



CHALLENGES

AHMEDABAD OBSTETRICS AND GYNAECOLOGICAL SOCIETY NEWS LETTER
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શુભ દિવાલી
નૂતન વર્ષાભિનંદન



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BACK TO
BASICS



CARE with 
COMPASSION
unto the last



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*"November comes; November goes,
with the last red berries, and the first white snows.
With night coming early, and dawn coming late,
and ice in the bucket, and frost by the gate."*

- Elizabeth Coatsworth

November - 1st day of winter.

As the Navratri mood fades there awaits many other reasons to celebrate for Indians.

Indian sport had never had it so good. A great sporting event –the biggest ever extravaganza hosted by India ever took place last month. Yes, the Commonwealth games where India took the 2nd position taking 38 medals on its name.

Seasons biggest celebration is heading ahead - Diwali called as Deepawali meaning rows of lamps. This festival of light, candles, crackers, sweets, rangoli, joy and tradition is greatly celebrated across India. The slogans on the hoarding "STOP but DON'T DROP" holds true for this month. With Diwali comes the New Year for Gujarati's where everyone enjoys the essence of togetherness and ecstasy.

As the celebration continues 23rd & 24th October is marked as a remarkable event in the history of AOGS. The zest of the two days conference still continues, memories of which will never descend. All sessions and lectures have given enough take home messages out of which delegates will always benefit.

November brings back Children's day and gives us a reason to remember "Chacha", Dr. Jawaharlal Nehru and his love for children.

"The more you praise and celebrate your life, the more there is in life to celebrate."

- Oprah Winfrey

Dr. Kanthi Bansal

Dr. Raj Iyengar

CONGRATULATIONS

- * **Dr. Behram S. Ankiesaria** for being elected as the Founder President of the Asian Menopause Society at Colombo, Sri Lanka.
- * **Dr. Suresh Patel** for being elected as Municipal Counselor in Municipal Corporation elections from Nikol ward
- * **Dr. Praduman Vaja, Dr. Dipesh Dholakia, Dr. Prashant Acharya, Dr. Anil Mehta, Dr. Madhavi Shah, Dr. Lata Trivedi, Dr. Nivedita Vaja, Dr. Darshini Shah, Ayush Vaja, Kushani Mehta, Sneha Dholakia, Vishwa Shah, Bhakti Shah and Ria Uppal** for winning prizes in *Garba Mahotsav on 22 November 2010.*

RCH Programs

Past Programs

| | | |
|-------------|--|--|
| 15 Oct 2010 | Adolescent Health problems of teenagers at <i>Sant Kabir School</i> | Dr. Rajal Thakar Dr. Rakshita Patel |
| 16 Oct 2010 | Rubella Vaccination at <i>M. P. Shah Arts College</i> | Dr. Darshan Thakar |
| 19 Oct 2010 | | |
| 22 Oct 2010 | Parents meet for adolescent health problem guidance at <i>Mt. Carmel School</i> | Dr. Darshana Thakar |
| 27 Oct 2010 | | |

Future Programs

| | | |
|--|---|--|
| 23 Nov 2010 at <i>Trinity English School</i> Opp. D 34 ESIS Dispensary Khokhra, Maninagar. | Adolescent Health problems of teenagers Aids Awareness Rubella Program Coordinator | Dr. Ushaben Shah Dr. Kirti Vadalia Dr. Ushaben Patel Dr. Kirti Vadalia |
| 26 Nov 2010 at <i>Karmachari Nagar School</i> Ghatlodia | Health problems of teenagers Diet and Nutrition Rubella AIDS Program Coordinator | Dr. Kanubhai Shah Dr. Kaushik Patel Dr. M. C. Patel Dr. Shahikala Shahu Dr. M. C. Patel |



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પ્રમુખશ્રી ની હૃદયઉર્મિઓ

વડીલો અને મિત્રો,

મયુરને એનું નર્તન મુબારક,
કોયલને એનું ગાન મુબારક
સૌને સૌના યાર મુબારક
આપને અમારા સાલ મુબારક
એક નહીં સો વાર મુબારક

અનેક સંસ્મરણો સાથે સંવત ૨૦૬૬ ના વિદાય સમયે હિસાબનું સરવૈયુ તપાસતા એક વેપારીને જૈન મુનિ મહારાજે જીવનના સરવૈયાની વાત કરી.

