Annual Conference of All India Co-ordinating Committee of Royal College of Obstetricians & Gynaecologists of Northern Zone of India (AICC RCOG-NZ)

2nd to 6th September, 2011

Conference Venue:
Sant Parmanand Hospital
18, Sham Nath Marg, Civil Lines, Delhi 110 054

Theme:

CELEBRATING THE MODERN DAY *Woman*

Abstract Book & Souvenir

Conference Secretariat:
Annual Conference of AICC RCOG-NZ of India
Department of Obstetrics & Gynaecology
Sant Parmanand Hospital
18, Sham Nath Marg, Civil Lines, Delhi-110 054
M: 09811888732, 09811444563

8 Hours of CME Accreditation by DMC

Sant Parmanand Hospital, Delhi

Sant Parmanand Hospital is a state of the art medical facility providing tertiary level of medical care. The hospital was commissioned in October 1997 and within a short span of its existence as a multi-specialty hospital it is regarded as a center of excellence in the professional circles. The 153 bedded hospital is renowned for its medical expertise, excellent nursing care and quality diagnostics. Specialists on the hospital's panel include some of the most distinguished names in the profession. The hospital has earned national as well as international recognition as a center of excellence for Joint Replacements, World Class Birthing Centre, Arthroscopic Surgeries, Spine Surgery, Advanced Laparoscopy and Minimally Invasive Surgery. The hospital is equipped with the latest equipment and provides a complete range of diagnostic, medical and surgical facilities for the care of its patients. The hospital has state of the art world class operation theatres and caters to both national as well as international patients. The hospital is registered with Diplomate National Board to impart post graduate training to medical students in the departments of Orthopaedics, Ophthalmology & Anaesthesiology.

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Gastro-Enterology	Medical Oncology
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- Parmanand Executive Health Check
- Parmanand General Health Package
- Parmanand Geriatric Health Check
- Parmanand Healthy Child Check
- Parmanand Medical Check-up

For Details Contact:
18, Sham Nath Marg, Civil Lines, Delhi - 110054 Ph: 23981260, 23994401 – 10 Fax: 23974706
Website: www.sphdelhi.org E-mail: contact@sphdelhi.org.

Mangal Kaamna Mantra

Sarvo mangala maangalye
Shive Sarvaathu saadike
Sharanyam thrayambeke Gauri
Narayani Namosthute (2)

Sharanaagad Dinaarth
Pare..thranu paraayane..
Sarvo Saathi Hare Devi
Narayani Namosthute (2)

Sarvo Swaroope Sarveeshe
Sarvo Shakti Samvithe
Bhaya Bhyasthrahino Devi
Durge Devi Namosthute (2)

O! Goddess Parvathi, consort of Lord Shiva, You who do good to all.
And fulfil the wishes of all. Take me under your benediction.
Before Thee, I prostrate myself. To prevent any kind of calamity or misfortune.
My prostrations are to You O! powerful goddess!
Take me in your refuge and prevent me from any calamity or misfortune.
To eliminate all kinds of fears. My prostrations are to Her, the Durga Devi,
who indeed Manifests in all forms, who is Lord of all,
who is endowed with all powers, may She protect me from fear.

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Invitation

Dear Colleagues,

It gives me great pleasure to announce yet another annual conference being organised by the AICC RCOG North Zone India.

This year, the conference is being organised on behalf of the AICC RCOG North Zone at Sant Parmanand Hospital by Dr Nirmala Agarwal and her able team. "Celebrating the modern day woman", is the theme of the conference. Multiple workshops, pre and post conference, will be hosted at some of the leading hospitals of the city, where we have a major representation of our members and fellows.

The pre-conference workshop at Indraprastha Apollo Hospital is on the new age perinatal fetal medicine answers to problems. At Fortis Escorts Hospital we have an Endolearning Video workshop, where we will demonstrate the "happening" hi-tech advanced options of endoscopic solutions to surgical gynae pathology that are fast (but not fast enough) replacing the "oft-dubbed", "archaic approach" of open surgery. At Indraprastha Apollo Hospital we also have a live workshop to promote state-of-the-art uro-gynaecological procedures. Post conference we will train gynaecologists in "colposcopic" detection of the ancient mistress of all maladies – cervical cancer at Sant Parmanand Hospital at the colposcopic workshop. At Max Hospital Saket, we will showcase the fashionable option of making babies by IUI for the unfortunate infertile women of today, at the IUI workshop.

Our parent body, the RCOG has always kept pace with the changing needs, demands and progress of women's healthcare without compromising safety and quality. Rest assured, this conference and all of its workshops will promise to do just that.

In the quest for true progress and learning, barriers will disintegrate and all faculty, delegates and our patients will emerge winners. Cheers!!!

Looking forward to meeting and welcoming you personally with all our teams at these academic parties!

Dr. Urvashi Prasad Jha
Organising Chairperson

Dr Nirmala Agarwal

Dr Sonal Bathla

Organising Secretaries

Annual Conference - Organising Committee

Organising Chairperson
Dr. Urvashi Prasad Jha
urvashipjhaclinic@gmail.com

Organising Secretaries
Dr. Nirmala Agarwal n.menoky@gmail.com
Dr. Sonal Bathla tcsharma@hotmail.com

Conference
Dr. Nirmala Agarwal
Dr. Sonal Bathla
Dr. Arbinder Dang
Dr. Sweta Balani
Dr. Priti A Dhamija
Dr. Shamma R Kapoor
Mr. Gautam Agarwal

Pre-Conference Workshops

Perinatology-Clinical Update
Dr. Sohani Verma
Dr. Anita Kaul
Dr. Chinmayee Ratha

Endoscopy Workshop
Dr. Urvashi P Jha
Dr. Neema Sharma
Dr. Ramandeep Kaur

Urogynecology & Pelvic Floor Surgery
Dr. Ranjana Sharma

Post-Conference Workshops

Annual Colposcopy Course & Hands-on Workshop
Dr. Saritha Shamsunder
Dr. Sweta Balani

IUI Workshop
Dr. Kaberi Banerjee

Fund Raising
Dr. Urmil Sharma
Dr. Nirmala Agarwal
Dr. Sohani Verma
Dr. UP Jha
Dr. Shilpa Dhamija

Free Paper
Dr. Chinmayee Ratha
Dr. Asmita Rathore
Dr. Priti Arora Dhamija
Dr. Priti Gupta

Make - A - Point Free Video
Dr. Neema Sharma
Dr. Ramandeep

Endoscopy Quiz
Dr. Pooja Thukral
Dr. Kaushikee Dwivedi
Dr. Jharna Behura

Souvenir
Dr. Arbinder Dang
Dr. Seema Sharma
Dr. Jyoti Bhaskar
Dr. Meenakshi Sahu

Hospitality
Dr. Poonam Tara
Dr. Jayashree Sunder
Dr. Shamma R Kapoor

Registration
Dr. Sonal Bathla
Dr. Jasmine Chawla
Dr. Poonam Tara

Valedictory
Dr. Nirmala Agarwal
Dr. Sonal Bathla
Dr. Sandhya Gupta
Dr. Sweta Balani

Inauguration
Dr. Nirmala Agarwal
Dr. Saritha Shamsunder
Dr. Deepa Aggarwal

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Neerja Bhatla
Neerja Goel
Neha Gami
Nirmala Agarwal
Nita Khurana
Nivedita Sarda
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Puneet Kochar
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SK Ghai Bhandari
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Seetha Panicker
Shalini Rajaram
Shamma R Kapoor
Sharda Jain
Shashi Prateek
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Veena Acharya
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Friends of
Sant Parmanand Hospital Welfare Association

Main Office: **Friends of Sant Parmanand Hospital Welfare Association®**
Room No. 433, Sant Parmanand Hospital, 18, Shyam Nath Marg, Delhi-110054 • Tel.: 23994401-8

"Friends of Sant Parmanand Hospital Welfare Association (F.S.P.H.W.A.)" is a Non Govt. Organisation (N.G.O.) sharing in activities of Sant Parmanand Hospital as a 'Friend' in day to day needs and activities. We are a non profit making organization with the mission to improve health of the less and under privileged, poor and needy people of the community.

Aims:

- Free distribution of medicines to the needy.
- Diagnostic Camps and further follow up and treatment and surgeries as may be required.
- To promote good health and hygiene.
- Rendering services to give support to sick, poor, elderly regardless of race and religion.
- Help patients suffering from Chronic Disabling diseases.
- Special focus on health of women Mother and Child care programmes, Reach the masses of the slum population especially in North Delhi.
- Help people on an individual level, by limiting the effect of their disabilities enabling them to support their families.
- Organize six to eight camps in a year apart from our day to day activities.

Camps organised by us:

- HEPATITIS B VACCINATION CAMP.1400 people were vaccinated.
- GYNAE CAMP PAP SMEAR TEST for Cancer detection. 400 ladies were given a complete check up and those who needed further treatment were treated.
- POLIO CHILDREN HANDICAP CAMP. Approx. 600 children have been treated and more than 215 surgeries were performed.
- DENTAL CHECK UP CAMP. Many children from schools were given free check up.
- BLOOD DONATION CAMP. 46 units of blood was collected in this camp.
- E. N. T. CAMP. Hearing Aids were distributed, surgeries were also earned out for a few patients.
- LIVER, DIABETES, GASTROENTEROLOGY CHECK-UP CAMP Around 450 patients were treated in all the camps. More than 180 Endoscopies & Ultrasounds were carried out.
- MOTHER & CHILD CARE 345 ladies were treated & about 105 children were given a general check up & vaccinations & medicines were given to them.
- KIDNEY & PROSTATE STONES & DISEASES DETECTION CAMP. Around 260 persons were examined and around 90 persons had problems of kidney stones & bladder. The surgeries for the patients were carried out.
- HEART CHECK-UP CAMP. With the help of Escorts Doctors, patients were checked in Sant Parmanand Hospital and for further treatment referred to Escorts Hospital.
- CHEST & LUNG CHECK-UP CAMP. 210 people under treatment PFT & Chest X- Ray.

SPECIAL PROJECT - Treatment of T.B. patients
More than 600 TB. patients have been treated & cured till 2006. Each patient's treatment lasts generally for 9 months in which we provide free medication under doctors guidance.

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Vice President:	Mrs Monika Agarwal
Secretary:	Mrs Rajita Goyal
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अर्चना दत्ता (मुखोपाध्याय)
राष्ट्रपति के विशेष कार्याधिकारी (जन सम्पर्क)
Archana Datta
(Mukhopadhyay)
OSD (PR) to the President

राष्ट्रपति सचिवालय,
राष्ट्रपति भवन,
नई दिल्ली - 110004
President's Secretariat,
Rashtrapati Bhavan,
New Delhi - 110004

MESSAGE

The President of India, Smt. Pratibha Devisingh Patil, is happy to know that the Department of Obstetrics and Gynaecology of Sant Parmanand Hospital, Delhi is organising an Annual Conference of All India Co-ordinating Committee of Royal College of Obstetricians and Gynaecologists of Northern Zone of India on the theme "Celebrating the Modern Day Woman" from September 2-6, 2011.

The President extends her warm greetings and felicitations to the organisers and the participants and wishes the Conference every success.

A. Datta

Officer on Special Duty (PR)

SHEILA DIKSHIT
CHIEF MINISTER

सत्यमेव जयते

GOVT. OF NATIONAL CAPITAL TERRITORY OF DELHI
DELHI SECRETARIAT, I.P. ESTATE
NEW DELHI-110113
PHONE : 23392020, 23392030
FAX : 23392111

D.O.NO.: OSD/cmi/333
Dated : 16/08/2011

MESSAGE

I am glad to learn that **the Obstetricians and Gynaecologists of Delhi** are organizing an **Annual Conference of All India Co-ordinating Committee of Royal College of Obstetricians and Gynaecologists of Northern Zone of India** from 2nd – 6th September, 2011 at New Delhi. Theme of the Conference – "**Celebrating the Modern Day Woman**" is a quite relevance and importance.

I am sure that the participants will deliberate on all issues concerning Gynaecology. This will go a long way in ensuring safe institutional deliveries and proper pre and post natal care.

My best wishes for the success of this Conference.

Sheila Dikshit

(SHEILA DIKSHIT)

DR. R. K. SRIVASTAVA
M S (Ortho) D.N.B. (PMR)
DIRECTOR GENERAL

सत्यमेव जयते

भारत सरकार
स्वास्थ्य सेवा महानिदेशालय
निर्माण भवन, नई दिल्ली-110108
GOVERNMENT OF INDIA
DIRECTORATE GENERAL OF HEALTH SERVICES
NIRMAN BHAWAN, NEW DELHI-110108
TEL. No. : 91-11-23061438, 23061063
FAX No. : 91-11-23061924
E-mail : dghs@nic.in

Dated 05-08-2

MESSAGE

I am happy to know that Obstetricians and Gynaecologists of Delhi are organizing an Annual Conference of All India Co-ordinating Committee of Royal College of Obstetricians & Gynaecologists of Northern Zone of India at Sant Parmanand Hospital, Delhi from 2nd to 6th September, 2011.

