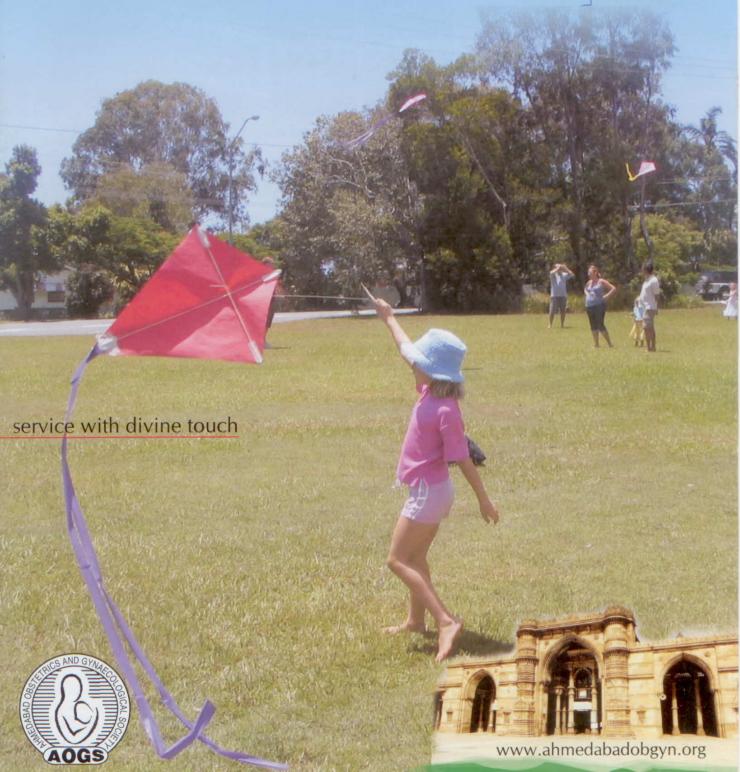
AOGS TIMES

AN AHMEDABAD OBSTETRICS AND GYNAECOLOGICAL SOCIETY NEWSLETTER Vol. 8 January 2010

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AHMEDABAD OBSTETRICS & GYNAECOLOGICAL SOCIETY

(Estd. 1936, Regn No. F 638 Gujarat 565)

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Sp. Invitee
Dr. Alpesh Gandhi
Dr. Dipesh Dholakia
Dr. Kanthi Bansal

We are cordially invited the program of "Recent Clinical Guidelines for Management of Gynaecological Cancer"

Date : 03/03/2010

Time: 9 pm to 11 pm

Venue: Hotel Metropole, R.T.O Circle, Subash Bridge Corner, Ahmedabad.

Chairpersons: Dr. Malini Desai & Dr. Kalpanaben Dave

Guest Lecture on "Outcome & Management of Ovarian Tumour by Gynaecologist / Oncologist"

-By Prof. Matheus Burger (Netherland)

Chairpersons: Dr. Niruben Shah & Dr. Riddhi Shukla

Panel discussion on "How much a Gynaeclogist should know about Gynaecological Oncology:

(1) Ca Cervix - ? Role of HPV vaccines in married women

(2) Ca Ovary - ? Role of Surgical procedures: Laparoscopy vs Laparotomy

(3) Ca Endometrium - ? Staging Laparotomy ? Oopherectomy

Moderator: Dr.Meeta Mankad

Panelists

(1) Prof. Matheus Burger (Netherland)

(2) Dr. Ava Desai

(3) Dr. Pariseema Dave

(4) Dr. Atul Munshi

(5) Dr. Chirag Amin

(6) Dr.Nita Thakre

Vote of Thanks: Dr. Anjana Chauhan

Dr. Pragnesh Shah

Dr. Dilip Gadhavi

President, AOGS

Hon. Secretary, AOGS

Program Co-ordinator: Dr. Mita Mankad & Dr. Dipak Limbachia

Program is sponsored by MSD makers of Gardasil vaccine

Theme: "Service with divine touch"









JOIN IN THE Peritage Walk

OF WALLED CITY & SAVOUR THE GLORIOUS PAST OF OUR

AASHAWAL A LA AHMEDABAD

17 JANUARY 2010
8.30 AM SHARP FROM SWAMINARAYAN MANDIR, KALUPUR

THE TOUR INCLUDES SWAMINARAYAN MANDIR, OLDEST JAIN TEMPLE OF SHANTINATH PADA NI POLE, KAVI-DALPATRAM CHAWK, AKHA BHAGAT CHAWK, MAGINIFICENT JAMA MASJID, RANI NO HAJIRO, BADSHAH NO HAJIRO, KHAU GALI-MANEKCHAWK, GLORIOUS HATKESHWAR TEMPLE & MANY MORE WORTH SEEING OLD HERITAGE SITES....