માણસના જીવનની શરૂઆતમાં સરવાળાનો યુગ આવે છે, બધું જ ઉમેરવા મથ્યા કરે! પત્ની ઉમેરાય, સંતાન ઉમેરાય, કમાણી ઉમેરાય, કીર્તિ ઉમેરાય, પચીસ થી ચાલીસ સુધીની ઉંમર સરવાળાની ઉંમર હોય. આ વય દરમ્યાન માણસને બાદબાકી કરવાની ઇચ્છા જ થતી નથી, વિચાર પણ આવતો નથી.

પછી ઉંમર આવે છે ગુણાકારની! ત્રીસ-પાંત્રીસ થી ગુણાકાર શરૂ થાય. જે કર્યું હોય એનું અનેક ગણું ફળ મળે. આ અવસ્થા રિધ્ધી-સિધ્ધીની અવસ્થા છે. આ વેળા એ ભાગાકારનો વિચાર જ ન આવે!

પચાસની ઉંમરે માણસ ભાગાકાર કરવા માંડે. દીકરા-દીકરીના લગ્નમાં ખર્ચ થાય. ઘર વસાવવામાં ખર્ચ થાય, પોતાની આવક ભાંગીને જીવે, શક્તિનો પણ ભાગાકાર થાય. ને સાઠે આવે બાદબાકી!

સત્તા, ધન, કીર્તિ વડે આકર્ષાઈને લાભ લેવા જે જે આવતા, તે હવે બાદ થતા જાય, કોઈ અંગત જ બે જણ મળવા આવે. માણસની બાદબાકી માણસને પજવે. એ હૈયા વરાળ કાઢે. જમાનો સ્વાર્થનો થતો જાય - માણસ એકલો પડતો જાય.

પણ જો કોઈપણ ઉંમરે આ ચારેય ક્રિયાઓ સાથે જ ચાલ્યા કરે તો માણસ સુખી થાય, પ્રસન્નતા મેળવે.

પચાસની ઉંમરે માણસ સ્વાર્થની તદ્દન બાદબાકી કરે, અહમનો ભાગાકાર કરે, ધર્મને કલ્યાણ પ્રવૃત્તિનો ગુણાકાર કરે અને અન્યના સુખનો સરવાળો કરે તો જીવન ભર્યું ભર્યું બને.

માનવ જીવનની ખરી મજા ચિંતામાં નહિ, ચિંતનમાં છે.
વહેમમાં નહિ, વિશ્વાસમાં છે. ભોગમાં નહિ, ભાગમાં છે.
સ્વાર્થમાં નહિ, પરમાર્થમાં છે. લોભમાં નહિ, સંતોષમાં છે.

આપણા જીવનમાં ચિંતન, વિશ્વાસ, ત્યાગ, પરમાર્થ, સંતોષ પ્રગટે એ જ નુતન વર્ષે પરમેશ્વરને પ્રાર્થના.

ગુમાવેલું દ્રવ્ય ઉઘોગથી મળશે, આરોગ્ય મિતાહારથી પુનઃ મળશે, ભુલાઈ ગયેલું જ્ઞાન અભ્યાસથી તાજું થશે, પરંતુ ખોવાઈ ગયેલી તક કોણે પાછી મેળવી છે?

નુતન વર્ષે કોઈનીયે કોઈ તક ખોવાય નહીં એવી શુભકામના.

અને છેલ્લે,

આજથી આરંભાતા અભિનવ આદિત્યનો આનંદપ્રદઅરુણોદય
આપ અને આપના આત્મજનોને
અમિત આયુષ્ય, અતુલ ઐશ્વર્ય, અખંડ આનંદ, અખુટ આરોગ્ય
અર્પે એવી
અવિનાશીને
અમારી અંતરની અભ્યર્થના.

અસ્તુ.

ભારત માતા કી જય.