The Fifth Millennium Development Goal (MDG) target for maternal survival is to reduce maternal mortality by two-thirds by 2015. Potentially one of the most effective health interventions for the prevention of maternal morbidity and mortality is prenatal care with special emphasis to safe delivery. It is heartening to note that the central theme of the conference is 'Celebrating the Modern Day Woman'. High maternal mortality and HIV rates, increasing, tobacco consumption and heavy burden of non-communicable diseases in young women are the areas of concern.

(DR. R.K. SRIVASTAVA)

Dr. S.P. Agarwal
M.S. (Surg.) M.Ch. (Neuro.), FIMSA, FICS, D.Sc (h.c.)
(Former Director General Health Services, Govt. of India)
SECRETARY GENERAL
Padma Bhushan awardee

Indian Red Cross Society

National Headquarters
1, Red Cross Road, New Delhi-110 001 (INDIA
Tel. : 011-23716424, 23717063
Fax : 011-23717454
E-mail : spagarwalsg@indianredcross.org
spasgircs@gmail.com

MESSAGE

I congratulate Department of Obstetrics & Gynaecology, Sant Parmanand Hospital, New Delhi for organizing Annual Conference of AICC-RCOG Northern Zone India on 2-6 September 2011. The theme of the conference 'Celebrating a Modern Day Women' is apt and very timely. The cervical cancer screening and vaccination would also be discussed in the conference.

Aware of news about the responsibilities and rights of today's women need to be enhanced further. Breast and cervical cancer can be treated if detected early. Breast self examination should practiced by women every month so that early cancer can be treated effectively. Similarly for cervical cancer screening is suggested on periodic basis for early detection.

The National Cancer Control Programme (NCCP) has been revised further with community based strategies for prevention by creating awareness and early detection. In fact, now integrated program 'National Program for prevention and control of Cancer' is operational since last year in100 districts in 21 states. There are estimated 2.8 million cancer cases in India and about 10 lakh new cancer cases occur every year. The understanding about causation, patterns, treatment effectiveness and outcome of various cancers is increasing steadily. Similarly, there have been technological advancements in the maternal care which is also getting due attention of the authorities.

I am sure the deliberations in the forthcoming conference would be helpful for promoting health, preventing, detecting early and treating effectively, various ailments in today's modern women life.

16th August 2011
New Delhi.

(Dr. S.P. Agarwal)

Message from the Chairman AICC RCOG

We Are Sailing

World is fuming with protests- a long cry against corruption in India, dictatorship in Middle East, austerity measures in European union and economic downturn in States. Rich apprehend loss of wealth by a fraction while middle-class foresees more struggle and the poor continues to remain hungry. Global politicians are puzzled and aimless but are still busy in blaming each other. Is there any solution in near future if you ponder, optimists will say-yes, why not? Look at the Gold Rush!

Medical community however has a different concern. Is this worldwide turbulence going to affect world health? Against all these odds RCOG has its target set to improve the reproductive health of women of the world. All India Co-Ordinating Committee is on marathon run—" we got to do it." Help from India Liaison group is on the way. The last one year AICC RCOG has witnessed great progress. I have been tremendously proud of the Zonal chairpersons who work hard to achieve this goal.

Northern Zone chairperson Urvashi Prasad Jha always comes out with new ideas, modus operandi and discovery of energy pill. Calendar tells me that time is ticking; September has come again (not Come September though). AICC RCOG Northern Zone is ready to celebrate the Modern Day Woman from 2nd to 6th September 2011.

I greatly appreciate the extra effort the Fellows and Members Of Northern zone are putting forth to make the conference outstanding.

On behalf of the Fellows and Members of AICC RCOG it is my privilege to wish all the success for the conference.

Pramathes Das Mahapatra
Chairman
AICC RCOG

SANT PARMANAND HOSPITAL

Multi Super Specialty Healthcare ISO 9001 : 2008

Healing Hand

MESSAGE FROM EXECUTIVE DIRECTOR & VICE PRESIDENT OF SANT PARMANAND HOSPITAL

I am very pleased to know that the Department of Obstetrics & Gynaecology at Sant Parmanand is hosting this prestigious Annual Conference of All India Coordinating Committee of Royal College of Obstetricians & Gynaecology of Northern India.

Sant Parmanand Hospital is a modern hospital with unique combination of academics and clinical practice. I believe that this fusion brings in the best in patient care.

The Conference Theme 'Celebrating the Modern Day Woman' is very appropriate in the changing demographics of our country.

I am sure the deliberations of this conference will be useful to the entire faculty as well as the delegates.

Have a great a conference and enjoy the hospitality of Sant Parmanand Hospital.

Best wishes

Dr. Shekhar Agarwal
M.S. Ortho. MCh. Orth. (Liverpool) F.I.C.S.
Executive Director Vice President & Sr. Consultant Orthopaedic Surgeon
Sant Parmanand Hospital

18 Sham Nath Marg Civil Lines Delhi -110054
Contact : 23981260, 23994401-10 Fax : 91-11-23974706
Website : www.sphdelhi.org Email : contact@sphdelhi.org

Message from the Office Bearers
AICC-RCOG North Zone of India

Dear Colleagues,

It gives us great pleasure to announce yet another annual conference being organized by the AICC RCOG North Zone India.

This year, the conference is being hosted on behalf of the AICC RCOG North Zone at Sant Parmanand Hospital and is being organized by our enthusiastic and very nouvelle fellow of the College, Dr Nirmala Agarwal, backed by her able team. Appropriately and positively, she has chosen "Celebrating the modern day woman" as our theme this year. Multiple workshops, pre and post conference, will be hosted at some of the leading hospitals of the city, where we have a major representation of our members and fellows.

The priorities and issues –social, professional and medical – are changing for women in India, today. The modern Indian woman is attempting to efficiently juggle a life of a housewife and that of a career woman. Stresses and pressures at work are taking a toll on her health, and have resulted in a changed lifestyle and medical requirements of the present day woman.

So, what and how will we be celebrating the modern day woman? We will address her health issues today, which are very different from those of yesteryears – and look at the practice of contemporary aspects of obstetrics and gynaecology.

The pre-conference workshops at Indraprastha Apollo hospital is on the new age perinatal and on fetal medicine answers to problems. At Fortis Escorts hospital we will demonstrate the happening hi-tech advanced options of endoscopic solutions to surgical gynae pathology that are fast (but not fast enough) replacing the "oft-dubbed", "archaic approach" of open surgery within the confines of the endoscopist clubs; at Indraprastha Apollo hospital we will do a live workshop to promote state-of-the-art uro-gynaecological procedures being increasingly demanded for the now, out-of-the-closet admission of incontinence problems by women; at Sant Parmanand hospital, civil lines we will train the most happening and accurate "colposcopic" detection of the ancient mistress of all maladies – cervical cancer persisting in the new-age women and finally, at Max Hospital Saket we will showcase the fashionable option of making babies by IUI for the unfortunate infertile women of today.

Even our public forum is thoughtfully planned to deal with the latest preventive measures available to the new aged women in terms of cervical cancer vaccination and recently developed contraceptive measures.

Our parent body, the RCOG has always kept pace with the changing needs, demands and progress of women's healthcare without compromising safety and quality. Rest assured, this conference and all of its workshops will promise to do just that.

In the quest for true progress and learning, all barriers will disintegrate and all will emerge winners – our women and our lot. Cheers!!!

Looking forward to meeting and welcoming you personally and with all our teams at these academic parties!

Dr. Urvashi Prasad Jha
Chairperson

Dr. Sohani Verma
Vice Chairperson

Dr. Saritha Shamsundar Kale
Honorary Secretary

From Desk of Organising Secretaries & Editor

We cordially invite our privileged and honoured guests to the 'Annual Conference of All India Co-ordinating Committee of Royal College of Obstetricians and Gynaecologists of North Zone of India', with the theme topic of **'Celebrating the Modern Day Woman'**, a day celebrating the global health of women.

The Modern day woman is an efficient multitasker. She is career oriented, model homemaker, caring and loving wife and above all a super efficient mother. Her health is our priority and with this in mind, our conference has strived to put together an array of topics, beginning from adolescence to menopause, addressing a whole range of issues, taking into account the emotional, social, mental as well as physical well being.

Our National & International faculty are renowned in their respective fields of interest, and will update and abreast us with current and changing trends in the field of obstetrics, gynaecology, fetal-maternal medicine, gynae oncology, contraceptive practices, urogynaecology, infertility and cancer preventive strategies. Also keeping in mind our theme, we have included a special guest lecture on time management.

We are organizing a special Public Forum on "Cervical Cancer Screening & Vaccination" to share and receive valuable insights of general public.

Three pre-conference workshops and two post conference workshops have been organised to provide unique opportunities to practising obstetricians and gynaecologists, general practitioners and budding trainees for in-depth, focussed learning and interaction on a variety of current hot topics.

It is that time of the year again when we have the opportunity to look into the past to help understand & plan the future. 2010, saw an exciting year full of academic activities, ranging from workshops in high risk obstetrics, MRCOG Part1 and 2 courses including OSCE course, health camps and talks by international and national faculty. All the above were made possible with the team effort of young, enthusiastic and dedicated fellows and members of RCOG-North zone, under the able and dynamic chairperson Dr. Urvashi Prasad Jha who has been our continuous source of encouragement.

The editorial team takes immense pleasure in presenting the proceedings of the annual conference and annual activities of RCOG NZ with photographs. We have messages from the President of India, Chief minister, The Director General of Health Services, Secretary General Indian Red Cross Society, Chairperson All India RCOG, Abstracts by International and National faculty, Annual Report of RCOG-NZ activities, Free Communication Abstracts and list of sponsors who have helped and supported us to make this event a grand success.

We are most grateful to all international, national faculty and contributing authors, who have put in their efforts and valuable time to share their knowledge and expertise with us.

We take the opportunity to convey our most sincere thanks to all the esteemed members of the faculty, organising committee and editorial committee Dr. Seema Sharma, Dr Jyoti Bhaskar and Dr. Meenakshi Sahu who have devoted their precious time and efforts to make this conference successful.

We wish to acknowledge our most sincere thanks to Shri B.G.Bangur (Chairman), Dr Shekhar Agarwal (Executive Director), Dr Rajagopal (Medical Superintendent), administrative staff, Mrs. Rama Thakur and other secretaries of Obstetrics & Gynaecology department at Sant Parmanand Hospital for their continuing support in our endeavour.

Last but not the least, our special thanks to Mr. Rakesh Ahuja and his team at "Process and Spot" publications to prepare this souvenir and book of abstracts. We hope you would enjoy reading it and cherish it as a memento of our annual conference.

Please visit our website www.aiccrcognzindia.com for regular updates on our courses and other academic activities.

We hope that you enjoy the scientific programme. We look forward to your participation and feedback.

With warm regards and best wishes.

Dr. Nirmala Agarwal
Organizing Secretary

Dr. Sonal Bathla
Organizing Secretary

Dr. Arbinder Dang
Editor

Programme Overview at a Glance

Date & Time	Workshop & Conference	Venue	International Faculty	Organisers	Features
2nd Sept. 2011 09.00 am - 04.30 pm	Pre Conference CME-Perinatology Clinical Update	Auditorium Indraprastha Apollo Hospitals, Sarita Vihar, New Delhi	Prof James Walker	Dr Anita Kaul Dr Sohani Verma Dr C Ratha	Case presentations on challenging perinatal topics discussed by expert panel. Latest evidence based recommendations.
2nd & 3rd Sept., 2011 08.00 am - 06.30 pm	Pre Conference Endo-learning Video Workshop	Fortis Escorts Heart Institute Okhla Road New Delhi-25	Dr Adeola Olaitan, UK	Dr Urvashi P Jha Dr N Sharma Dr R Kaur	Advanced Gynae Laparoscopy, Hysteroscopy & Onco-Endoscopy
3rd Sept., 2011 08.00 am - 04.30 pm	Pre Conference Live Workshop on Urogynaecology & Pelvic Reconstructive Surgery	Auditorium Indraprastha Apollo Hospitals, Sarita Vihar, New Delhi	Dr Rajiv Verma	Dr R Sharma	Live workshop on evidence based management on Urinary incontinence & Pelvic Organ Prolapse
4th Sept., 2011 08.00 am - 06.00 pm	Annual Conference	Sant Parmanand Hospital, Civil Lines, Delhi-54	Prof James Walker, UK Dr Theresa Wang, UK Dr Adeola Olaitan, UK Dr Rajeev Verma, UK Prof Alaka Basu, USA Dr Nagindra Das UK	Dr Urvashi P Jha Dr N Agarwal Dr Sonal Bathla	Special health issues of the modern day woman burdened with multiple responsibilities
5th & 6th Sept., 2011 09.00 am - 04.00 pm	Post-Conference Workshop on Colposcopy	Sant Parmanand Hospital, Civil Lines, Delhi-54	Dr Theresa Wang	Dr Urvashi P Jha Dr Vijay Zutshi Dr S Shamsunder Dr Sweta Balani	Approved by IFCPC. Course curriculum on lines of British Colposcopy Course. Hands-on session
5th Sept., 2011	Post Conference workshop on IUI	Max Centre for IVF & Reproductive Medicine, Max Medcentre, Panchsheel Park, New Delhi		Dr K Banerjee	

