



AOGS TIMES

तथास्तु



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Motto: Skilled Hands, Sensitive Hearts.

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TEAM AOGS MESSAGE

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Dear AOGS Family,

As the summer sun shines brightly over our city, nature gently reminds us of an important lesson. While the season may bring heat and intensity, it is also a time of growth, ripening, and transformation. Beneath the warm skies, seeds mature into fruits, and with patience, life prepares for new beginnings.

In many ways, the month of May reflected this spirit within AOGS.

We are deeply grateful to all our members who enthusiastically participated in and supported the various activities organized during the month. The CME, PG Case Presentations, Family Movie Afternoon, Drum Circle experience, and several other initiatives were made successful not by any individual, but by the collective energy, warmth, and involvement of the entire AOGS family.

It was heartening to witness members coming together not only for academics but also for friendship, wellness, creativity, and shared experiences. These moments strengthen the bonds that make AOGS more than an organization—it makes us a community.

We extend our sincere thanks to all faculty members, speakers, residents, coordinators, sponsors, volunteers, and participants whose contributions helped make every event meaningful and memorable.

As we step into June, we look forward to yet another exciting month filled with learning, interaction, and inspiration. A rich academic calendar awaits us, offering opportunities to update knowledge, exchange ideas, and continue our journey of professional growth.

June also brings with it the celebration of International Yoga Day, a reminder that while we dedicate ourselves to caring for others, we must also nurture our own physical, mental, and emotional well-being. In the midst of our busy professional lives, may we find moments of stillness, balance, and inner strength.

Let us continue moving forward together with curiosity, compassion, and commitment—living our theme:

Innovate. Integrate. Inspire.

and our motto:

Skilled Hands, Sensitive Hearts.

EDITORIAL

Connecting the Dots



Dear Friends,

As we looked through the pages of this issue of *Tathaastu*, one image stayed with us—a simple invitation to connect the dots. It appears deceptively easy, yet perhaps it reflects one of the deepest truths of life.

Most of us spend our days moving from one responsibility to another—patients, surgeries, clinics, academics, meetings, family, and countless commitments. In the midst of this activity, events often seem unrelated. A CME here, a case discussion there, a conversation with a colleague, a moment of laughter with friends, a book that touches the heart, a quiet pause for reflection—each appears as an isolated dot.

Only when we pause do we begin to see the picture they create.

This month, AOGS witnessed a wonderful blend of learning and togetherness. Our academic activities continued to strengthen knowledge and clinical excellence. The PG Case Presentations reminded us that teaching is one of the noblest responsibilities we share. The review article on laparoscopic entry techniques reflects our commitment to evidence-based practice and lifelong learning.

Yet, equally important were the moments that nurtured the human side of our profession. The Drum Circle was not merely an event; it was a reminder that rhythm, joy, and connection are essential to wellbeing. Our Family Movie Afternoon brought members together beyond lecture halls and operating theatres, allowing friendships to deepen and families to become part of the larger AOGS family.

In the Reader's Corner, Tuesdays with Morrie gently reminds us that success is not measured only by achievements, but also by relationships,

compassion, and presence. These lessons resonate deeply with our motto: “Skilled Hands, Sensitive Hearts.”

As healthcare professionals, we often focus on outcomes, targets, and milestones. But perhaps true fulfillment lies in connecting the dots—between knowledge and wisdom, profession and humanity, achievement and gratitude, self-growth and service to others.

Our theme for the year—Innovate. Integrate. Inspire.—is itself an invitation to connect these dots. Innovation without integration remains incomplete. Integration without inspiration lacks energy. When all three come together, meaningful transformation becomes possible.

As you read this issue, we invite you to reflect on your own dots. Which experiences, people, books, mentors, patients, successes, and challenges have quietly shaped your journey? What larger picture are they creating?

May we continue to learn together, grow together, and inspire one another—not only as obstetricians and gynecologists, but as individuals striving to make a positive difference in the lives we touch.