- ડૉ. મનુભાઈ પટેલના

નુતન વર્ષાભિનંદન

MULTIPLE SQUARE [CHO] UTERINE COMPRESSION SUTURES IN PRIMARY POSTPARTUM HEMORRHAGE

Dr. Shah Sapana R, Dr. Rawal Ajit C, Dr. Mehta Shital T

Introduction

Primary postpartum hemorrhage (PPPH) occurs within 24 hours of delivery. It is defined as a reduction in the patient's hematocrit level by more than 10% of the prenatal value or blood loss causing hemodynamic instability of sufficient seriousness to require blood transfusion.

Treatment of PPPH comprises bi-manual or mechanical compression of the uterus, uterotonic drugs and surgical methods, combined with resuscitative measures. The incidence of emergency postpartum hysterectomy, the final option when all conservative treatments fail, is 1–3 per 1000 deliveries. However, hysterectomy after PPPH has appreciable drawbacks – not only does it result in loss of child bearing function, there are technical difficulties in removing the lower uterine segment and these increase the likelihood of injury to the bladder or ureter.

Some procedures involve compression by brace-like suturing to preserve the uterus after atonic bleeding, placental site hemorrhage and adherent placenta. Other workers have described multiple square sutures and vertical penetrating sutures within the lower uterine segment combined with oblique penetrating corpus sutures or multiple vertical sutures. In the present study, we describe our experience over the past 41 months in using multiple square (CHO) suturing methods, also known as 'POSTAL STAMP' sutures, to treat primary PPH after Cesarean section.

Materials & Methods

In 2007 we began to use multiple square suturing techniques to treat women with PPPH after Cesarean section, who did not respond to mechanical, drug treatments and bilateral uterine artery ligation at our

institution. We reviewed all cases of Cesarean section performed between January 2007 and May 2010 and identified those women with PPPH in whom uterine atony persisted even after our standard treatment protocol was used comprising of:

- i. Manual compression and uterine massage;
- ii. Oxytocin treatment (40 U in 500 ml of 0.9% sodium chloride solution infused at a rate of 100-150 mlU/ml);
- iii. Methyl ergometrine (0.2 mg /ml intravenous)
- iv. PGF-2 α (250 μ g/ml intra muscular)
- v. Bilateral uterine artery ligation

Multiple square [CHO] suturing technique

An absorbable chromic catgut no 1, threaded into 3 inch long straight



Photo 1 : Posterior aspect of uterus after square suture

needle was used for suturing. To perform single square suture, the needle was inserted at the anterior uterine wall, led through the posterior

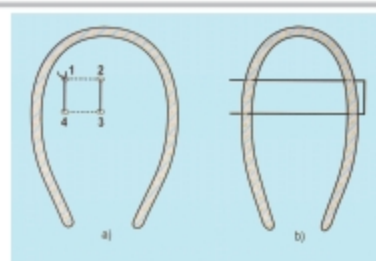


Figure: 1 Anterior and lateral view of uterus showing square [CHO] sutures

wall and then passed back to the anterior wall 3–4 cm away at same line, from where 3–4 cm below it is passed from anterior wall to post wall and 3–4 cm away from it, needle is brought out in same line of first puncture and where the thread was joined with a flat double knot (Fig. 1). While the lead surgeon was tying the suture, the assisting surgeon performed bi-manual uterine compression. The number of sutures [3 to 4] required depended on the size of the uterus and the persistence of bleeding from the placental site. Vagina was swabbed before closing abdomen to confirm that bleeding has stopped.

Results

Over the study period of 41 months, 35 cases of PPPH occurred in the course of 2057 Cesarean sections. In nine of these cases, mechanical and uterotonic drug treatments & bilateral uterine artery ligation were unable to control the bleeding and patients were treated with multiple square uterine compressive sutures.

These nine patients had a mean age of 28.1 (range 22–35) years and their mean number of pregnancies was 1.5 (range 1–3). Patient records showed that one patient had bicornuate uterus. There was twin pregnancy in one of the nine cases.

