well in pharmacological effects.
- Dydrogesterone has High specific affinity for progesterone receptors, no affinity for androgen, mineralocorticoid, glucocorticoid, & estrogenic receptors
- Micronized Progesterone is Micronization - process of reducing average diameter of particles such that particles produced are only few micrometers in diameter
- In Threatened Miscarriage - Vaginal micronized progesterone & dydrogesterone beneficial in women presenting with clinical diagnosis of TM with relative risk reduction in miscarriage rate of 47% (RR – 0.53; CI 0.35-0.79).
- Dydrogesterone: 40 mg loading dose followed by 20–30 mg daily till 7 days after bleeding stops.
- Micronized Progesterone: 400 mg/day vaginally till bleeding stops.
- Dydrogesterone: 10 mg BD till 20 weeks of pregnancy
- Micronized Progesterone: 400 mg/day vaginally till 20 weeks of pregnancy
- Safety of Progestogens
- Available evidence strongly supports safety of progesterone when used in pregnancy (based
- On available clinical data on vaginal progesterone & Dydrogesterone

LUTEAL PHASE DEFECT

Author – Dr. R.G.Patel¹

1-Sunflower Women's Hospital, Ahmedabad

Abstract

Luteal phase defect (LPD) was first recognized in 1949 as an entity responsible for infertility by Jones et al. Later it was Noyes who described histological criteria for endometrial dating in 1950, which was considered gold standard for diagnosis of luteal phase defect (> 2 days out of phase) for nearly 4 decades. But later due to a lot of inaccuracies criteria were rejected. Even though LPD is not considered to be an existent entity today by many, there are still many reports of role of luteal phase defect in unexplained infertility and recurrent pregnancy loss. Symptoms are premenstrual spotting, short luteal phase, infertility and early pregnancy loss. Underlying causes could be PCOS, thyroid disorders, prolactin disorders, endometriosis, defective folliculogenesis, ovulation induction, IVF. There are as of now no established diagnostic criteria or standard definition for luteal phase defect. The correct approach to the treatment of LPD is the identification and correction of any underlying condition, such as hypothalamic amenorrhea, thyroid and prolactin disorders, obesity and PCOS and during COH for IVF cycles. The available scientific literature is in agreement that in all gonadotropin COH/COS cycles for IVF and non-IVF cycles, progesterone supplementation is needed for luteal phase support, showing an improvement of the main reproductive outcomes. Among different routes of administrations, there are no statistically significant differences between intramuscular progesterone and the others routes (vaginal, oral and rectal) for IVF cycles, however oral route is more convenient.

EARLY MALFORMATION SCAN

Dr. Jayprakash Shah | MD; FICOG. Fetal Medicine Expert

What can be picked up? Nearly 40 to 60% malformations, majority of which are lethal can be picked up. Apart from this, high risk markers like high NT, Absent NB, Tricuspid regurgitation, DV reversal flow, Early Symmetric IUGR can guide to watch pregnancy closely

CNS <ul style="list-style-type: none"> Holoprosencephaly Anencephaly Exencephaly Iniencephaly Acrania Dandy Walker malformation Encephalocele 	Face <ul style="list-style-type: none"> Cleft Lip Cebocephaly, Cyclops Ethmocephaly Micrognathia Arhinia Microphthalmia Hypotelorism 	Chest <ul style="list-style-type: none"> Diaphragmatic Hernia Microcystic C CAM 	Heart <ul style="list-style-type: none"> HLHS HRHS Dextrocardia TOF TGA DORV Truncus Right Aortic Arch Ebstein Malformation
GIT <ul style="list-style-type: none"> Cloacal Malformation URSM 	GUT <ul style="list-style-type: none"> Renal Agenesis – Uni / Bilateral PUV Pelviectesis Ovarian cyst 	Skeletal <ul style="list-style-type: none"> Apodia / Acheria Rhizomelia / Mesomelia Phacomelia Radial Ray Aplasia 	Spine <ul style="list-style-type: none"> Hemivertebra Meningocele Sacroccygealtera toma Sacral regression syndrome
Other <ul style="list-style-type: none"> Limb Body wall complex Ectopiacordis Omphalocele Gastrocisis Bladder Extrophy 			

HEPATITIS DURING PREGNENCY

Hepatitis during pregnancy deserves special attention because you are dealing with two lives. Viral hepatitis like hepatitis A,E,B,C can occur during pregnancy. Hepatitis –B can be transmitted to the new born if special precautions are not taken during and after pregnancy, specially treatment of the new born with hepatitis –B immunoglobulin as well as vaccine within 12 hours of delivery. All mother should be screened for hepatitis B during antenatal visits.