Warm regards,

Dr. Anali Gupta
Dr. Dhrumi Prajapati



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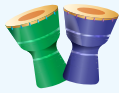
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5.30 PM	Basics of Fetal Echocardiography
6.30 PM	Let us understand : First Trimester Aneuploidy screening, Prediction of PET, Prediction of Preterm birth
8.30 PM	Dinner
Sunday, 26 July 2026	
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11.00 AM	Let us understand : Basics of NIPT, Genetics, Biochemical makers, Karyotype, Array CGH, WES
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1.30 PM	Lunch
2.15 PM	Doppler in FGR and other Fetal Conditions- What you MUST know

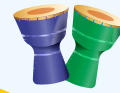
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DRUM CIRCLE TESTIMONIALS



“Congratulations to Munjal Pandya and whole team. It was a mind blowing drum blast for the 1st time in the history of AOGS. Thanks and keep it up.”



“Congratulations Dr Munjal and team”

“Heartily congratulations Dr Munjalbhai and entire team for wonderful CME and mind blowing drum blast, enjoyed much

Hope for such events in future”

“Was a fun CME My compliments Munjal, Arati, Ashish, Shashwat and whole team”

“Congratulations to Munjal for great successful CME, with Unique The Drum event, Its a meditative experience, Amazing! Will keep it up like this dear”

“Congratulations Dr Munjal and the whole team. Hope such more to come.”

“I so much wanted to come But had to miss it Luv drumming”

“Great team work!”

UPDATE ON THALASSEMIA BY INDIAN RED CROSS SOCIETY WITH AOGS DATE : 08.05.2026



PG CASE PRESENTATION - DATE : 22.05.2026



AOGS FAMILY MOVIE AFTERNOON "JAANE BHI DO YAARON" DATE : 24.05.2026



LAPAROSCOPIC ENTRY IN THE MODERN ERA: WITH OR WITHOUT THE VERESS NEEDLE?



Dr. Medhavi Sharma

Assistant Professor
Department of Obstetrics and Gynecology
AIIMS, Rajkot

Abstract

Laparoscopic entry is a critical step in minimally invasive surgery and is associated with a significant proportion of major complications. This article critically evaluates the safety, efficacy, and comparative advantages of Veress needle, open (Hasson), and direct trocar entry techniques. Current evidence and international guidelines indicate that no single

technique is universally superior; rather, optimal outcomes depend on patient factors, surgical context, and operator expertise.

Introduction

Laparoscopy has transformed modern surgical practice by providing a minimally invasive alternative to conventional open procedures. Its advantages include reduced postoperative pain, shorter recovery time, and decreased hospital stay and they have established it as the standard approach across multiple surgical disciplines, notably gynaecology, general surgery, and urology.^{1, 2} A fundamental step in laparoscopic surgery is the creation of pneumoperitoneum, which enables optimal visualisation and operative manoeuvrability within the peritoneal cavity.¹

Two principal techniques are employed for pneumoperitoneum creation: the closed method using a Veress needle and the open (Hasson) technique.³ The Veress needle technique involves insertion of a spring-loaded needle to achieve controlled insufflation of carbon dioxide. Despite its widespread use, concerns regarding complications particularly bowel and major vascular injury have prompted consideration of alternative approaches.^{3, 4} The open technique allows direct peritoneal access under vision, potentially reducing blind entry-related complications.⁵

In addition, newer approaches such as direct trocar insertion and the use of optical (visual) trocars have been developed to enhance safety and efficiency.^{3, 6}

Techniques for Creation of Pneumoperitoneum (Figure 1)

1. Closed (Veress Needle) Technique

Procedure

The closed technique involves insertion of a spring-loaded Veress needle into the peritoneal cavity, most commonly at the umbilicus, with Palmer's point serving as an alternative site in selected cases. Correct intraperitoneal placement is suggested by low initial intra-abdominal pressure during insufflation. Carbon dioxide is then insufflated to establish pneumoperitoneum, followed by insertion of the primary trocar.⁷