Scientific Programme

I. Pre Conference CME: Perinatology – Clinical Update
Friday, 2nd September, 2011; 09.00 am to 04.30 pm
Venue: Auditorium, Indraprastha Apollo Hospitals, Sarita Vihar, New Delhi-110 076

Organizing Secretaries: Dr Anita Kaul, Dr Sohani Verma **Joint Organizing Secretary:** Dr Chinmayee Ratha
International Faculty: Professor James Walker

Session 1

TIME	TOPIC	
09.00 am - 09.10 am	Introduction	
09.10 am - 09.50 am	**Antenatal screening for fetal aneuploidies** -Why? For whom? How? Anything new? What else?	**Moderator:** Dr Chinmayee Ratha **Discussants:** Dr Vandana Chadha Dr Sangeeta Gupta, Dr Sonal Bathla Prof James Walker

Session 2

TIME	TOPIC	
09.50 am - 10.30 am	**Fetal Infections** - To worry or not to worry?	**Moderator:** Dr Deepika Deka **Discussants:** Dr Madhu Roy Dr Puneet Bedi, Dr Kaushikee Dwivedi Dr Vidya Gupta
10.30 am - 11.00 am	Coffee Break	
11.00 am - 11.40 am	**Guest Lecture - Maternal Mortality and Morbidity – is it a continuum?**	Prof James Walker **Chairpersons:** Dr Urmil Sharma Dr S B Khanna, Dr S S Trivedi Dr P Changulani

Session 3

TIME	TOPIC	
11.40 am - 12.20 pm	**Antenatally detected fetal malformations and Causes of Stilbirth** -To continue or terminate? Can we treat? Should we treat? Working up a case of stillbirth	**Moderator:** Dr Anita Kaul **Discussants:** Dr Ashok Khurana Dr K Madan, Dr Ashutosh Gupta Dr Poonam Tara, Prof James Walker

Session 4

TIME	TOPIC	
12.20 pm - 01.00pm	**Anti Phospholipid Antibody Syndrome** - Practical issues with Diagnosis and Management	**Moderator:** Dr Sushma Sinha **Discussants:** Dr Alka Kriplani Dr Kamal Buckshee, Dr Witty Raina Dr Saroja Balan, Prof James Walker
01.00 pm - 01.45 pm	Lunch Break	
01.45 pm - 02.30 pm	**Guest Lecture - Pre- eclampsia – Management**	Prof James Walker **Chairpersons:** Dr Suneeta Mittal Dr Alka Kriplani, Dr Mala Arora

Session 5

TIME	TOPIC	
02.30 pm - 03.10 pm	**Preterm Delivery** -Recent advances in screening, prevention and management, Optimal neonatal care,Long term follow up and counselling parents	**Moderator:** Dr SB Khanna **Discussants:** Dr Suneeta Mittal Dr Anjali Kumar, Dr Harmeet Malhotra Dr Sushma Kaul, Prof James Walker

Session 6

TIME	TOPIC	
03.10 pm - 03.50pm	**Fetal growth restriction** -How small is too small? To deliver or to wait – walking on a tight rope!	**Moderator:** Dr Sohani Verma **Case Presentation:** Dr Sweta Tiwari **Discussants:** Dr Anjila Aneja Dr Asmita Rathore, Dr Ritika Bhandari Dr Anjali Kulkarni, Prof James Walker

Session 7

TIME	TOPIC	
03.50 pm - 04.30pm	**Controversies in Perinatology** - Screening for Diabetes/ PIH - Coming to terms with the new age epidemics - Antenatal Corticosteroids	**Moderator:** Dr Anita Kaul **Discussants:** Dr Nirmala Agarwal Dr Ranjana Sharma, Dr JB Sharma Dr SN Basu, Dr Mala Arora Prof James Walker

6 Hours of CME Accreditation by DMC

II. Pre-Conference Endo-Learning Video Workshop
Advanced Gynae Laparoscopy, Hysteroscopy & Onco Endoscopy (in association with AOGD)
Friday & Saturday, 2nd & 3rd September, 2011
Venue: Department of Minimal & Natural Access Gynae & Gynae Cancer Surgery
Fortis Escorts Heart Institute, Okhla Road, New Delhi 110 025

Organising Chairperson: Dr Urvashi Prasad Jha **Organising Secretaries:** Dr Neema Sharma, Dr Ramandeep Kaur
Endoscopic Masters: Dr Rajendra Kerker, Dr Sailesh Puntambekar, Dr Rakesh Sinha, Dr Adeola Olaitan
Dr P. Das Mahapatra, Dr Sanjay Patel, Dr Nozer Sheriar, Dr Hrishikesh Pai, Mumbai
International Faculty: Dr Stephene Kuku, UK

Day 1 - Friday, 2nd September, 2011

07.30 am - 08.00 am	**Registration**

Judges: Dr Alka Gujral, Dr Sonu Agarwal, Dr Anita Sabharwal **Coordinator:** Dr Jasmine Chawla

TIME	TOPIC
08.00 am - 08.30 am	**Making-a-point free video session 1** Categories: Gynae onco-endoscopy, laparoscopic complications, miscellaneous

Chairperson: Dr Ghai Bhandari, Dr Neera Aggarwal, Dr Pratibha Singhal

TIME	TOPIC	
08.30 am - 10.00 am	**Endoscopic Master video session 1** • Laparoscopic Wertheim's hysterectomy with • Laparoscopic pelvic lymphadenectomy **What the evidence says on** - The role of pelvic lymphadenectomy in genital cancers **Audience interaction**	**Master:** Dr Rajendra Kerker – Tata Hospital, Mumbai **Endoscopic experts making-a-point video:** Dr Alka Kriplani, Dr Sanjeevni Khanna **Closing note expert:** Dr Saritha Shamsunder
10.00 am - 10.30 am	Coffee Break	

Chairperson: Dr Sheila Mehra, Dr Shashi Prateek, Dr Usha Manektala

TIME	TOPIC	
10.30 am - 02.30 pm	**Endoscopic Master video session 2** • Robotic Wertheim's hysterectomy • Laparoscopic para-aortic dissection • Laparoscopic omentectomy and retroperitoneal removal of ovarian malignancy • Laparoscopic exenteration **What the evidence says on** - The role of retroperitoneal approach & pelvic exenteration in genital cancers, spill in ovarian cysts, Surgery in borderline tumours **Audience interaction**	**Master:** Dr Sailesh Puntambekar, Pune **Endoscopic experts making-a-point video:** Large ovarian masses & borderline tumours: Dr Urvashi Prasad Jha Dr Neena Behl **Closing note expert:** Dr Pooja Thuckral
01.00 pm - 02.00 pm	Lunch & Quiz	**Quiz Masters:** Dr Pooja Thukral Dr Kaushikee Dwivedi

Chairperson: Dr Suneeta Mittal, Dr Sharda Jain, Dr Madhu Singhal, Dr Manju Puri

TIME	TOPIC	
02.30 pm - 04.30 pm	**Endoscopic Master video session 3** **Laparoscopic hysterectomy made easy** • for large fibroid • for broad ligament fibroid • for large cervical fibroid • other complex laparoscopic hysterectomies **What the evidence says on** - The role of hysterectomy in menstrual disorders and other pathologies versus other medical and surgical options **Audience interaction**	**Master:** Dr Rakesh Sinha, Mumbai **Endoscopic experts making-a-point video:** Dr Renu Mishra, Dr K.K. Roy **Closing note expert:** Dr Chandan Dubey

Chairperson: Dr Shubha Sagar Trivedi, Dr Manorama Bhutani, Dr Shalini Rajaram

TIME	TOPIC	
04.30 pm - 06.00 pm	**Endoscopic Master video session 4** • Laparoscopic staging procedure including para-aortic lymphadenectomy **What the evidence says on** - The role of para-aortic lymphadenectomy in genital cancers **Audience interaction**	**Master:** Dr Adeola Olaitan - UK **Endoscopic experts making-a-point video:** Dr Vinita Jaggi, Dr Meena Naik **Closing note expert:** Dr Neema Sharma

Day 2 - Saturday, 3nd September, 2011

Judges: Dr Nirmala Agarwal, Dr S Chitra, Dr Usha M Kumar **Coordinator:** Dr Puneet Kochar

TIME	TOPIC
08.00 am - 08.30 am	**Making-a-point free video session 2** Categories: Laparoscopy in gynae, hysteroscopy in gynae, hysteroscopic complications

Chairperson: Dr M Kochar, Dr Swaraj Batra, Dr Manvita Mahajan

TIME	TOPIC	
08.30 am - 10.30 am	**Endoscopic Master video session 5** **Endometriosis & fibroids** • Laparoscopic management of advanced endometriosis • Laparoscopic excision of rectovaginal nodule • Laparoscopically "thawing" a frozen pelvis • Laparoscopic myomectomy **What the evidence says on** - The role & outcome of laparoscopy in endometriosis in infertility, pain & menstrual disturbances. The role of complete excision in R-V nodule - How for to go in infertility vs pain **Audience interaction**	**Master:** Dr P. Das Mahapatra, Kolkata **Endoscopic experts making-a-point video:** Dr Urvashi Prasad Jha, Dr Vivek Marwah Retroperitoneal approach Dr Sonia Malik
10.30 am - 11.00 am	Coffee Break	

Chairperson: Dr Neelam Bala Vaid, Dr Sudha Salhan, Dr Madhu Shrivastava

TIME	TOPIC	
11.00 am - 02.00 pm	**Endoscopic Master video session 6** **Complexities & complications** • Overcoming tubal blocks endoscopically • Adenomyomectomy • Ureteric end-to-end anastomosis • Management of small & large bowel injuries • Complex TLH • Laparoscopic Surgery for urinary & bowel endometriosis **What the evidence says on** - The role & outcome of adenomyomectomy in infertility, tubal surgical corrections and laparoscopic complications **Audience interaction**	**Master:** Dr Sanjay Patel, Ahmedabad **Endoscopic experts making-a-point video:** Dr Malvika Sabharwal, Dr Neena Singh Dr SN Basu
02.00 pm - 02.30 pm	Lunch & Quiz	Quiz Masters: Dr Pooja Thukral Dr Jharna Behura

Chairperson: Dr JB Sharma, Dr Mangala Telang, Dr Neena Malhotra

TIME	TOPIC	
02.30 pm - 04.30 pm	**Endoscopic Master video session 7** **Infertility & BOH** • Hysteroscopic myomectomy for grade 1&2 • Hyteroscopic synaechiectomy • Endoscopic genital tuberculosis • Endoscopic management of cornual pregnancy • Endoscopic management of cervical pregnancy • Laparoscopic myomectomy **What the evidence says on** - The role & outcome of hysteroscopy & laparoscopy in infertility in fibroids, genital tuberculosis, intra-uterine adhesions; and treatment options & outcome of various ectopic pregnancy types **Audience interaction**	**Master:** Dr Nozer Sheriar, Mumbai **Endoscopic experts making-a-point video:** Dr Lalita Badhwar, Dr Anjila Aneja Dr Sohani Verma

Chairperson: Dr Chitra Raghunandan, Dr Madhu Ahuja, Dr Raj Bokaria

TIME	TOPIC	
04.30 pm - 06.30 pm	**Endoscopic Master video session 8** **Infertility & BOH** • Hysteroscopic polypectomy • Hyteroscopic lateral metroplasty • Hysteroscopic septum resection • Hysteroscopic tubal canulation **What the evidence says on** - The role & outcome of hysteroscopy in infertility; in uterine polyps, uterine septum, T-shaped uteri and cornual tubal blocks **Audience interaction**	**Master:** Dr Hrishikesh Pai, Mumbai **Endoscopic experts making-a-point video:** Dr Veena Bhat Dr Rahul Manchanda Dr Ramandeep Kaur

III. Live Workshop on Urogynaecology and Pelvic Reconstructive Surgery
Saturday, 3rd September, 2011; 08.00 am to 04.30 pm
Venue: Indraprastha Apollo Hospitals, Sarita Vihar, Mathura Road, New Delhi-110 076

Organising Secretary: Dr Ranjana Sharma
International Faculty: Dr Rajiv Verma, UK Urogynaecologist

Session 1

TIME	TOPIC	CHAIRPERSONS
07.45 am - 08.15 am	Registration	
08.15 am - 09.00 am	**Lectures** • Pelvic Floor Anatomy • Assessment of Incontinence • Urodynamics • Imaging in Urinary Incontinence	Dr SB Khanna Dr Shashi Prateek Dr Sohani Verma

Session 2

TIME	TOPIC	CHAIRPERSONS
09.00 am - 01.00 pm	**Live Demonstration** • TVT / TVT-O • Sacrospinous Fixation • Use of meshes in pelvic Reconstruction	Dr SS Trivedi Dr Vipin Arora
01.00 pm - 01.20 pm	Inauguration	
01.20 pm - 02.00 pm	Lunch	