APPROVED TOURIST GUIDES:

MAMTA BHATT, MAHESH D. & NIRAV P.

(MINISTRY OF TOURISM-INDIA)

FOLLOWED BY TRADITIONAL MORNING SNACKS!!!

NOTE: KINDLY REGISTER YOUR SELF

BEFORE 13TH JANUARY

on Phone: 26586426 and 9825010940 and OBLIGE.
REGISTRATION IS SOLICITED TO SERVE YOU BETTER.

Official Sponsorer: INDOCO REMEDIES makers of MCBM69 TAB., CYCLOPAM TAB., CLOBEN-G, VEPAN TAB. & CYCLOPAM PLUS TAB.



President

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MESSAGE

The year of 2010 has just begun with lots of high hopes & aspirations for our beloved country for the ensuing next decade.

On behalf of the entire AOGS team we wish all our AOGSIANS a very healthy, wealthy & prosperous new year & decade as well.

May the almighty GOD gives all of us lots of laughter & happiness.

We whole-heartedly thank all our dear members for supporting us to the hilt in all activities through out the previous year.

This month we will enjoy the new attraction of our own Ahmedabad, THE HERITAGE WALK on Sunday, 17th January.

There will be academic lectures on 11th & 30th of this month, the details of which are given overleaf.

The cool breeze of winter season with lots of green fresh vegetables is to be enjoyed at its zenith at UTTARAYAN.....!!!

Don't forget our elections on 8th February & endoscopy conference on 12-14 February 2010.

Wishing u a perfect windy atmosphere on the day of uttarayan & vasi uttarayan,

Have a great makarsankranti,

AOGS Team



Sankalp to be taken by every AOGS member on the auspicious occasion of Swarnim Gujarat, 2010-11... Loud & Clear "NO" to Female Feticide..... Society to be freed from Gender bias at any cost... To teach the Society - "મા વિના સુનો સંસાર... અને ...દીકરી વ્હાલનો દરિયો"

"RUNANUBANDH"

(a trust formed by one time students of Dr. N. T. Vani), in collaboration with Ahmedabad Ob-Gyn Society, Dr. R. M. Nadkarni Trust, & ISOPARB Ahmedabad chapter, is organizing the

IInd International Oration

We are very happy to invite you to listen & interact with a world renowned professor with tremendous basic surgical research to his credit

Orator

Dr. Jose Miguel Palcios Jaraquemeda
Buenos Aires, Argentina

Subject

Management of PPH - Difficult Situation & Tips for the practicing Obstetricians

Monday, 11th January 2010 8.30 pm Ellisbridge Gymkhana Law Garden, Ahmedabad.

The program shall end with a dinner at Terrace, Ellisbridge Gymkhana



Registration is compulsory please register your name at AOGS office between 12 to 6 pm on Ph.: 26586426 For more information contact - 9824069250

FORTHCOMING~PROGRAM

AN ACADEMIC PROGRAMME

Saturday, 30th January, 2010 at 8.30 pm

Subject:

Rational use of blood & blood products
Speaker: Dr. Maitraey Gajjar, MD (Pathologist)

Venue: Jagmohan Parikh Hall, AMA Building, Ashram Road, Ahmedabad

Dinner will be followed by the lecture Programme is jointly organized by AMA & AOGS

Past Program Report of

Incontinence Update 2009

A two days conference on management of Urinary Incontinence was organized as a joint Venture by Ahmedabad Urological Association & AOGS on 12-13th December- 2009. Many Urologists & Gynecologists from Ahmedabad, as well as all over Gujarat participated in it. The conference had unique combination of Live Operative Workshop, CME and public awareness programme on Urinary Incontinence. Renowned faculties like Dr. Raja Maheshwari from Chennai, Dr. Ami Shukla from U.K. and Dr. Vinit Mishra, demonstrated very skillful surgeries. Public forum was honored by our honorable health minister Shri Jaynarayan Vyas, who inaugurated Gujarat Incontinence Forum. GIF is a Voluntary Foundation created by the Urologist, Gynecologist & few other renowned socially active people. Forum will work in the field at Urinary Incontinence. Various public awareness activities & CME will be organized in future. CME was an excellent interactive session between Urologists & Gynecologists to update the knowledge. GIF is looking forward for support from various Gynecologists.



Its funny!!

George Phillips, an elderly man, from Meridian, Mississippi, was going up to bed, when his wife told him that he'd left the light on in the garden shed, which she could see from the bedroom window.

George opened the back door to go turn off the light, but saw that there were people in the shed stealing things.

He phoned the police, who asked "Is someone in your house?"

He said "No," but some people are breaking into my garden shed and stealing from me.

Then the police dispatcher said "All patrols are busy. You should lock your doors and an officer will be along when one is available."

George said, "Okay."