2. Open (Hasson) Technique

Procedure

The open (Hasson) technique involves a small infra or trans umbilical incision with direct dissection through the abdominal wall layers to enter the peritoneal cavity under direct vision. A blunt trocar is then inserted and secured, followed by insufflation.⁶

3. Direct Trocar Insertion Technique

Procedure

This technique involves insertion of the trocar directly into the peritoneal cavity without prior pneumoperitoneum. Entry is performed after elevation of the abdominal wall, most commonly at the umbilicus.³

Comparison of Laparoscopic Entry Techniques

Each laparoscopic entry technique possesses distinct advantages and limitations. Selection is influenced by patient-

specific factors (e.g., obesity, prior abdominal surgery, suspected adhesions) and surgeon expertise. Evidence from randomized controlled trials and meta-analyses indicates that no single technique is universally superior, and an individualized approach remains essential.

- The **veress needle (closed) technique** is rapid and minimally invasive but involves blind entry, increasing the risk of inadvertent injury.
- The **open (Hasson) technique** provides direct visual access, reducing major injury risk, but requires a larger incision and longer setup time.
- The **visual entry technique** offers real-time visualization, enhancing safety, though it may be limited by cost and equipment availability.

PARAMETER	CLOSED (VERESS NEEDLE)	OPEN (HASSON)	DIRECT TROCAR
Type of Entry	Blind (needle first)	Open, under vision	Blind (trocar directly)
Speed	Fast	Slower	Fastest
Safety (Vascular Injury)	Moderate risk	Lowest risk	Moderate-high risk
Safety (Bowel Injury)	Moderate risk	Lower risk	Moderate risk
Confirmation of Entry	Indirect (pressure tests)	Direct visualisation	No prior confirmation
Use in Previous Surgery	Caution required	Preferred	Caution required
Gas Leak	Minimal	More common	Minimal
Technical Skill Required	Moderate	Moderate	High
Complications	Emphysema, embolism	Wound infection, hernia	Entry injuries

Contemporary guidelines emphasise that laparoscopic entry remains the most critical step for major complications, particularly vascular and bowel injuries. The Society of American Gastrointestinal and Endoscopic Surgeons recommend that surgeons should be proficient in multiple entry techniques and tailor their approach according to patient risk factors, including previous abdominal surgery, obesity, and suspected adhesions.⁸

Similarly, Royal College of Obstetricians and Gynaecologists and British Society for Gynaecological Endoscopy guidance highlight that no single-entry technique is universally superior, and that optimal outcomes depend on operator experience and appropriate patient selection.⁹

The European Society for Gynaecological Endoscopy further supports the use of alternative entry sites such as Palmer’s point in high-risk cases and emphasises structured training to minimise complications.¹⁰

From a critical perspective, Cochrane review demonstrates comparable overall complication rates across entry techniques, with variation primarily in the nature rather than the incidence of complications.⁵ Blind techniques (Veress needle and direct trocar) carry a small but significant risk of major vascular injury, whereas open and visual techniques mitigate blind entry risks but may be associated with increased operative time or resource requirements. The increasing adoption of optical trocars reflects a shift towards real-time visualisation, although robust comparative evidence remains limited.

Thus, current best practice supports a patient-centred, risk-stratified approach, guided by clinical context, surgeon expertise, and adherence to established guidelines rather than reliance on a single preferred technique.