In two patients, the multiple square sutures were performed because of uterine atony three hours after initial Cesarean section. The mean estimated blood loss was 1400 ml (range: 1000–2000 ml) and the average time taken for the Cesarean section was 90.7 min (range 70–105 min). Preoperative and postoperative hemoglobin levels are carried out. The mean time to complete the uterine compression suturing procedure was 9.2 min (range 8–10 min) and depended mainly on the number of sutures needed. All nine patients received multiple blood transfusions (range 3–5 units)

...Continued (Pg. 3)





In all cases, treatment successfully stopped the bleeding and the patient's uterus was preserved. Nine patients had follow-up which included gynecological examination, vaginal and abdominal ultrasound. No postoperative anatomical or physiological abnormalities were seen. All nine patients practiced breast feeding and regular menstruation started 5-6 weeks after delivery. Two patients conceived again.

Discussion

Surgical methods of controlling uterine bleeding by compression sutures have been developed to reduce the incidence of emergency hysterectomy and to preserve fertility in these patients. Square sutures were easy to perform during emergency conditions at Cesarean section; they are safe and relatively inexpensive.

The largest number of reported patients has been treated with the B-Lynch technique. The B-Lynch, Hayman, Bhal, Nelson and Malibary sutures compress the uterus like a brace - suture erosion, partial and total uterine necrosis have been reported after these methods. In addition, CHO's square suture have been related to pyometra, synechia and Ashermann's syndrome. In our study we did not come across pyometra or synechia.



रविवार, १४ नवम्बर, २०१०
सवारे ९.०० थी ९.३० वाग््या सुधी

Place : Convention Centre - 1st floor, Ahmedabad Management Association, Opp. IIM, Atira, Ahmedabad

WORKSHOP : BIRTH DEFECT

| SESSION - I | | Chairpersons : Dr. Anil Mehta, Dr. Paresh Shah (Sabarmati) |
|---|--|--|
| 9.30am to 9.55am | Bio Chemical markers in Pregnancy | Dr. Jayesh Sheth |
| 9.55am to 10.20am | How effective is 11-14 week scan In Fetal aneuploidy diagnosis | Dr. Jaideep Malhotra |
| 10.20am to 10.40am | How effective is 11-14 week scan for Fetal anomaly detection? | Dr. Chander Lulla |
| SESSION - II | | Chairpersons : Dr. Falguni Patel (Ranip), Dr. Hasmukh Agrawal |
| 10.40am to 11.05am | 2nd Trimester USG - Targeted Scan | Dr. Alpesh Gandhi |
| 11.05am to 11.30am | 2nd Trimester chromosomal markers | Dr. Jaideep Malhotra |
| 11.30am to 11.55am | Doppler in Obstetric decision making | Dr. Chander Lulla |
| 11.55am to 12.20pm | Preventive strategies of birth defects | Dr. Prashant Acharya |
| SESSION - III | | Chairpersons : Dr. Praduman Vaja, Dr. Navin Patel (Gandhinagar) |
| 12.20pm to 1.30pm | Panel Discussion Diagnosed Birth Defect : What next? Moderator : Dr. Jaideep Malhotra (Agra) Panelists : Dr. Prashant Acharya Dr. J. P. Shah Dr. Raj Iyenger Dr. Kamal Parikh | Dr. Mahesh Gupta Dr. Chander Lulla (Mumbai) Dr. Jignesh Shah |
| From 1.30pm | Lunch sponsored by Dr. Prashant Acharya for his victory in FOGSI election as Vice President 2012. | |
| Program Coordinators : Dr. Kaushik Patel, Dr. Kirti Vadalia | | |

- Registration -

Free but Compulsory for members
Rs.500 for nonmembers
(Register at AOGS office between
2.00pm to 8.00pm on working days)

Program is jointly organised by

AOGS & FOGSI

Program is sponsored by

Emcure^R
Makers of **Orofer^{XT}**



Sunday
21 November, 2010

WORKSHOP

Critical care in obstetrics and eclampsia

Place : Convention Centre 1st floor, Ahmedabad Management Association,
Opp. IIM, Atira, Ahmedabad