Session 3

TIME	TOPIC	CHAIRPERSONS
02.00 pm - 04.30 pm	**Live Demonstaration** • Vaginal Hysterctomy with Anterior and Posterior Repair • Vault Prolapse	Dr Anita Sabharwal Dr P Changulani Dr Amita Jain **Moderators** Dr Sushma Sinha Dr Lalita Badhwar Dr Harmeet Malhotra

Annual Conference
Sunday, 4th September, 2011; 08.00 am to 06.00 pm
Venue: Sant Parmanand Hospital, Civil Lines, Delhi- 110 054

Organising Chairperson: Dr Urvashi Prasad Jha
Organising Secretaries: Dr Nirmala Agarwal, Dr Sonal Bathla
International Faculty: Prof James Walker, UK, Dr Rajeev Verma, UK, Dr Adeola Olaitan, UK, Dr Theresa Wang, UK, Prof Alaka Basu, USA, Dr Nagindra Das, UK

Session 1

TIME	TOPIC	CHAIRPERSONS
08.00 am - 09.00 am	**Free Communications**	Dr Chandan Dubey Dr Meenakshi Sahu Dr Pooja Thukral, Dr Kaushikee Dr Manvita Mahajan, Dr Sonu Agarwal Dr Sushma Sinha, Dr Shikha Chaddha Dr Jasmine Chawla

Session 2

TIME	TOPIC	SPEAKER	CHAIRPERSONS
09.00 am - 09.20 am	**Time Management: Concepts & Techniques**	Prof A.S. Narag	Dr P. Das Mahapatra Dr Anita Kaul Dr Sweta Balani

Session 3

TIME	TOPIC	SPEAKER	CHAIRPERSONS
09.20 am - 09.40 am	**Breaking the Conundrum of Monochorionicity -The new era of Fetal Medicine**	Dr Anita Kaul	Dr Ritika Bhandari Dr Sangeeta Gupta Dr Poonam Tara
09.40 am - 10.10 am	**Guest Lecture - Rising cesarean section rates – risks and benefits**	Prof James Walker, UK	Dr M Kochar Dr R P Soonawala Dr Neerja Goel
10.10 am - 10.55 am	**Panel Discussion-Anticoagulants in Obstetrics**	Moderator- Dr Ranjana Sharma	Panelists Dr SN Basu Dr Jayasree Sundar Dr Jasmine Chawla Dr Asmita Rathore Dr Chinmayee Ratha Dr Sandhya Gupta

Session 4

TIME	TOPIC	SPEAKER	CHAIRPERSONS
10.55 am - 11.15 am	**Fertility Drugs & Gynae Cancers-Where do we draw the line?**	Dr Saritha Shamsunder	Dr Shashi Prateek Dr Sushma Sinha Dr Priti A Dhamija
11.15 am -12.00 pm	**Panel Discussion- Maximising Outcomes in Infertility & ART**	**Moderator:** Dr Sohani Verma	**Panelists:** Dr Anoop Gupta Dr Sonia Malik Dr Kaberi Banerjee Dr Puneet Kochar Dr Seema Sharma Dr Priti Gupta

Session 5

TIME	TOPIC	SPEAKER	CHAIRPERSONS
12.00 pm - 12.30 pm	**Theme lecture - The Journey of the Modern Day Woman**	Dr U P Jha	Prof S S Trivedi Prof Suneeta Mittal Dr Reva Tripathi
12.30 pm - 01.00 pm	**Overcoming bladder & ureter phobia**	Dr Rajeev Verma, UK	Dr Vijay Zutshi Dr NK Mohanti Dr Sonal Bathla
01.00 pm - 02.00 pm	Lunch Break		

Session 6

TIME	TOPIC	SPEAKER	CHAIRPERSONS
02.00 pm - 02.45 pm	**Challenges in Adolescent Medicine – A Dialogue**	Dr Nirmala Agarwal Dr Sonal Bathla	**Panelists** Dr Anjila Aneja Dr Priti Arora Dr Neema Sharma Dr Jyoti Bhaskar Dr Usha M Kumar Dr Sweta Balani
02.45 pm - 03.15 pm	**New Perspectives in Ovarian Cancer Surgery**	Dr Adeola Olaitan, UK	Dr Ghai Bhandari Dr Sheila Mehra Dr Kiran Guleria
03.15 pm - 03.45 pm	**Emerging role of HPV in Primary & Secondary Prevention of Cervical Cancer**	Dr Theresa Freeman Wang, UK	Dr UP Jha Prof Neerja Bhatla

Session 7

TIME	TOPIC	SPEAKER	CHAIRPERSONS
03.45 pm - 04.05 pm	**Newer Contraceptives**	Dr S N Basu	Dr JB Sharma Dr Jharna Behura Dr Shamma R Kapoor

Session 8

04.05 pm - 04.30 pm	**Inauguration, lamp lighting & prize distribution**

Session 9

TIME	TOPIC	MODERATOR	PANELISTS
04.30 pm - 05.45 pm	**Public forum: Cervical Cancer Screening & Vaccination: Your Questions Answered**	Dr U P Jha Prof Neerja Bhatla	Prof Alaka Basu, USA Dr Nirmala Agarwal Dr Saritha Shamsunder Dr Theresa Wang, UK Dr Nagindra Das, UK

Session 10

05.45 pm - 06.00 pm	**Vote of Thanks & Closing Ceremony**	Dr Nirmala Agarwal, Dr Sonal Bathla

I. Post-Conference Colposcopy Course & Hands-on Workshop
Under Aegis of Indian Society of Colposcopy & Cervical Pathology
Approved by the International Federation of Cervical Pathology & Colposcopy
5th & 6th September, 2011
Venue: Sant Parmanand Hospital, Delhi-110 054

Course Chairpersons: Dr Urvashi P Jha, Dr Vijay Zutshi
Organizers: Dr Saritha Shamsunder, Dr Sweta Balani
International Faculty: Dr Theresa Freeman Wang, UK, Dr Nagindra Das, UK

Day 1 - Monday, 5th September, 2011
Session 1: Basics of Cervix **Chairpersons:** Dr Neeraja Bhatla, Dr Seetha Panicker, Dr Sonal Bathla

TIME	TOPIC	SPEAKER
09.00 am - 09.20 am	**The Normal Cervix-** Structure, transformation zone, changes with age & metaplasia	Dr Sweta Balani
09.20 am - 09.40 am	**Cytology-** Principles of cytological diagnosis, cytological classifications, effects of hormones, sampling devices, conventional pap vs LBC	Dr V Iyer
09.40 am - 10.00 am	**Histology** Principles of histological diagnosis, preparation of specimens, how biopsy taking influences histological interpretation	Dr Nita Khurana
10.00 am - 10.20 am	**Cervical Screening-** Rationale, risks & limitations, methods pertinent to developing countries-VIA & VILI	Dr Swaraj Batra
10.20 am - 10.50 am	Tea Break	

Session 2: Benign Conditions & Cervix **Chairpersons:** Dr Veena Singh, Dr Dinesh Gupta, Dr Shamma Kapoor

TIME	TOPIC	SPEAKER
10.50 am - 11.10 am	**Lower Genital Tract Infections** HPV, Chlamydia, Trichomonas, HIV	Dr Seetha Panicker
11.10 am - 11.30 am	**HPV Testing- The Basics** Role of HPV for Primary screening	Dr Meena Naik
11.30 am - 11.50 am	**HPV Positive-What Next?**	Dr Neerja Bhatla
11.50 am - 12.10 pm	**Pregnancy & Contraception** Normal cervix in pregnancy, cytology in pregnancy, abnormal cervix in pregnancy, physiological changes, effects of OCPs on cytology & histology, effects of OCPs & IUCD on colposcopy	Dr Jayasree Sundar

Session 3: Basics of Colposcopy **Chairpersons:** Dr Amita Suneja, Dr Jayasree Sunder, Dr Anjana Singh

TIME	TOPIC	SPEAKER
12.10 pm - 12.30 pm	**Management of an Abnormal Pap Smear**	Dr Nagindra Das, UK
12.30 pm - 01.00 pm	**Tissue basis of Colposcopy-** Role of epithelium, stroma, surface configuration. Indications for Colposcopy	Dr Vijay Zutshi
01.00 pm - 01.30 pm	Lunch Break	

Session 4: **Chairpersons:** Dr Vijay Zutshi, Dr Nivedita Sarda, Dr Neema Sharma

TIME	TOPIC	SPEAKER
01.30 pm - 02.00 pm	Managing abnormal smears in **post-menopausal women** & colposcopic challenges	Dr Sumita Mehta
02.00 pm - 03.00 pm	**Colposcopy equipment & technique** Equipment-elements, filters, magnifications, focal length role & use of saline, acetic acid, lugol's iodine, green filter role & use of Monsel's paste	Dr Saritha Shamsunder

Session 5: **Chairpersons:** Dr Anita Sabharwal, Dr Sumita Metha, Dr Tripti Raheja

TIME	TOPIC	SPEAKER
03.00 pm - 03.30 pm	**Sterilization & Maintenance of Colposcopy Clinic Equipment**	Dr Jharna Behura
03.30 pm - 04.00 pm	**Tips on choosing the right equipment**	Dr Veena Acharya

Day 2 - Tuesday, 6th September, 2011

Session 6: **Chairpersons:** Dr S K Das, Dr U P Jha, Dr Priti Dhamija

TIME	TOPIC	SPEAKER
09.00 am - 09.30 am	**Cervical Dysplasia & Neoplasia** Nomenclature, epidemiology, pathogenesis, natural history, colposcopic & histological features, staging of neoplasia	Dr Theresa Freeman Wang, UK
09.30 am - 10.00 am	**Vaginal, vulval and Perianal Neoplasia** Nomenclature, epidemiology, pathogenesis, natural history, presentation, histology, diagnosis & management	Dr Vijay Zutshi
10.30 am - 11.00 am	**Glandular Abnormalities and CGIN**	Dr Theresa Freeman Wang, UK
11.00 am - 11.30 am	Tea Break	

Session 7: Dysplasia Management **Chairpersons:** Dr Vijay Zutshi, Dr Harsha Khullar, Dr Usha Bohra

TIME	TOPIC	SPEAKER
11.30 am - 12.00 pm	**Principles of Management of CIN**	Dr U P Jha
12.00 pm - 12.20pm	**Management of Low Grade Lesions**	Dr Meena Naik

Chairpersons: Dr Raksha Arora, Dr Sunita Malik

TIME	TOPIC	SPEAKER
12.20 pm - 12.40 pm	**Management of High Grade Lesions**	Dr Saritha Shamsunder
12.40 pm - 01.00 pm	**Follow-up after treatment of CIN**	Dr Theresa Freeman Wang, UK
01.00 pm - 01.30 pm	Lunch Break	

Session 8: **Chairpersons:** Dr Theresa Freeman Wang, Dr Gouri Gandhi

TIME	TOPIC	SPEAKER
01.30 pm - 02.10 pm	**Video Session** (10 min each) Cervical Biopsy Cryotherapy LLETZ Cold Knif Conization	 Dr Poonam Dr Raksha Arora Dr Vijay Zutshi

Session 9:

TIME	TOPIC	SPEAKER
02.10 pm - 03.00 pm	**Quiz & Interactive Session**	**Moderator:** Dr Sumita Dr Saritha **Faculty:** Dr Theresa Freeman Wang, Dr Vijay Zutshi

Session 10:

TIME	TOPIC	SPEAKER
03.00 pm - 04.00 pm	**Hands on Session-Practical stations for candidates to practice LLETZ**	**Facilitators:** Dr UP Jha Dr V Zutshi, Dr Poonam Sachdeva Dr Veena Acharya, Dr S Panicker Dr Gouri Gandhi Dr Sumita Mehta, Dr Neha Gami Dr Jayasree, Dr Meena Naik Dr Sonal Bathla, Dr R Arora Dr Usha Bohra

Session 11:

Feedback & Certification

II. Post Conference IUI Workshop
Monday, 5th September, 2011
Venue: Max Centre for IVF & Reproductive Medicine, Max Medcentre, Panchsheel Park, New Delhi
Contact: Dr Kaberi Banerjee, mybaby@maxhealthcare.com, M: 09990034444

Notes

Thank You

Dr. Anoop Gupta
Apollo Hospitals
Mr. Atul Jain
Auroprobe Labortory
Shri B G Bangur, Shree Ultra Cement
Baby I L U
Mr. Chunnu Jindal
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Ecella Life Sciences Pvt Ltd
Embee Diagnostics
Fortis Hospitals
Gami Diagnostics
Gautam Healthcare
Goyal Pharmacy
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House of Baby
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A Bird's Eye View of the Activities of the AICC-RCOG Northern Zone India Committee 2010-11

I write this report of the AICC-RCOG Northern Zone India Committee with great pride, an organization which has grown phenomenally over the last few years as a group which provides education and training of a high standard; thanks to the hard work and team spirit shown by all our patrons, fellows, members and associate members. I am deeply indebted to all who have helped us grow....

"Individually, we are one drop. Together, we are an ocean."

