

# AOGGS

www.ahmedabadobgyn.org  
**BULLETIN**

**AHMEDABAD OBSTETRICS & GYNAECOLOGICAL SOCIETY NEWS LETTER VOL.8 MARCH 2013**

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Dr. Neeta Thakre

◆ **Co-opt members**

Dr. Alpesh Gandhi  
Dr. Rajesh Soneji

◆ **Special Invitee :**

Dr. Atul Munshi  
Dr. Kanthi Bansal  
Dr. Prashant Acharya  
Dr. Sapna Shah  
Dr. Neeta Thakre



Theme :

**Learning the  
latest while  
nurturing the  
basics**





## ***Message of the AOGS team***

"When it is obvious that the goals cannot be reached, don't adjust the goals, adjust the action - **Confucius**"

The time passes faster than we expect and even before we realized the complete year of writing and communicating with the fellow members passed, with a note of lasting winter, well into the March of 2013, which is a matter of concern because it shows the changing pattern of the Nature, an effect of the Global change of Weather patterns, small contributions from each of us would be a valuable contribution towards saving the Planet Earth, let us resolve that we do the least that we can, for the Mother nature, all we need to do is PRINT on BOTH sides of our A4 PAPERS, because "It takes a TREE to make just 3000 A4 Papers", "SAVE that TREE", if we start today, we can believe our children will inherit a Greener World from us, we the obstetricians witness the events of the NATURE with awe and fancy, few people other than obstetricians will ever understand the Nature and its Strengths. The CME of 9<sup>th</sup> Feb. at Hotel Park Plaza was attended by 87 members, to keenly attend the lecture by Prof. Jean Duval from USA. The program was an excellent opportunity to learn the basic skills of maternal resuscitation.

The CME on 16<sup>th</sup> Feb. On Anastrozole & Sildenafil was live exchange of ideas between the audience & the faculties, Dr. Kanthi Bansal & Dr. Randeep Chauhan from Bhopal. The CME was attended by 97 members.

The CME on Recurrent Pregnancy Loss and Gestational Diabetes Mellitus (RPL & GDM), organized with FOGSI was attended by 110 members. Dr. Hema Diwakar - FOGSI President & Dr. Navneet Magon deliberated well on their respective subjects of GDM & thrombophilia. The panel discussion on GDM & RPL by Dr. C. B. Nagori, Dr. Sanjay Munshi, Dr. Shashikala Sahu & Dr. Parag Shah (Endocrinologist) was very informative & revealing. The conference on High Risk Pregnancy at Hotel Pride on 24<sup>th</sup> Feb. was attended by record 207 delegates; everybody learned many useful tips for day to day clinical practice.

The CME on USG at R.M.FOZDAR Hall was attended by 102 AOGS members. Dr. Prashant Acharya & Dr. Jigish Trivedi gave one of the finest lectures on Bio-Chemical markers in pregnancy, 11 to 14 wks. Scan & diagnosing thoracic anomaly in foetus...the delegates were very satisfied with the academic content of the CME. There was a lot of demand for one day basic USG training workshop involving these two faculties, which may be given a due consideration. There was a special CME of "**Nutrition in pregnancy**" on 10<sup>th</sup> March- on the day of Shivratri. The faculties- Dr. Phagun Shah, Dr. Parag Shah (Endo) & Dr. Hemant Bhatt -enthralled the audience with their talks. In spite of Shivratri, 76 delegates attended the CME, the attendees enjoyed the specially prepared FARALLI lunch..

## ***Message from the President and Secretary***

At last the final month & movement has arrived! Through out last 12 months we have worked- rather over worked for our dear organization AOGS...

There is a sense of satisfaction that we could organise 27 CMES, two big conferences & two one day conferences & eight family programs...!

We could give 49 credit pts. To AOGS delegates, where we are supposed to work for 30 credit pts..! Our parting wish is...our next ACOG conference of West

Zone should be at Ahmedabad... the virtual capital of vibrant Gujarat...!

We thank with bottom of our heart, all the members of AOGS... for supporting our each & every endeavor...wholeheartedly...!

We offer our unconditional apology with all humility if at all we have been deficient in rendering our services to any of our esteemed member....!