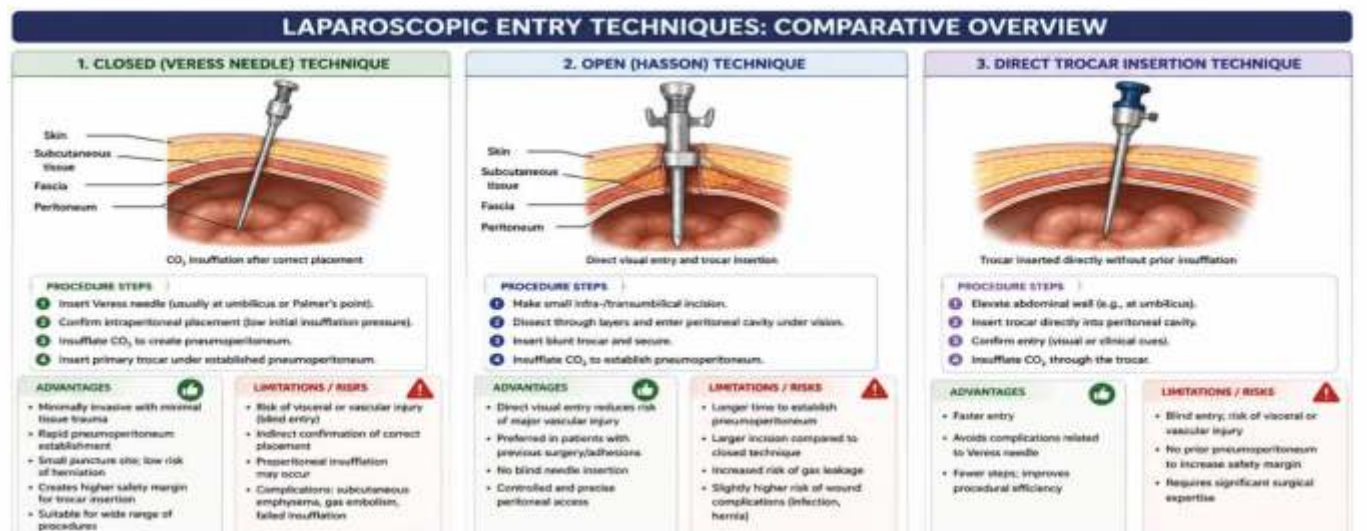


Figure 1. Techniques for creation of pneumoperitoneum.

Illustration of the three principal laparoscopic entry techniques: closed (Veress needle), open (Hasson), and direct trocar insertion. The Veress technique involves blind needle insertion followed by insufflation; the Hasson technique allows direct peritoneal access under vision; and direct trocar insertion enables rapid access without prior insufflation. Technique selection should be individualised based on patient factors and surgeon expertise.

Conclusion

Advances in laparoscopic entry techniques continue to enhance the safety and precision of minimally invasive surgery. Emerging innovations, including newer access devices and refined visual entry systems, hold promise for further reducing entry-related complications and improving procedural efficiency. Future developments are likely to prioritize enhanced real-time visualization, improved ergonomics, and minimization of vascular and visceral injury, thereby optimizing overall surgical outcomes.

Despite these advancements, no single-entry technique has demonstrated universal superiority. The selection of approach should therefore remain individualized, taking into account patient-specific factors such as prior abdominal surgery, body habitus, and anticipated adhesions as well as the surgeon's experience and institutional resources. An evidence-informed strategy remains fundamental to achieving optimal outcomes in laparoscopic surgery.

Key Points

1. The choice of laparoscopic entry technique—closed (Veress needle), open (Hasson), or visual (optical trocar) should be individualized based on patient characteristics and surgeon expertise.
2. The Veress needle technique remains widely used due to its speed and minimal invasiveness but carries inherent risks related to blind entry.
3. The open (Hasson) technique is preferred in high-risk situations, particularly in patients with prior abdominal surgery, owing to its enhanced safety profile.
4. The visual entry technique offers real-time tissue layer visualization, providing a balanced approach between safety and efficiency, especially with the increasing availability of optical trocars.
5. Continuous innovation and adherence to meticulous surgical technique are essential to minimize complications and improve patient outcomes.