The academic activities in the last year have been the MRCOG courses, Basic Practical Skill Courses, Special Skill Enhancing Courses, Interactive discussions and the Annual Conference of the RCOG North Zone.

The **Part I MRCOG Courses:** An increasing number of doctors from all over India have been taking our courses. With Dr Neema Sharma & Dr Sandhya Gupta organizing the courses with eminent faculty from the medical colleges in Delhi; we are the only zone in the country offering the Part I MRCOG courses twice a year.

The **Part II MRCOG Courses** and the RCOG Franchised Courses have been very helpful to the doctors taking the exam in India. With the help and passionate support of Dr Jayasree and Dr Sanjeev Sharma from UK, we have been able to develop these courses to

Dr Neema Sharma at Part I MRCOG Course

Dr Puneet Kochhar at Weekend Part II MRCOG Course

cater to the needs of our candidates. The **Weekend MRCOG courses** by Dr Puneet & Dr Jayasree have been an additional help to the aspirants.

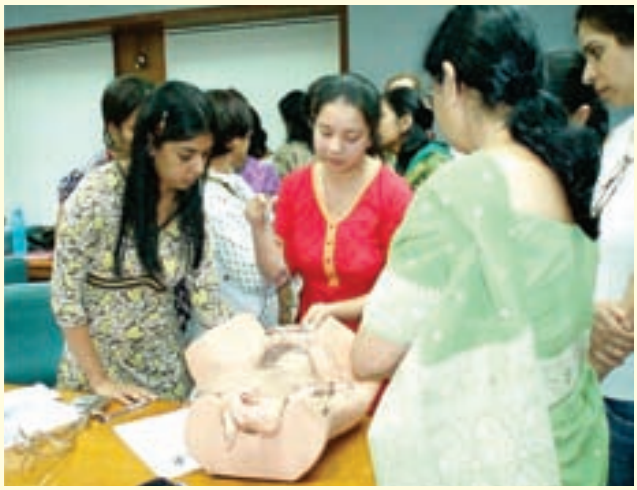
The **RCOG Franchised Basic Practical Skills Courses** were initiated in 2009 by Dr UP Jha, to improve the basic surgical skills of the trainees and practioners. With the persistence and dedication of Dr Jasmine, Dr Mamta, Dr Sandhya and Dr Sanjeev, this course is now gaining popularity with trainees and practitioners participating from all over India and abroad.

The **Special Skill Enhancing Courses** were initiated with the idea of helping doctors develop special skills over a short period of time. These courses were the Advanced Obstetric Skills Courses by Dr Anjila and Dr Jayasree, Colposcopy by Dr Meena, Dr Shweta and me, CTG course by Dr Sonu Agarwal, Dr Chinmayee and

Dr Jayasree Sunder at Part II MRCOG Course

Part II MRCOG - OSCE Circuit

Dr Sanjeev Sharma at Part II MRCOG Course



Basic Practical Skills Course at Ethicon Institute of Surgical Education, New Delhi

Dr Poonam, High Risk Obstetric Course by Dr Nirmala & Dr Sonal and the Hand-On Ultrasound course for beginers by Dr Anita Kaul & Dr Chinmayee.

Video-Conferenced Courses from the RCOG London have been boldly initiated by Dr Sohani & Dr Anita in 2010 have been a runaway success, with the help and support of Apollo hospital, we have been able to deliver high quality video-conferenced courses, the second one on Assisted Conception was organized in April this year.

In an effort to improve the awareness amongst the practioners, we held two **Interactive Sessions** with

Dr Asmita & Dr Vanita teaching at the Advanced Obstetric Skills Course at RCOG centre

Dr V Zutshi, Dr SK Das, Dr Meena & I at Colposcopy Workshop

the South Delhi Gynae Forum last year on "Avoiding Malpractice suits in Ob/Gyn Practice" with Dr Julian Woolfson and "Practical Cervical Screening" by Dr Patrick Walker and Dr Theresa Wang from UK.

The **Annual Conference of the RCOG Northern Zone** was organized by Dr Sohani and Dr Anita in September 2010 at Apollo hospital. The Post Conference workshop

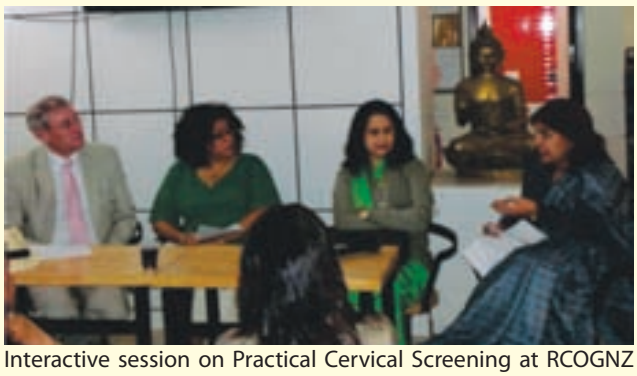
Dr Neema, Dr Poonam, Dr Chinmayee, Dr Anita & Dr Sandhya at CTG Course at Max Hospitals

Dr Nirmala, Dr Sonal & team at High Risk Obstetrics Workshop at Sant Parmanand Hospital

Live Video Confrence & Assisted Conception Course at Apollo Hospitals

Interactive Session on Avoiding Malpractice Suits in Ob/Gyn at RCOGNZ Centre

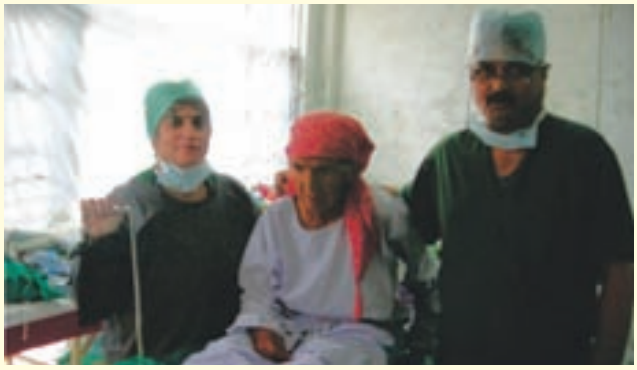
Dr Julian Woolfson hands over the inaugural plaque from RCOG London

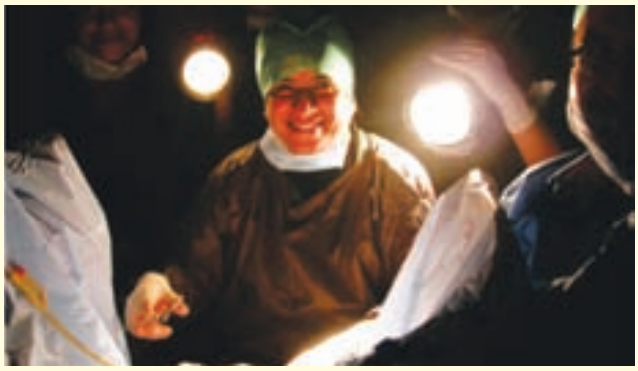


Interactive session on Practical Cervical Screening at RCOGNZ Centre, CR Park, New Delhi

Mr Ric Warren, Ms Theresa Wang, Dr P Das Mahapatra, Dr Anupam Sibal, Dr Anita Kaul & Dr Sohani Verma at the Annual Conference of AICCRCOG-North Zone at Apollo Hospitals, New Delhi

on Ultrasound with the International Federation of Ultrasound in medicine & biology were very well attended. The Post-Conference OT staff training course initiated by Dr Jha at Max hospitals also proved to be a big hit with the OT staff from Delhi and Gurgaon





Dr Sonal Bathla with her team in the hills!

hospitals participating in large numbers.

On our philanthropic front, commendable work in the snowy, hilly rural areas of Himachal Pradesh has been carried out by Dr Sonal Bathla & Dr Nirmala; who

RCOG-North Zone Centre, CR Park, New Delhi

organized mobile surgical camps to give relief to the poor women of their chronic ailments.

The RCOG North Zone India Centre (despite it's leaks) whilst being a temple of academic activities continues to bond us, the RCOG North Zone fraternity. With the capable and omnipresent Sameer, who has to multitask many times, we have been able to cope with the rain & floods on many occasions!

It has been the vision and determined motivation by our dear Chairperson Dr Urvashi Jha to develop the various courses of an excellent standard which I am sure will carry on an "Auto Mode" even after she finishes her term next year.

"In every community, there is work to be done. In every nation, there are wounds to heal. In every heart, there is the power to do it."

- Marianne Williamson

Saritha Shamsunder
Honorary Secretary

Invited Lectures

Time Management: Concepts & Techniques

A S Narag
Professor (retired) Faculty of Management Studies (FMS) University of Delhi, Delhi

Management in all business and organizational activities is the act of getting people together to accomplish desired goals and objectives using available resources efficiently and effectively. Management comprises planning, organizing, staffing, leading and controlling an organization (a group of one or more people or entities) for the purpose of accomplishing a goal. Therefore, the main focus so far has been to concentrate on an effective and efficient utilization of 4 M's—men, machines, materials and money. Of late there has been a growing realization that time is the most critical resource. As Peter Drucker puts it "Time is the scarcest resource and unless it is managed nothing else can be managed"

Time management is the act or process of exercising conscious control over the amount of time spent on specific activities, especially to increase efficiency or productivity. Time management may be aided by a range of skills, tools, and techniques used to manage time when accomplishing specific tasks, projects and goals. This set encompasses a wide scope of activities, and these include planning, allocating, setting goals, delegation, analysis of time spent, monitoring, organizing, scheduling, and prioritizing. Initially, time management referred to just business or work activities, but eventually the term broadened to include personal activities as well. A time management system is a designed combination of processes, tools, techniques, and methods.

Rising Caesarean Section Rate - risks and benefits

James Johnston Walker
Professor in University Department Obstetrics and Gynaecology, St James University Hospital, Honorary Consultant, SJUH Trust
Senior Vice President RCOG, Leading on International Affairs
Chairman CMACE Obstetric Advisor NPSA Medical Director APEC

Caesarean section rates have risen steadily and has reached rates of over 35% in many centres. However, the reasons for caesarean section have not changed in over 50 years. What has changed is the threshold for caesarean section because of the increasing safety of anaesthetics, the use of antibiotics and blood transfusion which were the main reasons women died for the procedure. This has meant that doctors have resorted to caesarean section increasingly in the baby's interests in rather than the mothers since her risk has been perceived as reducing. There is no doubt that as far as the baby is concerned a caesarean section can be a life-saving and morbidity saving procedure. This has led to a reduction in intrapartum damage and improved the overall management of the sick mother and her child. This does not come, however, without consequences. Once a woman has a scar on her uterus, all her subsequent pregnancies are at greater risk. There is an increased risk of intrauterine death and ruptured uterus in a subsequent pregnancy, which leads to an increased risk of neonatal mortality and morbidity. Also, there is both an increase of the instance of placenta praevia as well as an increase probability of placental accreta. This carries a very high risk of maternal morbidity and death. Without proper assessment and care planning, the risk of maternal death is around one in 150 and the risk of hysterectomy one in 30. Proper assessment of someone with a previous scar includes assessment of the position of the placenta at 34 weeks and, if it is low-lying and anterior, delivery should be undertaken by Caesarean section at around 37 weeks to maximise maturity but minimising the risk of spontaneous labour. Delivery should be carried out by someone of consultant level with a consultant anaesthetist and consideration should be made about leaving the placenta in place, elective hysterectomy and the role of interventional radiology. All the serious morbidity from cases with placenta praevia in the UK and the US now all come from cases of placenta accreta. With appropriate care these cases can be managed well resulting in a good outcome for the majority. However, to try and keep the problem to a minimum, caesarean section rates need to be controlled.

Celebrating the Journey of Modern Day Woman

Urvashi Prasad Jha
Director, Department of Gynaecology, Minimal & Natural access Gynae Surgery & Gynae Cancer Surgery (MNAGCS), Gynae Robotic Surgery (GRS), Fortis Hospitals - Vasant Kunj, La Femme, Escorts Delhi & Gurgaon
Chairperson RCOG North Zone India, Executive Committee Member of IAGE, Chairperson Endoscopy Committee of AOGD, Coordinator Endoscopy Fellowship of AICC RCOG North Zone India

From memories of the past to the dreams of future, we must celebrate not just our heroes, but also our she-roes!

The wheels of time and winds of change have left marks on women. The sociological journey traversed by them through the changing times has been intimately intertwined with the journey of their health as well. However, a woman is always a woman. Her core remains the same. As Gene Moore puts it – 'People don't change. Only their costumes do.' And I would add – the script of the play changes. 'Time is a dressmaker specializing in alterations' – Faitt Battwin

Women have evolved in their status in society. From being not allowed to vote in as late as nineteenth century or open bank accounts without written permissions from their husbands till even upto 1975 in some states in the USA, not allowed to own property, from being stay at home mum to career women or …… both …… or perhaps being truly neither!!!

Social pressures have made them change their body image. The concept of eternal youth prevails. Botox, plastic surgery, gym till you drop and quick fixes are the order of the day. The concept of ageing gracefully no longer exists.