***Good bye & good luck to one & all...***

## Forth-coming Programme

### Obstetricians & Neonatologists' conclave : Can they harmonize their acts together?

**Venue :** Hotel President,  
Ahmedabad.

**Date :** Sunday, 24th March

**Time :** 9.00 am onwards

**Co-ordinators :**

Dr. Darshna Thakkar & Dr. Nischal Bhatt

**Chairpersons :**

Dr. Hemant Bhatt & Dr. Hardik Mehta

Time	Subject	Moderator	Speaker
9.00 am to 9.30 am	Pregnancy with Hepatitis		Dr. Shravan Bohra (Gastro)
9.30 am to 10.45 am	<b>How I look at the case -</b>	Dr. Darshana Thakkar	
	1. Pregnancy with Thyroid disorders		Dr. Sujal Munshi Dr. Abhishek Bansal
	2. Pregnancy with diabetes		Dr. Ami Mehta Dr. Sheila Iyer (Baroda)
	3. Pregnancy with Rh - isoimmunisation		Dr. Sushma Shah Dr. Ashish Mehta
10.45 am to 11.15 am	How to counsel for cervical cancer prevention....?		Dr. Mukesh Gupta (Mumbai)
11.15 am to 12.00 am	<b>Panel discussion : Discussion of different interesting clinical case Scenarios -</b>	Dr. Chetan Trivedi	
	Pregnancy with Swine Flu, Dengue, HIV, Chickenpox, CHD, & Hydronephrosis... Obstetrician & Neonatologist	Panelists : Dr. Vaibhav Dr. Sheila Iyer Dr. Sonal Kotadawala Dr. Jayesh Patel	
12.00 pm to 1.00 pm	<b>Debate</b> • Why they fight? • When they cross swords? • What do I expect from my counterpart?	Dr. Bhavesh Patel	Dr. Kamal Parikh / Dr. Jignesh Deliwala Post natal care Healthy/Preterm NB Dr. Vivek Uppal / Dr. Manoj Pandya attending new born resuscitation



## **CME On “ High Risk Pregnancy Held ” On 24<sup>th</sup> Feburary 2013 At Hotel Pride**



### ***Announcement Of AOGS Election Results Of 2013-14***

The following members were elected unanimously in the elections held on 2nd March-2013. The results were announced in the GBM on that day.

President : Dr. Mahesh Gupta  
President Elect : Dr. Dilip Gadhavi  
Jt. Secretary : Dr. Jignesh Deliwala

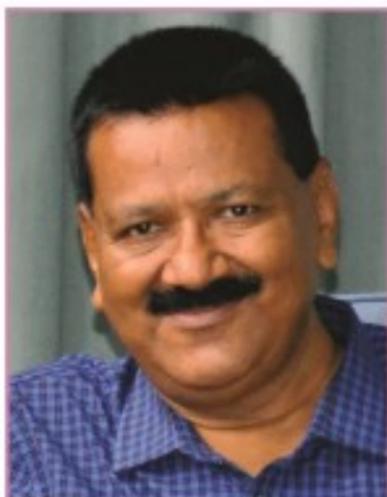
Vice President : Dr. Kiran Desai  
Hon. Secretary : Dr. Phagun Shah  
Treasurer : Dr. Anil Mehta

#### ***Managing Committee -***

- |                        |                        |
|------------------------|------------------------|
| 1. Dr. Anjana Chauhan  | 2. Dr. Archana Shah    |
| 3. Dr. Mukesh Patel    | 4. Dr. Kaushik Vyas    |
| 5. Dr. Kamini Patel    | 6. Dr. Kalpesh Trivedi |
| 7. Dr. Gitendra Sharma | 8. Dr. Sunil Shah      |

Dr. Dipesh Dholakiya & Dr. Hemant Bhatt will become the ex-officio members of next year's team. We heartily congratulate the incoming team & wish them all the very happy & successful year..!

### ***Felicitatation of President & Secretary of AOGS 2011-12***



Dr. Vijay Shah



**Thanks For Your  
Services To  
AOGS**

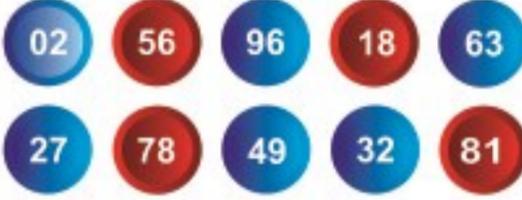


Dr. Gitendra Sharma

***Felicitatation Done by Dr. Hema Divakar - FOGSI President.***

Susten Fertisure M

**tambola**



1<sup>st</sup> issue Nos.  
( 87, 25, 54, 19, 33,  
44,67, 93, 75, 05 )

2<sup>nd</sup> issue Nos.  
( 61, 59, 15, 35, 84,  
47, 22, 98, 73, 09 )