He hung up the phone and counted to 30.

Then he phoned the police again.

"Hello, I just called you a few seconds ago because there were people stealing things from my shed. Well, you don't have to worry about them now because I just shot them." and he hung up.

Within five minutes, six Police Cars, a SWAT Team, a Helicopter, two Fire Trucks, a Paramedic, and an Ambulance showed up at the Phillips' residence, and caught the burglars red-handed.

One of the Policemen said to George, "I thought you said that you'd shot them!"

George said, "I thought you said there was nobody available!"

Don't mess with old people.



The Winners of Housie 2009-10

Dr. Rachana J. Shah

Dr. Mital K. Parikh

Dr. Geetendra Sharma

Prizes will be distributed on the Annual day.

Heartily Congratulations!

Dr. Jitendra Patel, for being elected as the President of GSB IMA for the year 2009-2010.







Lecture for Adolescent girls was organised by adolescent committee of AOGS on 2/1/2010 at Shri Shikshan Sadhana Stree Adhyapan Mandir, Bapunagar, Ahmedabad. Lecture was arranged by Dr Ushaben G Patel. 175 girls were educated by Dr Rajal Thaker & Dr Ushaben G Patel as speakers.



EXCERPTS OF NON IMMUNE HYDROPS FETALIS

Ashini Acharya MD, Prashant Acharya MD FICOG

INTRODUCTION

'Hydrops Fetalis describes a fetus or neonate with a pathological increase in total and interstitial body water, manifested as generalized subcutaneous edema, accompanied by serous fluid collections within one or more of the pericardial, pleural, or peritoneal spaces. Diagnosis of fetal hydrops identifies a clinical entity which has a wide spectrum of underlying etiologies and associations. Although hydrops Fetalis indicates fetal compromise in utero, fetal outcome of serious morbidity or mortality will depend upon the actual cause of the fetal hydrops. The antenatal detection of fetal hydrops requires an expeditious and diligent search for the underlying cause in order to direct appropriate pregnancy counseling and management. Overall, the prognosis is poor. 52%-84% perinatal mortality rate is reported in various series. Elucidation of etiology is of primary importance because treatment and prognosis of this disorder are determined by the underlying fetal condition, but the task may be difficult. It is clear that both successes in determining etiology and survival statistics differ between early and late gestation, largely because of the different gestational ages at which the various etiologies present. Fetus presents before 24 weeks of gestation with hydropes carries poor prognosis with poor fetal survival

PATHOPHYSIOLOGY

Interstitial fluid is produced at the level of the capillary, through the ultra filtration of plasma. The normal transcapillary filtration rate is determined by the balance between the capillary and interstitial hydrostatic and colloid osmotic pressures, together with the capillary permeability. Fetus has got relatively greater capillary filtration coefficient and greater interstitial compliance which makes fetus more susceptible to hydropic process. Any disturbance in the equilibrium will cause increase in interstitial fluid causing edema and subsequently the Hydropic changes.

ULTRASOUND EXAMINATION

NIH can develop at any time during pregnancy, depending on its cause. If associated with syndromes and/or chromosomal aberrations, it is usually of early onset, being apparent in the 1st trimester. If this is the case, it is often associated with increase Nuchal translucency (NT) and some time diffuse subcutaneous edema of the head and body, referred to as 'space suit'. If NIH is due to maternal infections or cardiac failure, its onset is mostly in the late 2nd or 3rd trimester.

Ultrasound allows the physician to determine the degree and extent of the fetal hydrops, assess fetal wellbeing, and search for fetal abnormalities. Polyhydramnios is commonly associated with hydrops Fetalis. The umbilical cord and placenta are scanned for evidence of masses such as cord cysts or Chorioangioma. A thickened placenta may be associated with fetal anemia, which can also be assessed using the middle cerebral artery peak systolic velocity flow. The earliest ultrasound finding may be increased nuchal translucency 11 to 13 weeks' gestation in NIH.

Specific evaluation of the fetal anatomy is critical. A thorough fetal cardiac scan-fetal echocardiography including M- mode examination is indicated, as up to 26% of fetal hydrops cases are associated with cardiac disease. Occasionally, visualization of the heart is suboptimal secondary to compression from a pericardial or pleural effusion and some authors have found it helpful to drain this excess fluid in utero to obtain a transient improvement in visualization of the fetal heart. A search for cardiac arrhythmia is also required, as both tachyarrhythmia and brad arrhythmias have been associated with the development of NIH. Evaluation of abnormal fetal posture and movement may suggest particular chromosomal or neuromuscular disorders. The size and appearance of the liver and spleen should be also evaluated, as their enlargement may suggest congenital hepatitis or various inherited disorders of metabolism.