This has also resulted in a changed sociological cycle of poor health. Women no longer die young, from child birth, infections or nutritional deficiency-related diseases. The pill was the most liberating experience for the women. They can now choose and prevent pregnancies. However, they suffer from loneliness and depression. They've fought for nuclear families. Suicides & homicides have increased. The cycle of stress has resulted in greater psychosomatic problems leading to lesser tolerance with low threshold to crack down, reinforcing unhappy interpersonal relationships, leading back to additional stress in their lives.

Altered lifestyle has been witness to increased prevalence of sexually transmitted diseases (STDs), HIV, HPV & HSV-2 associated morbidity. Altered pattern of diseases has emerged with anorexia at one end and obesity the other. Psychological and psychiatric problems abound. Ischemic heart diseases (with a worse prognosis in women), diabetes, thyroid disorders, irritable bowel syndrome, and chronic pain syndrome are seen more often.

Late marriages have led to having babies late. No one is sure of the definition of elderly primi – is it 30 still or has it moved to 40 years of age? Small growth-retarded or premature babies are keeping pace in numbers with large babies of diabetic women. We see more PIH, caesarean rates and increased incidences of placenta accreta. More divorces, single parents are resulting in traumatized & insecure childhoods, nurturing an unstable society for the future. More infertility & BOH is seen with more endometriosis, large fibroids, increasing vasculitis and autoimmune problems. The pattern of cancers is changing. Cervical, uterine & ovarian cancers are on the rise in India. Breast cancer no longer holds first place. Environmental pollutants are everywhere. Peer pressures have increased drug & substance abuse. Lesbianism is out of the closet! As gynaecologists, we have travelled the journey with the women to look after their changing needs.

But all is not yet lost! The good news is –now the women apparently have choices and can make their own decisions. They are more in control of their lives – or are they……? They take informed decisions and give us informed consents. But are they happier individuals? "Modern invention has tarnished the spinning wheel, and the same law of progress makes the woman of today a different woman from her grandmother."-Susan B Anthony. Even in this day & age, women face discrimination and prejudice. Yet women all over the world continue to work hard to make a difference – to alter their lives and the lives of others. And that is the modern woman we celebrate – in essence not much changed from her 'fore' mothers though dressed differently, talking a different language and having some liberty to make her choices.

At least, today she is conscious of her rights. Her expectations are more. So much so that a 'simple' journalist disguised as a patient went to "suss-out" the performance of her gynaecologist in Bengaluru and unabashedly wrote about "madame ovary". Sante! Prost! Cin Cin! Salud! Cheers! – to this modern woman. Her journey continues with her dreams – and so do ours as gynaecologists to keep pace with her. Can we be role models? Can we be opinion makers? I'm sure we can all try and weed out the problems from the good in today's women – our patients we care for.

Fertility Drugs and Gynecological Cancer-Where do we draw the line?

Saritha Shamsunder
Specialist Gynecologist, Safdarjung Hospital, New Delhi

Worldwide 50-80 million people suffer from infertility. Assisted reproductive technology has provided a way of overcoming infertility and childlessness. However, it's potential oncogenic effects can be prohibitive.

Studies involving patient reports of prior drug exposures have noted an elevated risk of borderline tumors associated with fertility drugs. Nevertheless, the risk of invasive ovarian cancer appears to be restricted to those women who remain childless despite the infertility treatment.

It is advisable to reflect on a few clinical recommendations: identify high-risk infertile patients for ovarian cancer, investigate preexisting cancer before fertility treatment, inform patients regarding potential risks, obtain an informed consent, avoid exposure to long periods of ovulation induction cycles that are given before patients are referred for in-vitro fertilization and embryo transfer for women at greater risk and monitor women who have been treated with these drugs, especially those who failed to conceive, regularly and thoroughly.

Overcoming Bladder and Ureter Phobia

Rajiv Verma
Consultant Urogynaecologist, Dept. of Pelvic Reconstructive Surgery, Basildon University Hospitals. Hon Senior Lecturer, University College Hospital, London

The talk will discuss the incidence of urinary tract injuries in gynaecologic surgery. The advent of newer techniques of urogynaecologic surgery and the use of mesh, the injuries to the lower urinary tract have risen.

Second part of the talk will deal with prevention strategies. When the injuries do occur it is important to make the diagnosis intraoperatively and take steps to manage the injury and how to manage these injuries when they are discovered in the post-operative period.

New Perspectives in Ovarian Cancer Surgery

Adeola Olaitan
Consultant, Gynaecologist & Gynaecological Oncologist University College Hospital, London

Standard treatment for ovarian cancer surgery remains surgical excision, followed, where the disease has spread beyond the ovary, by chemotherapy. As the majority of women with ovarian cancer present with FIGO stage III or IV disease, most will require chemotherapy. The aims of surgery are determined by whether the woman presents with apparent early stage disease, in which case a full staging procedure is required, or if there is obvious metastatic disease where the goal is optimal cytoreduction.

There have been subtle changes in approaches to ovarian cancer surgery, mainly over the past two decades. Minimally invasive techniques are more commonly used for assessment and surgical staging where there is low volume disease. The availability of histological assessment of frozen section specimens avoids the need to perform a second operation for staging in appropriately selected cases. The importance of complete staging has been illustrated in studies looking at the rate of lymph node metastasis in women with apparent early stage disease and the outcome of studies looking at the role of chemotherapy.

In advanced ovarian cancer the definition of optimal cytoreduction has been gradually revised from less than 1cm residual to no residual disease and this has been shown to have an effect on outcome. The role of interval debulking surgery has been explored in a large international multicentre trial and the indications are that upfront chemotherapy followed by interval cytoreductive surgery does not adversely affect survival. There is growing recognition of the role of surgery for relapsed disease but a distinction must be made between therapeutic surgery and surgery for palliation of symptoms.

Newer Contraceptives

S N Basu
Chairperson, Department of IVF, Obstetrics & Gynaecology, Jaipur Golden Hospital, Delhi

Modern women are educated, intelligent, self – sufficient, career conscious, competent professionals and modern homemakers but they spend about three-quarters of their reproductive years trying to avoid pregnancy. They now expect more from their contraception besides birth control alone.

Since their lifestyles have changed dramatically in recent years they increasingly seek information to create solutions for their life. Women engage in social networks where they share knowledge, experiences and support e.g. blogs, chat rooms and increased internet use affords easier access to information globally. This empowers women to actively get involved in healthcare dialogue.

Women value independence and individually defined lifestyles and have multiple factors influencing contraceptive needs. They can no longer be easily profiled for contraceptive choice and hence it is important to consider women on individual level.

Women have different needs for contraception and STI protection at different stages in their lives.

As women near menopause contraception is especially important because of increased health risks to the woman and fetus.

Reproductive and sexual health care including family planning services and information is recognised as Human right.

Despite the rise in use of family planning methods one-fourth of births worldwide are UNPLANNED.

The development of international norms for medical eligibility criteria and practice recommendations has ensured quality of care in prescribing contraceptives.

WHO has established medical eligibility criteria for contraceptive use.

Medical Eligibility Criteria (MEC) addresses contraceptive use with specific medical needs.

Contraception is a key intervention for improving the health of women and many more options available today than in the past.

A variety of delivery systems , including oral, intramuscular, trans-dermal, trans-vaginal, intrauterine and sub-dermal methods, also are available to assist with compliance and side effects.

Free Communications

[O-1]
Caesarean Scar Ectopic Pregnancy

Anjali Gupta, Daya Sirohiwal, Nirmala Duhan
Deptt. of Obst and Gynae, Pt. B.D. Sharma Post Graduate Institute of Medical Sciences, Rohtak

Objective
To present a rare case of caesarean scar pregnancy.

Methods
We are describing our experience with a case of ectopic pregnancy present in the lower segment caesarean scar resulting in uterine scar rupture in the first trimester.

Results
Total abdominal hysterectomy was performed due to uncontrolled haemorrhage. The diagnosis, presenting features, complications and management options are discussed.

Conclusion
Early diagnosis is very important to avoid catastrophic hemorrhage and to be managed non-surgically.

[O-2]
Universal Thyroid Screening in First Trimester

Meeta Gupta[1], Sarika Agarwal[2], Poonam Yadav[3]
[1]Assistant Professor, Gynae & Obstt, ASCOMS & Hospital, Sidhra, Jammu, [2]Senior Resident, Gynae & Obstt, Vivekanand Polyclinic and Institute of Medical Sciences, Lucknow, [3]Lecturer, Gynae & Obstt, SN Medical College, Agra

Aim & Objective
The study was under taken to estimate the prevalence of thyroid disorder among first trimester antenatal patients irrespective of their presenting complaints according to the reference range of TSH (0.08 to 2.99 U/L) in the first trimester.

Material & Methods
All first trimester antenatal patients attending our OPD in department of Obstt. & Gynae irrespective of their complaints were screened for thyroid dysfunction.

Observation
A total of 150 patients were screened, out of which 125 were euthyroid, 23 hypothyroid and 2 hyperthyroid cases were detected.

Conclusion
The universal screening of thyroid is to be recommended in our country specially in the sub-Himalayan belt as they are iodine deficient.

[O-3]
Intramuscular Anti D Treatment of Thrombocytopenia in Pregnancy

Kapoor Shamma R R, Dang A, Agarwal N, Balani S
Department of Obs & Gynaecology, Sant Parmanand Hospital, New Delhi

Intravenous Anti-D immune globulin (Anti D IGIV) was licensed by US Food and Drug administration in March 1995 for the treatment of Immune Thrmbocytopenic purpura (ITP) in non splenectomised Rh (D) positive patients. We report the results of intramuscular Anti D (Rhoclone) therapy in three pregnant patients with low platelets over the period from May to July 2011.

Aim
To study the efficacy and toxicity of Anti-D (IGIM) therapy for treatment of thrombocytopenia in pregnancy.

Matrial & Methods
The efficacy and toxicity of Anti-D (IGIM) were studied in two Rh positive and one Rh Negative patients who were pregnant and had a declining platelet trend (platelet count between 50,000-90,00/cum). None of the patients was immediately due for the delivery. THE Rhoclone Anti–D was injected intramuscular in such patients. Haemoglobin and platelet counts were repeated at twice weekly or weekly intervals as desired.Record was made of any undesired effect.

Results
The mean platelet increase was 45,000/ cum (median 1,28,000/ cum) without resulting into significant anaemia. The response was early and sustained in Rh positive patient compared to Rh negative patient who had a delayed and short sustained response after the therapy. Minimal to no toxicity was observed on intramuscular Anti-D therapy.

Conclusion
Although can not be advocated as an emergency treatment but IGIM Anti-D appears to be a safe and assuring treatment for thrombocytopenia in pregnancy and needs to be evaluated further.

[O-4]
Evaluation of Knowledge, Attitude and Practices (KAP) in Postpartum Women

Sonali Gupta, Sangeeta Gupta, Avantika Gupta, Usha Manaktala, Asmita Rathore, Sushmita
Maulana Azad Medical College, New Delhi

Objective
To estimate the knowledge, attitude and practice of contraception among women in postpartum period.

Methods
A cross sectional study of knowledge, attitude and practice of family planning methods among 200 postpartum women was carried out at tertiary care hospital in New Delhi within 24hrs of delivery.

Results
96% of women were aware of atleast one of family planning methods, but only 68% had ever used it. Only 53% women were aware of vasectomy as option of fertility control. The most common source of information on contraception was electronic media (68.6%). Only 12.7% had knowledge of non contraceptive benefits of family planning methods whereas knowledge of adverse effect was widespread (68.4%). None of the women knew regarding postplacental insertion of CuT and only 23.5% knew about puerperal insertion. Awareness about emergency contraception was 87.8%. The study observed that with increase in level of education, awareness also increased. The most common method used by the couple was condom (45.6%) followed by natural methods (27.5%), OCP (18.2%) and intrauterine devices 9.8%). Though 65.4% of women were willing for sterlization in future whereas only 45.6% were willing to accept intrauterine contraceptive device as option of fertility control.

Conclusion
The study highlights that awareness does not always lead to use of contraception. Couple counseling is important and should be practiced. Educational and motivational activities along with health education is needed to promote the use of contraception. IUCD is least accepted method of contraception and patients have concern regarding the side effects.

[O-5]
Performance of Ist Trimester Screening for Down's Syndrome

Poonam Garg, Babita Chauhan, Jatinder Kaur
Deptt. of Obs. Chaitanya Hospital, Chandigarh

Objective
To Evaluate the performance of 1st trimester screening for Down's syndrome.

Method
A prospective study was done in 290 pregnant females booked for antenatal care. They were subjected to ultrasound and serum biochemical test of PAPPA & free Beta HCG between 11 to 13+6 wks. Patients with adjusted risk of 1:100 or more according to FMF software, were counselled and offered Amniocentesis.

Result
On the basis of the combined screening 3.3% patients were detected to be high risk for Down's syndrome and offered Amniocentesis, 20% of them were confirmed as Down's syndrome. 20% had nuchal thickness more than 3.5mm and absent nasal bone.40% had tricuspid regurgitation and 60% showed abnormal ductus venosus flow. 33.3% of patients with tricuspid regurgitation and abnormal ductus venosus flow were diagnosed with major congenital heart disease later in pregnancy. 1.7% patients were diagnosed to have fatal congenital structural defects and offered termination.