The course of hepatitis -A and C does not change during pregnancy but hepatitis-E is known to cause severe hepatitis leading to acute liver failure in the last trimester of pregnancy. Acute liver failure is associated with very high maternal mortality and significant fetal mortality. These patients should be managed in a tertiary care center. Drug induced hepatitis ,auto immune hepatitis and alc0hol related hepatitis are the less common causes of hepatitis during pregnancy. Any hepatitis during pregnancy should be investigated and if cause is not found they should be referred to a hepatologist / Gastroenterologist.

Dr. SHRAVAN BOHRA, M.D., MRCP (LONDAN) FEBG { GASTRO }
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MMCON 2018 - REPORT

We are very pleased to inform you that the Ahmedabad Obstetrics & Gynaecological Society (AOGS) had hosted the prestigious MMCON 2018 a National Conference under the aegis of FOGSI on "Multiple Pregnancy & Medical Disorders in Pregnancy" from 18 to 20 May 2018.

This conference was enriched with International and National faculties along with two important pre-conference workshops i.e. Ultrasound in Multifetal Pregnancy and Malformation, and Medical Disorders in Pregnancy on 18th May 2018 at NHL Medical College, VS Hospital, Ahmedabad

This conference was handled by an amazing organizing team under the guidance of Dr. Jaideep Malhotra (President FOGSI), Dr. Jaydeep Tank (Secretary General – FOGSI), Dr. M.C. Patel (Organizing Chairperson) and Dr. Jayprakash Shah (Organizing Chairperson). Dr. Kiran Desai, Dr. Anil Mehta and Dr. Rajal Thaker served as organizing chairpersons to this wonderful conference. Dr. Kamini Patel and Dr. Mahesh Jariwala worked to get the minute details right, to make this conference flawless. Organizing Joint Secretaries Dr. Lata Trivedi, Dr. Snehal Kale and Dr. Mukesh Patel were available to all for the help. Dr. Alpesh Gandhi, Dr. Parul Kotdawala, Dr. Tushar Shah and Dr. Phagun Shah served as the Scientific Committee and helped in selecting the best of the scientific sessions.

Along with the scientific sessions, MMCON had the best entertaining night on 19th May 2018. Baroda group of Doctors, Mr. Viren Patel, Dr. Damini and many others who gave marvelous performance.

We value your service to the profession and thank to your wholehearted participation in MMCON 2018.

CME 3 : PROGRAMMED LABOUR

Date: 16th June, 2018 - Saturday

Venue : Fortune Park Plaza, Ellisbridge, Ahmedabad

Session 1 :	Name	Topic
08:00 pm to 08:30 pm	DINNER	
08:30 pm to 08:45 pm	Dr. Jayprakash Shah Dr. Rajal Thaker Dr. Kamini Patel	Welcome Address Introduction of Speakers Vote of Thanks
Session 2 :	Programmed Labour – An Indigenous concept of Labour Management and its outcome in practice Chairpersons : Dr. Jayprakash Shah, Dr. Alpesh Gandhi, Dr. Vilas Mehta	
08:45 pm to 09:15 pm	Dr. Shirish Daftary	Programmed Labour Concept
09:15 pm to 09:45 pm	Dr. Kartik Bhagat	A Boon to Indian Motherhood
Session 3 : 09:45 pm to 10:30 pm	Panel Discussion : Gujarat Experience of Programmed Labour Chairpersons : Dr. Atul Munshi, Dr. Parul Kotdawala, Dr. Diptiben Shah Speakers : Dr. Jayprakash Shah, Dr. Sunil Shah, Dr. Manish Pandya (S'nagar) and Dr. Niraj Jadav (Rjt.)	
Session 4 : 10:30 pm to 11:00 pm	Panel Discussion Conductors: Dr. Jayprakash Shah and Dr. M.C. Patel Panelists: Dr. Bhargav Patel, Dr. Chirag Patel, Dr. Kirtan Vyas, Dr. Munjal Pandya, Dr. Haresh Doshi, Dr. Jyoti Shah (Rajkot), Dr. Dipti Vyas (Jamnagar)	