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READER'S CORNER

Tuesdays with Morrie — A Book Review

Tuesdays with Morrie by Mitch Albom is not merely a book — it feels like a quiet conversation with life itself. Written in a simple yet deeply moving style, the book narrates the real-life meetings between Mitch and his former college professor, Morrie Schwartz, who is suffering from ALS, a progressive terminal illness.

The story unfolds through a series of Tuesday meetings, where Morrie becomes a teacher once again — but this time, the lessons are not about academics. They are about life, love, relationships, fear, aging, forgiveness, death, and the true meaning of success.

What makes the book extraordinary is its honesty. Morrie does not pretend to be fearless or perfect. He cries, he weakens physically, and he openly discusses death. Yet, in the middle of this decline, he radiates wisdom and peace. His ability to accept mortality transforms the reader's understanding of life itself.

One of the most powerful aspects of the book is the contrast between Mitch's fast-paced, achievement-driven lifestyle and Morrie's slow, reflective approach to living. Through these conversations, the reader begins questioning modern definitions of success. Are we truly living, or merely rushing?

The language of the book is beautifully simple. There are no complicated philosophies or heavy

literary devices, yet almost every chapter leaves behind a thought worth carrying for life. Many lines from the book feel timeless, such as the idea that “the most important thing in life is to learn how to give out love, and to let it come in.”

Emotionally, the book is gentle rather than dramatic. It does not try to shock the reader; instead, it slowly softens the heart. By the end, one feels less afraid of death and more aware of the importance of meaningful human connection.

Strengths of the Book

- Deeply human and emotionally authentic
- Simple, accessible writing style
- Timeless life lessons
- Encourages introspection and gratitude
- Short yet profoundly impactful

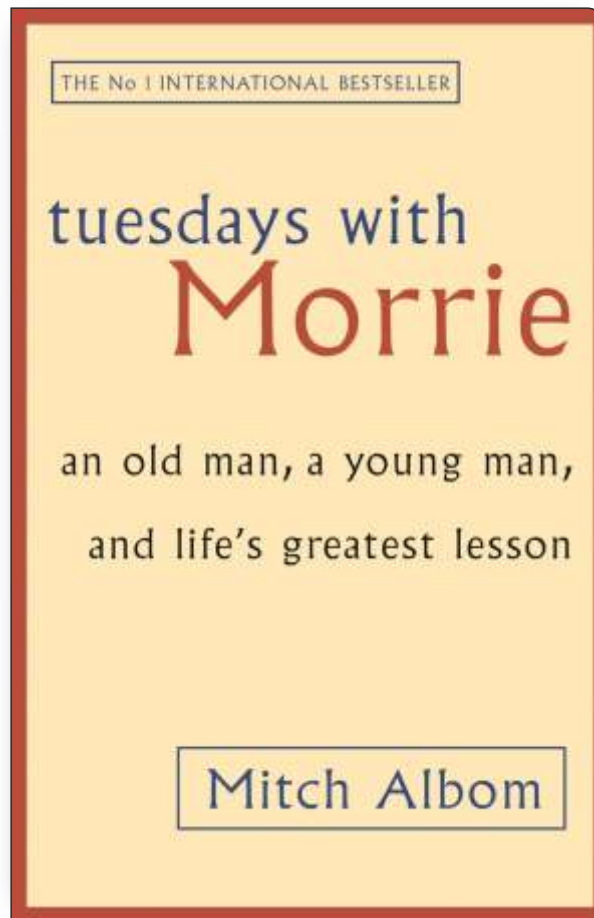
A Minor Limitation

Readers looking for a fast-paced narrative or complex plot may find the book slow. However, its quiet simplicity is precisely its strength.

Final Verdict

Tuesdays with Morrie is a book that stays with the reader long after the final page. It reminds us that life is not measured merely by achievements, wealth, or status, but by compassion, presence, relationships, and the courage to live meaningfully.

It is less a memoir and more a meditation on being human.



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Research By



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Consultant Gynaecologist & Obstetrician, IVF Specialist, Advanced Laparoscopic Surgeon



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