Conclusion
1st trimester combined screening is effective for detection of Down's syndrome. It also helps in early detection of fatal congenital structural defects and offers safe, early and less traumatic 1st trimester abortion. Patients with abnormal ductus venosus flow and tricuspid regurgitation should be offered fetal echo in 2nd trimester as they have high incidence of congenital heart disease.

[O-6]
Hypovitaminosis D3 in Pregnant & Menopausal Women in a Tertiary Care Hospital in Delhi

Sweta Balani, Nirmala Agarwal, Sonal Bathla, Arbinder Dang, Shamma Kapoor, Priti Arora, SC Arya
Deptt. of OBG Sant Parmanand Hospital, Delhi

Introduction
Vitamin D3 deficiency has now emerged as a pandemic. More & more illness are being attributed to vitamin D deficiency.

Objective
To study the Vitamin D3 levels in affluent pregnant & menopausal women in a private tertiary care hospital.

Method
Vitamin D3 level were measured using Vitamin D direct Elisa kit in 20 pregnant women, 21 umbilical cord blood & 126 menopausal women who reported with different ailment at Sant Parmanad Hospital, Delhi. Values of Vitamin D levels less than 50nmol/L were labeled as deficit, 50- 74 nmol/L as insufficient, > than 75 nmol/L were labeled as normal.

Result
In the pregnant group only 15% women had normal Vitamin D3 level, 10 % had insufficient level & 75% were deficit in vitamin D3. The umbilical cord blood sample reflected that 81% newborn were Vitamin D deficit. There was no significant difference in Vitamin D3 level between paired maternal & umbilical cord blood samples. In menopausal women group 23.8% women had normal Vitamin D3 levels & deficiency was seen in as high as 68%.

Conclusion
Incidence of Vitamin D deficiency is very high in affluent women, both pregnant & menopausal. The maternal transmission from these Vitamin D deficit mothers leads to insufficient level in newborns also. We suggest supplementation of Vitamin D3 to these women of vulnerable group.

[O-7]
Comparative Study of Role of Drotaverine Hydrochloride and Valethamate Bromide in Labour

Shilpa Dhameja, Priti Dhamija, Sonal Bathla, Nirmala Agarwal
Deptt. of OBG Sant Parmanand Hospital, Delhi

Introduction
Labour is natural physiological phenomenon of childbirth. Aim of active management is reduction in total duration of labour without any adverse effects on mother and fetus.

Aims & Objectives
This study was carried out to compare the efficacy and safety of Drotin versus
Epidosin using following parameters (1) Duration of active phase of labour (2) Maternal complications and (3) Perinatal outcome.

Material & Methods
It was prospective randomized control study conducted at our Hospital between September 2005 to November 2006. Patients were divided into 3 groups of 50 each after fulfilling inclusion criteria and ruling out exclusion criteria.

Group I (Drotin group) Patients in this group received Injection Drotin 40 mg intra muscularly maximum of 3 doses until delivery.

Group II (Epidosin Group) Patients in this group received injection Epidosin 8 mg intramuscularly 1 hourly maximum of 3 doses until delivery.

Group III (Control Group)

Results
Mean duration of active phase of labour
Drotin Group 3.5 hours
Epidosin group 2.8 hours
Control group 6.3 hours

Injections needed in drotin group were less than epidosin group. No major maternal and foetal side effects were observed.

Conclusion
Both drugs significantly reduce active phase of labour. Drotin has an added advantage of being comparatively free from side effects and being analgesic.

[O-8]
Intracranial Haemorrhage in Pregnancy: Three case series

Abhipsa Mishra, Jayasree Sundar, Anjila Aneja, Neena Bahl
Max Hospital, Saket

Objective
To share the experience in managing in though rare, yet potentially devastating event in pregnancy.

There is a high risk of maternal as well as fetal mortality and morbidity. The risk of haemorrhage increases during the third trimester and is greatest during parturition and the puerperium. ICH can be extradural, subdural, subarachnoid or intraparenchymal. Causes of bleeding include trauma, arteriovenous malformations, aneurysms, preeclampsia/eclampsia and venous thrombosis.

Vigilant team effort of obstetrician, neurosurgeon and anaesthesist leads to better outcome. We report 3 cases of intracranial haemorrhage associated with pregnancy in 1 year, its risk factors, clinical presentation, intervention done and maternal and fetal outcome.

[O-9]
Diabetic Ketoacidosis can Occur with Lower Blood Sugar Levels in Pregnancy – Review of 2 Cases

Monika Madaan[1], Laxmi Goel[2]
[1]Assistant Professor, Obs & Gynae, LHMC & SSKH, New Delhi, [2]PG (Third yr), Obs & Gynae, LHMC & SSKH, New Delhi

Diabetic ketoacidosis is a medical emergency affecting 1-3% of pregnant diabetic women. It is associated with significant maternal morbidity and fetal morbidity and mortality. DKA is more common in type I diabetic patients, but it may also be seen in type II diabetes and gestational diabetes. Generally the presentation of DKA in pregnancy mimics that of non pregnant state with classic triad of dehydration, ketosis and acidosis. There is hyperglycemia, ketonemia, ketonuria and high anion gap metabolic acidosis. But in some cases in pregnancy the blood sugar values may not be very high or may be even normal which is called as euglycemic diabetic ketoacidosis. Several cases of euglycemic DKA have been reported in literature. We report two cases of euglycemic DKA in pregnancy– one in patient with type II diabetes and the other in gestational diabetes. Both the patients were entirely asymptomatic at the time of diagnosis. But their biochemical profile suggested DKA and they responded to treatment. Both these cases suggest that in a pregnant diabetic patient we cannot solely rely on blood glucose levels as an indicator of insulin activity. Early recognition and treatment of DKA in such cases is must.

[O-10]
Ectopic Pregnancy in Tubal Stump

Deepa Aggrawal, Nirmala Agarwal, Sweta Balani
Deptt. of OBG Sant Parmanand Hospital, Delhi

Ectopic pregnancy continues to be an important cause of maternal morbidity and mortility and 1st trimester wastage. Incidence ranges from 0.25% to 1.5% of all pregnancies. Incidence of recurrent ectopic is 15% and this rises to 30% following two ectopic pregnancies. Incidence of Isthmic pregnancy is about 12% out of which pregnancy in stump of patient with history of previous salpingectomy is rare.

We describe our experience of a case of ectopic pregnancy present in ipsilateral tubal stump of uterus on patient with previous history of Laparoscopic salpingectomy.

Patient X G2 Ep1 with history of ectopic pregnancy for which left salpingectomy done came to us at ? weeks of pregnancy with severe abdominal pain. On examination her pulse and BP were stable and tenderness present in lower abdomen on left side. On P/V examination cervical excitation test was positive and fullness in left fornix. On TVS there was no intrauterine sac and minimum fluid was present in uterine cavity and mass visible behind the uterus felt. So she was diagnosed as a case of ectopic pregnancy, she is taken for laparoscopy.

On Laparoscopy
Haemoperitoneum ++, uterus was normal, right tube was convoluted and unhealthy both ovaries were normal, there was bleeding from tubal stump on left side.
Treatment options for tubal ectopic pregnancy was surgical and medical.

Conclusion
We should not leave a stump in tubal pregnancy.
Treatment option for stump ectopic is always surgical so that recurrence of stump pregnancy can be avoided.

[O-11]

Accuracy of Clinical Estimation of Fetal Weight in Breech Presentation

Esha Gutgutia, S Shamsunder & S Prateek
Department of Obstetrics & Gynecology, Safdarjung Hospital, New Delhi

Aim
To estimate the accuracy of clinical estimation of fetal weight in breech presentation.

Patients and Methods
The clinical estimation of fetal weight in 89 pregnancies with breech presentation at term was compared to the actual fetal weight at birth.

Results
Vaginal delivery occurred in 55 women, caesarean section was performed primarily for breech in 34. The estimated fetal weight was equal to the actual fetal weight in 20 (22.4%); in 45 women (50.5%) the discrepancy was ≤250 g; in 20 (22.4%), the discrepancy was between 250-500g and in 4 women(4.49%) the difference was >500g.

Conclusion
Clinical estimation of fetal weight is not very accurate. Ultrasound estimation should be carried out whenever practical to affect clinical decision making.

[G-1]

A Comparative Study of Two Second Line Regimes for Ovulation Induction

Kashika Gupta[1], Banashree Das[2]
[1]Post Graduate, [2]Professor & Consultant, VMMC & SJH

Objectives
To compare the efficacy of sequential use of clomiphene citrate and letrozole with gonadotropins as second line regimes for ovulation induction.

Methods
A prospective randomized clinical trial was conducted in the Department of Gynecology, VMMC & SJH, New Delhi. Forty patients with unexplained or anovulatory infertility who failed to conceive with first line drugs were randomized in two groups: Group 1- received letrozole followed by hMG. Group 2- received clomiphene citrate followed by hMG. Patients were evaluated for different ultrasound parameters and, ovulation and pregnancy rates were compared.

Results
The number of follicles ≥10 mm on day 10 was significantly higher in clomiphene group (2.47± 0.97) as compared to letrozole group (1.9 ± 0.45). p value 0.023. The mean number of mature follicles (≥18 mm) was more in clomiphene group than in letrozole group. The endometrial thickness was comparable in the two groups. The hMG dose required was lesser in letrozole group than in the CC group. 79.44% of all cycles resulted in ovulation. The ovulation rate was higher in letrozole plus hMG group as compared to CC plus hMG group (83.92% vs.74.5%), though not statistically significant. The pregnancy rates were comparable in the two groups (5.35% in letrozole group vs 7.84% in CC group).

Conclusions
Sequential regimes of letrozole and clomiphene citrate are effective second line regimes for ovulation induction with comparable ovulation and pregnancy rates in both the groups. CC with hMG is associated with multifollicular development more often.

[G-2]

Reconstructive Surgical Management of Cryptomenorrhea Because of Complete Vaginal Agenesis

Krishna Dahiya
Professor, PGIMS Rohtak

Objective
To describe the surgical reconstructive options in cases of cryptomenorrhea because of an obstructed functioning uterus complete vaginal agenesis.

Material & Method
A adolescent girls, aged 15 years admitted with primary amenorrhea, cyclic abdominal pain, hematometra, and complete vaginal agenesis. Vaginoplasty was done to reconstruct a neovagina by human amniotic membranes and establish the uterovaginal continuity.

Main Outcome Measure
Anatomic success was defined by a vaginal length ≥8 cm, and a width allowing the introduction of two fingers. Functional success was evaluated according to the restoration of menstrual cycle & resolving of pain.

Results
Neovaginal length was 9 to 12 cm and adequately wide. Satisfactory anatomic and functional results could be achieved, with no operative morbidity. Regular menstruation resumed with normal ultrasound findings during follow-up.

Conclusion
In rare cases of an obstructed functioning uterus by complete vaginal agenesis, vaginoplasty effectively restores anatomy and function, by an overall minimal operative morbidity. Human amnion provides excellent results in neovaginal reconstruction.

[G-3]

Association Between Symptoms & Severity of Prolapse & Effect of Surgery on Symptom Relief

Avantika Gupta, Asmita M Rathore, Usha Manaktala
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Objective
To study the association of pelvic organ prolapse & severity of symptoms using PFIQ – 7 and to study the efficacy of surgery in improving symptoms

Material & Methods
50 women attending gynaecological clinic, with symptoms suggestive of pelvic organ prolapse & urinary/ fecal incontinence or both were included in the study. Pregnant women or within 6 months postpartum & women who were unable to perform Valsalva were excluded. Pelvic organ prolapse was quantified using POP – Q classification & each woman was assigned a stage. Impact on quality of life was studied using PFIQ – 7 (Pelvic Floor Impact Questionnaire). This questionnaire was filled by another gynaecologist blinded to the POP – Q stage assigned to the woman. The women who had a marked negative impact on quality of life were operated. After 3 months of surgery, these women were again interviewed & asked to fill PFIQ – 7 to see the improvement in the symptoms.

Results
There was a positive correlation between stage of pelvic organ prolapse & severity of symptoms. The mean score in the study group was 15.3 ± 2.2 (range 5 – 21). Out of these, 30 women with score > 10 i.e, with a negative impact on quality of life were operated. A very significant improvement was noted in the patients undergoing surgery for stage III & IV pelvic organ prolapse ($p < 0.001$) as well as that for stage II ($p < 0.005$)

Conclusion
Quantification of the prolapse as well as effect on quality of life should be considered during planning of definite management of prolapse.

[G-4]

In Vitro Fertilization in Tertiary Level Government Hospital

Anjali Tempe, Poonam Baranwal
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Aim
To analyse the cost & clinical profile of IN VITRO FERTILIZATION cycle in tertiary level government hospital.