3<sup>rd</sup> issue Nos.  
( 95, 83, 52, 17, 77,  
41, 03, 28, 69, 36 )

4<sup>th</sup> issue Nos.  
( 07, 55, 16, 68, 23,  
72, 34, 86, 45, 92 )

5<sup>th</sup> issue Nos.  
( 01, 64, 20, 85, 43,  
58, 14, 71, 37, 94 )

6<sup>th</sup> issue Nos.  
( 13, 65,88, 21, 74,  
08, 42, 53, 91, 39 )

**Exciting Prizes.....**

- |                      |   |                           |
|----------------------|---|---------------------------|
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| 2. Second Full house | : | Canon Digital Printer     |
| 3. Third Full House  | : | Kodak Digital Photo frame |
| 4. Fourth Full House | : | Titan Raga Watch          |

In case of a tie there will be a toss.  
Preserve the tickets until you win.....  
Wishing all members good luck.....

**કઢીયે ન ચૂકી શકાય, તેવો અમૂલો અવસર....  
રસોત્સવ...ગુર્જરી ગીત ગુંજનનો...**

તારીખ  
30-03-૨૦૧૩, શનિવાર

સમય  
રાત્રિના ૯.૦૦ વાગ્યે

-: સ્થળ :-

પ્રકાશ હાઈસ્કૂલ ઓડીટોરીયમ  
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-: સંયોજકો :-

ડૉ. મુકેશ બાવીસી, ડૉ. હીના મશ્કારીયા

-: કલાકારો :-

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અને આરતી મુન્શી

-: સૂત્રધાર :-

શ્રી તુષાર શુક્લ

વિજ્ઞાપિ

રસોત્સવનાં પ્રવેશપત્રો રૂા. ૧૦૦/- પ્રતિ વ્યક્તિ  
તારીખ ૨૦ મી માર્ચ, ૨૦૧૩ થી **AOGS** કાર્યાલયથી  
મળવા પાત્ર થશે તે આપની જાણ સારું...

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## **DEVASULARIZATION : SAVING LIVES**

**Dr. Hemant Deshpande**

Prof. and HOD OBGY,

**Dr. D. Y. Patil**

Medical College & Hospital,

Pimpri – Pune

Uterine artery ligation is a relatively simple procedure and can be highly effective in controlling bleeding from uterine sources. These arteries provide approximately 90% of uterine blood flow. The uterus is grasped and tilted to expose the vessels coursing through the broad ligament immediately adjacent to the uterus. Ideally, place the stitch 2 cm below the level of a transverse lower uterine incision site. A large atraumatic (round body) needle is used with a delayed absorbable suture. Include almost the full thickness of the myometrium to anchor the stitch and to ensure that the uterine artery and veins are completely included, the needle is then passed through an avascular portion of the broad ligament and tied anteriorly. Opening the broad ligament is unnecessary. Perform bilateral uterine artery ligation, while the uterus may remain atonic, blanching is usually noted and blood flow is greatly diminished or arrested.

Local oozing may be controlled with compression. (O'Leary, 1995). Stepwise approach is after initial uterine artery ligation, subsequent stitches to be placed 2-3 cm below the initial stitches following bladder mobilization for cervical branch ligation and finally ovarian artery ligation to be performed if required. Menstrual flow and fertility does not get adversely affected.

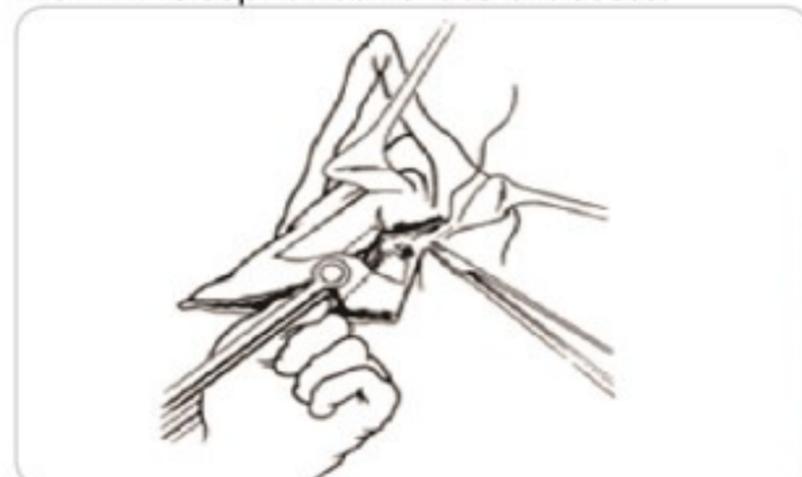
### **VAGINAL TECHNIQUE OF UTERINE ARTERY LIGATION**

This procedure is performable with minimal preparation with or without bladder retraction. A 2-cm horizontal incision is made

in the anterior cervix 1 cm beneath the estimated vaginocervical fold and the bladder reflected in the natural plane. Firm but gentle downward traction on the uterus to the contralateral side of the intended ligature maximizes cephalic and lateral access permitting bilateral uterine artery ligation from laterally under direct vision or by transcervical palpation.