| | | |
|----------------------|--|---|
| 9.15am to 9.40am | Registration and breakfast | |
| SESSION 1 | Chairpersons : Dr. Paresh Shah (Isanpur), Dr. Vijay Shah | |
| 9.40am to 10.00am | Septicemic shock? What do I do | Dr. Jignesh Deliwala |
| 10.00am to 10.20am | Massive hemorrhage : How to tackle | Dr. Dipesh Dholakia |
| 10.20am to 10.40am | Baby delivered. Does not cry. what to do? | Dr. Ashish Mehta (Neonatologist) |
| 10.40am to 10.50am | Interaction | |
| SESSION 2 | Chairpersons : Dr. Shashikala Sahu, Dr. Bharat Atit | |
| 10.50am to 11.10am | Gravid with severe hypertension | Dr. Hemant Deshpande (Pune) |
| 11.10am to 11.30am | Eclampsia and magnesium sulphate Drill: Important strategies | Dr. Usha Krishna (Mumbai) |
| 11.30am to 11.50pm | HELLP Syndrome : What to do? | Dr. Rajal Thaker |
| 11.50am to 12.00noon | Interaction | |
| SESSION 3 | Chairpersons : Dr. Dilip Gadhvi, Dr. Nita Thakre | |
| 12.00noon to 12.20pm | Various Obstetrical Situations. Which fluid to use ? and When? | Dr. Jagdeep shah (Nephrologist) |
| 12.20pm to 12.40pm | Cerebral Vein Thrombosis: What the obstetrician must know? | Dr. Sandhya Chhasatia (Surat) |
| 12.40pm to 1.00pm | Setting up of "High Risk Obstetric unit" (HDU) | Dr. Prakash Mehta (Banglore) |
| 1.00pm to 1.20pm | Operative in Critically ill Mother : How to Proceed? | Dr. Ajit Rawal |
| 1.20pm to 1.30pm | Interaction | |
| 1.30 pm to 2.15 pm | Lunch | |
| SESSION 4 | Chairpersons : Dr. Vilashben Mehta, Dr. Darshini Shah | |
| 2.15pm to 2.40pm | Sudden Obstetric Collapse : Stepwise resuscitation (ABLS) | Dr. M. C. Patel |
| 2.40pm to 3.00pm | Pulmonary Embolism : What more can we do? | Dr. Harjeetsinh S Dumara (Pulmonologist) |
| 3.00pm to 3.10pm | Interaction | |
| SESSION 5 | Chairpersons : Dr. Bharat Parikh, Dr. K. V. Shah | |
| 3.10pm to 4.15pm | Panel Discussion : "Managing Critical Obstetrical Cases & Obstetric ICU | |
| | Moderator : Dr. Alpesh Gandhi | |
| | Panelists: Dr. Atul Munshi | Dr. Rina Patel |
| | Dr. Jagdeep Shah (Nephrologist) | Dr. Ashwin Patel (Haematologist) |
| | Dr. Sameer Dani (Cardiologist) | Dr. Harjeetsinh S Dumara (Pulmonologist) |
| | Dr. Mukesh Vakil (Anesthesiologist) | Dr. Hemant Bhatt (Medico legal Expert) |

Program Coordinators : Dr. Mukesh Savalia, Dr. Umesh Thakkar, Dr. Anil Mehta

- Registration -
Free but Compulsory for members
Rs.500 for nonmembers
(Register at AOGS office between
2.00pm to 8.00pm on working days)

Program is jointly organised by
AOGS & FOGSI
Practical Obstetrics Committee, FOGSI

Program is sponsored by
Emcure^R
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First time in history of AOGS

Sundarvan

MARINE CAMP

24 - 25 - 26 December 2010

Fees
₹ 3000/adult person
Free for Child below 5 years

Experience to watch and live in vicinity of more than hundred species of Red, Brown and Green algae and marine life of sponges, jelly fish, sea pens, sea slug, sea feathers, sea anemones, star fish, sea cucumbers, bristle worms, corals, mollusks barnacles, crabs, fish, marine turtles, sea snakes marine mammals and other aquatic life and migratory birds in winter.

- With luck dolphins may be sighted
- Experience of living in simple shelters no luxury, sunrise dip in sea
- Explore the beaches and marine pools for corals and shells galore
- It will be unique experience

Program Coordinator - Dr. Rajal Thaker

Limited seats only 40

First come first served basis

Please confirm your seat with full payment
at AOGS Office between 2.00pm to 8.00pm
on all working days

No telephonic booking





GLIMPSES OF PAST PROGRAMS

National Conference on Infertility Management for Practicing Gynaecologists
23 - 24 October 2010 - Ahmedabad