FETALTHERAPY: GENERAL CONSIDERATIONS

Role of fetal therapy is of a value in NIH which is amenable to specific antenatal therapy .Immune hydrops can be successfully treated by blood transfusions to the fetus. Fetal therapy can also successfully reverse some types of non-immune hydrops, such as fetal Tachyarrhythmias (by transplacental or direct fetal administration of antiarrhythmic drugs), pleural effusions (by pleuro-amniotic shunting), urinary Ascites (by Vesico-amniotic or peritoneal-amniotic shunting), parvovirus B19 infection or severe fetomaternal hemorrhage (by fetal blood transfusions), diaphragmatic hernia(by intra tracheal balloon) , cystic adenomatoid malformation of the lungs (by shunting) and Sacrococcygeal Teratomas (by open fetal surgery), and the recipient fetus in twin-to-twin transfusion syndrome (by endoscopic laser coagulation of the communicating placental vessels).

OUTCOME

Neonatal mortality is ranging from 52 % to 84%. Many factors are responsible for the poor outcome of neonate with NIH.

- Prematurity
- Chromosomal anomalies
- Associated structural lethal malformations
- 4. Pulmonary hypoplasia
- Associated fetal infection

Past Program Report:

The Workshop on "Critical care in obstetrics & obstetrics I.C.U." was highly successful one with the attendance of more than 200 doctors.

This one day workshop was organized at Apollo Hospital, Gandhinagar.

Total 26 national, SOGOG and multi disciplinary eminent super specialists faculties were invited in the workshop. They shared their experiences and gave many useful tips to tackle different critical obstetrics' situations.

The theme of the conference was praised by everybody & all the delegates enjoyed the content of various lectures.

The hospitality & arrangements for the delegates at apollo hospital was commendable.

It was heartening to know that this kind of

the conference was the first one to be organized in Gujarat & FOGSI is going to organize simmiliar workshops in various other states in the year -2010 under the able leadership of Dr. Sanjay Gupte. It

























was also good to know that our own member and one of the organizing chairperson of this workshop Dr. Alpesh Gandhi is appointed a national co-convenor to organize the workshops on "critical care and eclampsia" across the country.

Dr. Girija Wagh came from Pune and invited all the members to attend the 47th world congress on "Gestosis-pathophysiology of pregnacy" to be held at Pune on 28th, 29th and 30th August, 2010 where 20 eminent international faculties are invited.

Dr. Hemant Bhatt and Dr. Dilip Gadhavi as organizing secretaries have done a lot of hard work to make our workshop successful.

It was the excellent teamwork of our AOGS, practical obstetrics committee of FOGSI & Apollo Hospital. Delegates demanded another such type of workshops in different zones of Gujarat.



12th-14th February, 2010 AHMEDABAD

GUJARAT

NATIONAL CONFERENCE

ENDOVISION 2010

Organized by Ahmedabad Ob-Gyn Society & FOGSI Endoscopy Committee

With focus on ESTABLISHING STANDARDS IN GYNAECOLOGICAL ENDOSCOPIC SURGERIES

Pre-conference Workshop: 12th February 2010, Friday

LIVE DEMONSTRATION OF ALL KIND OF ENDOSCOPIC SURGERIES INCLUDING: FERTILITY ENHANCING SURGERIES, DIFFICULT TLH, RECTOVAGINAL ENDOMETRIOSIS, FIBROID, RADICAL HYSTRECTOMY & VVF REPAIR LAPAROSCOPICALLY

Conference: 13th-14th February 2010, Saturday-Sunday

FOCUS ON STANDARD PRACTICE GUIDELINES FOR FERTILITY ENHANCING SURGERIES, TLH, FIBROID, ENDOMETRIOSIS, OT SET UP, TRAINING, SURGICAL SKILL ENHANCEMENT, ELECTRONIC DATA RECORD, VIDEO, PHOTO, SELF ACCREDITATION, CME CREDITS, T.O.T. EVIDENCE BASED PRACTICE APPROACH, PARTICIPATING IN RESEARCH STUDIES ETC.

Conference Secretariate Ahmedabad Ob-Gyn Society 2nd Floor, AMA Building Ashram Road, Ahmedabad 380009. Phone: 079-26586426, 66056200 Email: ahmedabadobgynsoc@gmail.com

Conference President pragnesh@laparoscopyexpert.com

Organizing Secretary drdilipgadhavi@gmail.com

For registration and more detail contact http://ahmedabadobgyn.org/images/Endovision%202010.gif

Registration Details			
EVENT	UP TO 31st Jan	After 31st Jan	Spot
Workshop	1000	1500	2000
Conference Workshop+Conference	2000 2500	3000 4000	5000

Mode of payment: Cash/DD/Cheque payable at ahmedabad Favouring "Endovision 2010".

http://ahmedabadobgyn.org

FOGSI ENDOSCOPY Committee Website http://endoscopyindia.org/index.html