The vaginal route offers a novel, simple, effective, and minimally invasive technique for treating intractable puerperal hemorrhage by uterine artery ligation. Timely intervention avoids hysterectomy and consumption coagulopathy and preserves reproductive potential.

The procedure itself can be performed with bladder retraction. The anterior and posterior cervical lips are clamped with sponge holding forceps. A 2-cm horizontal incision is made in the anterior cervix about 1 cm beneath the estimated vaginocervical fold and the bladder is reflected as much as possible in the natural plane using a swab on a holder. Gentle but firm traction is then used to pull the uterus downwards and sideways, towards the contralateral side of the intended ligature, to maximize cephalic and lateral access.



From cephalic end a curved needle is led towards the myometrium under the guidance of the index finger placed in the cervical canal and lower uterine segment. The uterine artery whose pulsation are readily palpable and sometimes visible laterally, is encircled with the artery, vein and a layer of uterine tissue and ligated. Fingertip injury is avoided by retracting the finger after palpation and immediately before applying the stitch. It is very important to pull the uterus gently towards the contra lateral side to allow for ample working space and visualization of the vessel bundle. The synthetic absorbable thread is clamped using artery forceps and the vessel bundle pulled caudally. Additional one or two ligatures, depending on the anatomical variations of the uterine artery applied to secure the ligation, using the same technique. The whole procedure is then repeated with the contra lateral vessel bundle. The anterior vaginal wall and anterior cervical lip are reunited with a few interrupted stitches with delayed absorbable suture material.

Vaginal ligation of the uterine arteries should not be performed in women with known or suspected human immunodeficiency virus and/or hepatitis B or C virus. This procedure is highly effective when performed in time. It is quickly learned as it resembles the part of preparation for vaginal hysterectomy.

### **OVARIAN ARTERY LIGATION**

The ovarian artery arises directly from the aorta and ultimately anastomoses with the uterine artery in the region of the uterine aspect of the utero-ovarian ligament near cornu. Ligation is performed just inferior to this point in a manner similar to that of uterine artery ligation. The amount of uterine blood flow supplied by these vessels may increase following uterine artery ligation. The procedure is easy to perform.

### **INTERNAL ILIAC (HYPOGASTRIC) ARTERY LIGATION**

Bilateral internal iliac artery ligation / hypogastric artery ligation to control pelvic hemorrhage was first supposedly performed by Kelly in 1894. Since then, many reports have emerged describing its diverse indications, surgical technique and effectiveness in controlling pelvic hemorrhage.

Internal iliac artery ligation can be effective to reduce bleeding from all sources within the genital tract by reducing the pulse pressure in the pelvic arterial circulation. It is indicated that pulse pressure was reduced by 77% with unilateral ligation and by 85% with bilateral ligation (Clark, 1985). Hypogastric artery ligation is not difficult to perform.

**Site : 4 cm distal to bifurcation of internal iliac artery after post. division using No.2 Chr. Catgut at 2 places 0.5 cm apart**

	<b>Unilateral</b>	<b>Bilateral</b>
Pulse Pressure	77% Same Side 14% Opp.side	Pulsepressure 85%
Map	22% Same Side 10% Opp .side	Decreases By 24%
Blood Flow	Decreases By 48%	Decreases By 50%



The retroperitoneal space is entered by incising the peritoneum between the fallopian tube and the round ligament. The ureter must be identified and reflected medially with the attached peritoneum. The external iliac artery is identified on the pelvic sidewall and followed proximally to the bifurcation of the common iliac artery. The ureter passes over the bifurcation. The internal iliac artery is identified and followed distally approximately 3-4 cm from its point of origin. This site is ideal for ligation as posterior division arises within 3 cm of bifurcation.

The loose areolar tissue is carefully dissected from the artery. A right-angle clamp (Mixer) is passed beneath the artery at this point, with great care to avoid damage to the underlying internal iliac vein.