Settings & Design
A Government IVF Center. (MAMC)

Material & Methods
Seventy five patients undergoing the long protocol programme for IVF at the Institution are included in this study. GnRH Agonist (leupride.3-1mg) from D21 of menstrual cycle started. On D2 of withdrawal bleed-LH, FSH, E2& progesterone testing done. Fixed doses of gonadotrophins for 5 days started and Gonadotrophin dosages are adjusted according to E2 levels on 6th day & follicular response, COH is obtained with 9-12 days of stimulation. Trigger given when follicle size was 17-22 mm. Ovum pick up after 34-36 hours of trigger done and Embryo transfer done 2-3 days after ovum pick up, Progesterone support by progesterone in oil as IM preparation or by vaginal route given. Pregnancy test done 2 weeks after embryo transfer. Patients in the study were divided in 2 group's pregnant and non pregnant group. Pregnancy outcome and effect of basic FSH level, medical condition, causes of infertility, total doses of gonadotrophins used and total cost of each cycle in both groups were compared.

Statistical Analysis Used
chi square test & fisher's exact test was applied and p value was calculated whenever applicable by chi square test and t test

Results
Age & high basal FSH levels are associated with poor pregnancy outcomes. Higher dosages of gonadotrophins & higher cycle costs are associated with poor pregnancy outcomes. Estimated medical cost of cycle in a government hospital in India is approximately Rs30,000.

Conclusions
There was no significant difference in age, parity, history and examination findings, doses of gonadotrophins required, and cost of the cycle in patients who conceived and who did not conceive. However incidence of genital tuberculosis, age before stimulation was found to be increased in the patients, who did not conceive, though this was not statistically significant.

[G-5]
Our Experience with Postpartum IUCDs

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Inclusion Criteria
All the woman in the reproductive age group attending the family planning OPD between Jan 2006 and March 2011.

Observations
During the above specified period about 2075 Cu- T were inserted. Out of these, 1874 CuT were inserted in the interval group(group I) and 201 CuTs in the perpueral group Various sociodemographic factors were compared between the two groups. Maximum patients were seen in the age group of 20-25 years in both the groups. (group I-50%, group II, 52%).

83% of patients belonged to hindu religion in group I and 88% in group II respectively. Parity in most of the patients in both the groups was 2. (55%in group I and 70% in group II). Majority of patients in group I were illiterate whereas in group II maximum patients were between5th -10th pass.

In both the groups most of the patients had income between Rs 2500–3000 (ie 85 % & 60%). About 75% & 60% patients in group I & II respectively came for follow up. Out of these about 2% patients had bleeding problems and spontaneous expulsion was seen in 1.5% of all patients in group I. On the other hand none of the patients had bleeding problems in group II. Expulsion rate in group II was 5%.There were no pregnancies reported in any of the groups.

Conclusion
1. Most of the socio-demographic factors were comparable in both the groups.
2. Expulsion rates were low in both the groups.
3. Cu-T is a useful temporary contraceptive device even during the perpuerium.

[G-6]
Pre-operative Colposcopy & Vaginoscopy before Wertheim's Hysterectomy helps Detect/ Treat Adjoining VaIN Simultaneously

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Introduction
HPV is an etiology common to various intraepithelial and frank carcinomas of the lower genital tract. Any patient even with Ca Cervix stage 1 may have adjoining HPV associated pathologies. These may all be treated at one sitting if diagnosed. Extension of cervical cancer & VaIN may concomitantly present as lesions in multicentric areas, which may not be visible macroscopically and missed unless looked for.

Aim
A case is described that reiterates the need to assess the lower genital tract preoperatively in a patient with early cervical cancer undergoing Werthiem's hysterectomy to detect associated HPV lesions.

Material and Methods
A 43 yrs old lady with confirmed squamous cell carcinoma had undergone Wertheim's hysterectomy with bilateral pelvic lymphadenectomy for stage 1a1 disease. She thereafter presented to our unit with a follow up vault smear that had revealed high grade intraepithelial neoplasia. Colposopy and endoscopic visualization of vagina showed dense raised acetowhite areas with well defined margins, abnormal vessels and coarse puntations in the upper two thirds of the anterior vagina, and apex of the posterior vaginal wall. These were iodine negative. Biopsy confirmed squamous intraepithelial neoplasia grade III. Patient refused radiotherapy. Total vaginectomy was undertaken. Histopathology of the vaginectomy specimen confirmed negative margins with squamous intraepithelial neoplasia grade III.

Conclusion
This case demonstrated that complete preoperative assessment of the lower genital tract (vulva, vagina and cervix) for HPV associated lesions before undertaking radical surgery may have prevented leaving residual associated disease. In our unit, we now undertake a complete assessment of the lower genital tract which provides good correlation with the subsequent histopathology before treating any HPV associated lower genital tract malignancy,

[G-7]

Role of Natural Access "Transvaginal Hydrolaparoscopy" (TVHL) in Assessing Adnexal Masses

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Introduction

TVHL "a recently revisited technique" had been developed primarily for infertility assessment. It can, however, be a very useful modality to assess adnexal masses too, prior to deciding the route of surgery. In selected patients it is feasible, safe and avoids a regular laparoscopy or laparotomy by enabling transvaginal excision of adnexal masses. It makes the complete management a lesser invasive alternative to laparoscopy.

Objective

Objective of the study was to demonstrate the use of TVHL in assessing adnexal masses prior to proceeding with surgical management, and help confirm the feasibility of the vaginal natural access route for removal of adnexal masses.

Methods

26 cases of TVHL were performed over a period of 2 years. All patients had a complete history, pelvic examination and transvaginal sonography before TVHL. They were excluded if they had findings suspicious of dense adhesions in the cul de sac, suspected infection, requirement of an intact hymen, narrow fornices, uterus filling the pelvis preventing vaginal access to the POD, suspected hemoperitoneum or an associated indication for operative laparoscopy.

All cases of TVHL were performed under GA. A small colpotomy was performed. A 30 degree hysteroscope with the sheath was introduced through this into the pelvic cavity to evaluate the anatomy of the pelvic structures posterior to the uterus under continuous saline irrigation.

Results

The procedure was easily performed. Good visualisation was obtained. Peritoneal fluid /washings for cytology were taken. In the absence of features of malignancy, external excrescences or adhesions, the adnexal masses were removed vaginally. Patient comfort and satisfaction was remarkable with an excellent postoperative recovery and no morbidity.

Conclusion

TVHL is a simple, safe and effective way to visually assess the nature of an adnexal mass. It helps assess the feasibility of performing a totally vaginal procedure, and avoids a laparoscopy or laparotomy.

[G-8]

Protecting the Ureter by Using the Retroperitoneal Approach in Patients with Advanced Endometriosis

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Patients with moderate or severe endometriosis have ureteric displacement or involvement increasing the risk of ureteric injury. Traditionally ureteric catheterization had been considered an effective method for preventing this. It is now coming to light that using rigid catheters may not really prevent the injury but only help identify and manage it, once it has occurred or even increase injury risk from the relative inflexibiity of the catheter in an involved ureter.

Aim

To present the technique used in the last 10 cases of advanced endometriosis of electively using retroperitoneal dissection of the ureters to assess

a) Clarity of visualization of altered anatomy
b) The extent of excision of disease in the region
c) To identify access to hidden areas of small endometriomas, which are otherwise not obvious.

Material & Methods

The last 10 videos and case reports of patients, who underwent elective retroperitoneal ureteric dissection with moderate & severe endometriosis were reviewed. The technique was found to be a safe, effective and a reliable method to demonstrate the altered anatomy of the ureter in relation to other pelvic structures. This approach identified unsuspected areas of involved endometriosis, ensured near complete excision of macroscopic disease. There were no cases of ureteric damage or compromise. There were no cases which required ureteric stenting.

Conclusion

All these cases demonstrated that retroperitoneal dissection of the ureter is a good alternative to cytoscopy and ureteric catheterization in patients with advanced endometriosis. It enables complete clearance of gross disease in that area. Moreover, it cuts down the additional costs of cytoscopy & ureteric catheterization, without compromising quality and safety, and prevents the morbidity associated with ureteric catheterization.

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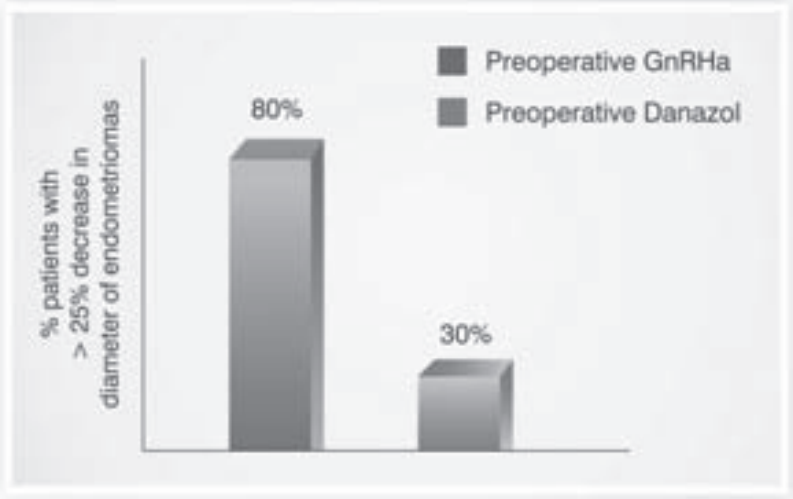

- Reduces Pelvic vascularity and inflammation
- Reduces congestion of pelvic organs
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"Higher pregnancy rate in patients pretreated with GnRHa prior to laparoscopic surgery than in those pretreated with danazol"

Canadian consensus on endometriosis, Journal of SOGC, May 1999, page 37.

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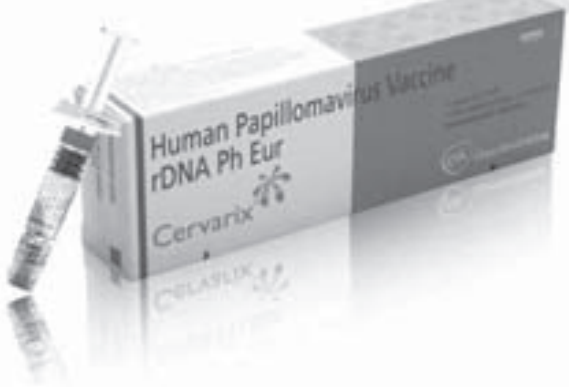

Abridged Prescribing Information:
Names: Cervarix™. Human Papillomavirus vaccine Types 16 and 18 (Recombinant, AS04 adjuvanted). **Composition:** A 0.5 ml dose of the vaccine contains not less than Human Papillomavirus type 16 L1 protein 20 micrograms, Human Papillomavirus type 18 L1 protein 20 micrograms, 3-O-desacyl-4', monophosphoryl lipid A (MPL) 50 micrograms and Aluminium hydroxide, hydrated 0.5 milligrams Al3+. **Pharmaceutical form:** Suspension for injection. **Indications:** Indicated in females from 10 to 45 years of age for the prevention of cervical cancer by protecting against incident and persistent infections, cytological abnormalities including atypical squamous cells of undetermined significance (ASC-US) and cervical intraepithelial neoplasia (CIN), CIN 1 and pre-cancerous lesions (CIN 2 and CIN 3) caused by human papillomavirus types 16 and 18. **Pharmacological particulars:** In study HPV-008, statistically significant vaccine efficacy against HPV 16/18 was demonstrated in the ATP cohort and the TVC-1 cohort for the histological, virological and cytological endpoints. Statistically significant vaccine efficacy against CIN2+ for all HPV types combined (HPV-31, -33, -35, -39, -45, -51, -52, -56, -58, -59, -66, -68) excluding HPV types 16 and 18 was 34.0% (96.1% CI: 34.3,68.4) in the ATP cohort and 46.0% (96.1% CI: 27.0,60.3) in the TVC-1 cohort. **Posology:** Single 0.5ml dose. The primary vaccination course consists of three doses schedule (0,1 & 6 months). **Method of administration:** For intramuscular injection in the deltoid region. **Contra-indications:** Known hypersensitivity to any component of the vaccine. **Special warnings and special precautions for use:** As with other vaccines, the administration of Cervarix™ should be postponed in subjects suffering from acute severe febrile illness. Should not be administered intravascularly or intradermally. Should be given with caution to individuals with thrombocytopenia or any coagulation disorder since bleeding may occur following an intramuscular administration to these subjects. There are no data on the use of Cervarix™ in subjects with impaired immune responsiveness such as HIV infected persons or patients receiving immunosuppressive treatment. **Interaction with other medicaments and other forms of interaction:** If Cervarix™ is to be given at the same time as another injectable vaccine, the vaccines should always be administered at different injection sites. It may be expected that in patients receiving immunosuppressive treatment an adequate response may not be elicited. **Use during pregnancy and lactation:** Specific studies of the vaccine in pregnant women were not conducted. **Undesirable effects:** Very common: injection site reactions including pain, redness, swelling, fatigue, headache, myalgia. Common: gastrointestinal including nausea, vomiting, diarrhoea, abdominal pain, itching/pruritus, rash, urticaria, arthralgia & fever (≥38°C). **Special precautions for storage:** Store in a refrigerator (2°C - 8°C). Do not freeze.
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