Support By : Bharat Serum

CME : 4 - ONCOLOGY IN GYNAEC CLINIC

Date: 24th June, 2018 - Sunday

Venue : Courtyard by Marriott, Ramdevnagar, Satellite, Ahmedabad

Time	Name	Topic
09:00 am to 09:20 am	Dr. Neha Shah	Imaging of Pelvis
09:20 am to 09:40 am	Dr. Mukul Trivedi	Breast Lump : Do's and Dont's
09:40 am to 10:00 am	Dr. Meeta Mankad	Algorithmic approach to Diagnosis and Management of Ovarian Cancer
10:00 am to 10:30 am	Dr. Somesh Chandra & Dr. Somsekhar	Ovarian Cancers : It takes two to Tango
10:30 am to 10:45 am	Tea Break	
10:45 am to 11:00 am	Dr. Vaishali Desai	Fertility Preservation : The Step Child ?
11:00 am to 11:15 am	Dr. Manish Banker	Fertility Preservation : The Step Child ?
11:15 am to 11:30 am	Dr. Vivek Bansal	Nuances in radiotherapy management of cervical cancer - their solutions :
11:30 am to 12:00 noon	Dr. Somsekhar	Robotic Surgery in Gynecological Cancers :
12:00 noon to 01.30 pm		Case Based Panel Discussion
01.30 pm onwards	LUNCH	

Support by : Sterling Cancer Hospital & Oldvait

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FOR MORE INFORMATION CONTACT : DR. KAMINI PATEL MO.: 94260 48748

SOCIAL SECURITY SCHEME

The Benevolent Scheme for Our Dear AOGS Members

Important Announcement :

Now, All Registered AOGS - SSS Members can make their Spouses the official members of the scheme, by providing following documents : (Xerox - Self Attested)

- 1** Aadhar Card / Pan Card Copy
- 2** Address Proof
- 3** Birth Certificate / School Leaving Certificate

Non - Registered AOGS - SSS Members can also Join the Scheme by following above instructions

FEE STRUCTURE

Age	Admission Fee	Membership Fee	AFC	Total Before 31.05.2018	Total
<45 yrs.	1000	100	1500	2600	3600
45-60 yrs.	1500	100	1500	3100	4100
>60 yrs.	2000	100	1500	3600	4600

Please send cheque in favour of 'AOGS SSS' payable at Ahmedabad only to AOGS office or SSS co-ordinators- Dr. Hemant Bhatt, Dr. Dipesh Dholakia, Dr. M.C. Patel, Dr. Geetendra Sharma and Dr. Jignesh Deliwala. Please mention your Birthdate, Name and contact number on the back side of the cheque.

ATTENTION

Admission fee will be increased by Rs. 1000/- in each category after 31.05.2018. so, please hurry up to avail the benefit of concession if you wish to join the scheme.

DADA HARIR NI VAV



Water conservation has always been a top priority in Gujarat. There are about 120 vavs or step wells in Gujarat of which a few are in and around Ahmedabad. One such step well is Dada Hari niVav at Asarva, a proof that water conservation was top priority in history as well.

Dada Hari niVav was built around 1499 AD, making it more than 500 years old. A woman built it during Sultan MehmudBegda's reign to provide travellers with cool water and a place to relax. Behind this elaborately designed step well lies

the tomb of Dada Hari and thus the name was given to the step well. It is believed that it cost 3,29,000 Mahmudis i.e. over Rs1 lakh to build this fascinating step well in those days.

If you love heritage places, this exquisitely designed well is a treat for the eyes and soul. This seven-storey step well has a spiral stairway that takes you to each storey. As you walk down the step well, each pillar, every stair is detailed intricately with delicate carvings and floral sculptures. The decorated arches and ornate columns showcase a fine blend of traditional Muslim architecture and Hindu sculpture skills. There are certain Arabic and Sanskrit scriptures engraved on the walls 500 years back which are still visible today.

The well at the bottom is octagonal shaped and its fascinating to see a step well which not only serves a purpose but is an architectural gem as well!

They say good design takes you straight to heaven and this step well is a proof of it.



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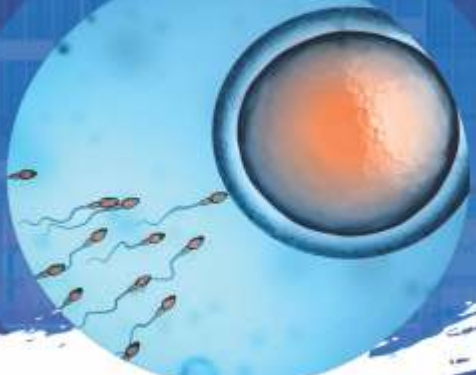
Dr. Alpesh Gandhi

Our candidate for the Post of President, FOGSI.

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Dr. Alpesh Gandhi
for the post of president FOGSI



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