The dissection is safe and easy if we pass the clamp from lateral to medial in order to minimize the chance of damage to the adjacent external iliac vessels and internal iliac vein.. Gentle elevation of the artery with clamp and separating 1 cm area is needed to pass the suture material.

Ligate the artery with No.2 chromic catgut (absorbable suture) at 2 sites, 1 cm apart but **do not divide** it. Palpate the femoral pulse and distal pulse of dorsalis pedis before and after the ligation to ensure that the external or common iliac artery was not inadvertently ligated. Place the ligation distal to the posterior division of the artery because this decreases the risk of subsequent ischemic buttock pain. Identification of the posterior division may be difficult and ligation 3 cm from the internal iliac artery origin usually ensures that it is not included.

After the bilateral ligation, the drop in pulse pressure was 85% whereas with unilateral ligation it was 77% on the same side and 14% on the opposite side. The mean arterial

pressure decreased to 24% with bilateral ligation and with unilateral ligation the decrease was 22% on the same side and 10% on the opposite side. The rate of blood flow dropped to about 48% on the same side after ligation.

Delayed complications like ischemic necrosis, perithecias of gluteal region or bladder atony, injury to the iliac vein and bladder necrosis may be seen in a few patients.

Internal iliac ligation is a valuable surgical procedure and should be the first line of treatment where conservation of the uterus is desired. The complications encountered are few if the procedure is performed carefully and with knowledge of pelvic anatomy. The expertise to perform IAL should therefore be thoroughly known to obstetrician and gynecologist who may face the need to control pelvic or post partum hemorrhage immediately.

BIL is mainly indicated in post-partum hemorrhage due to uterine atony, ruptured uterus and placenta accrete. The main advantage of procedure is effectiveness and preserving future fertility in women who had internal iliac ligation for control of life-threatening obstetric hemorrhage. Every obstetric surgeon should be well acquainted with internal iliac artery ligation.

**Important announcement :**

**We sincerely request all the  
AOGS members to include  
HB electrophoresis in their  
antenatal profile for pregnant pts.  
For early detection of Thalassemia .**



**Dr. Sanjay Gupte at RPL - CME**



**Dr. Navneet Magon at RPL - CME**



**Inauguration of High Risk  
Pregnancy Conclave**



**Dr. Hema Diwakar - FOGSI President  
Deliberating on GDM**

## ***Members' - Corner***

All AOGS Members Are Requested To Join  
FOGSI Social Security Scheme.  
The Forms are available at AOGS Office ,  
as well as on FOGSI website.  
[www.fogsi.org](http://www.fogsi.org)

### **Congratulations**

**to**

**Dr. Sonal Panchal**

For Participating as a Faculty in Hands on Training Programme in  
Jon Donald Course at Dubai Recently .



## *Eventful Glorious Year Of 2012 - 13*

### In the Year 2012-13



CMEs	-27
Workshops	-2
Orations	-4
FORCE-2012	-at G.C.S.medical college

### Two big conferences-

- 1.National Satellite conf.  
-7 & 8.
- 2.International Fetal  
medicine conf.



### FAMILY ENTERTAINMENT PROGRAMS

- 1.Mahesh shastri's laughter show
- 2.Movie-vicky donor
- 3.Musical night of Dr.Falguni Doctor
- 4.Navaratri festival at reform club
- 5.Bhupendra-Mitali night at Aangan party plot
- 6.Shyamal-saumil musical night
- 7. Kashmir Tour in Summer
- 8. Hong Kong , Makau , Sienzen Tour in Diwali

### THREE BIG SOCIAL EVENTS

- Participation in Ahmedabad marathon-2013 on 6<sup>th</sup> january-2013
- Formation of human chain on first ever world daughter's day on 12<sup>th</sup> january-2013
- Celebration of thalassemia week in the month of july-2012
- Numerous RCH Programmes were done at Various Schools & Colleges

### UPGRADATION OF AOGS OFFICE

- RENOVATION
- UPGRADATION WITH TECHNOLOGY- OPTIMAL USE OF NET & SMS SERVICES
- GREVIENCE REDRESSAL AT THE SHORTEST POSSIBLE TIME
- BETTER CO-ORDINATION WITH APPOPRIATE AUTHORITIES,GMC

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References: 1. Reproductive Biology and Endocrinology, 2004;2:7-14. 2. Am J Epidemiol, 2002;156:806-812. 3. Fertility and Sterility, 2010;94(1):130-137. 4. Diabetes Care, 1996;22(7):1017-1021.

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