



Bangalore Society of Obstetrics and Gynaecology

News & Views

Vol.1

Issue 1

2013

Office Bearers

Dr. Jyothika A Desai
President
9845342826

Dr. Malini K V
President Elect

Dr. Shobha N Gudi
Hon. Secretary
9980140778

Dr. Jayanthi T
Hon. Treasurer
9886086675

Dr. Sheela C N
Joint Secretary

Dr. Chandrika Muralidhar
Vice President

Dr. Vidya V Bhat
Imm. Past President

Executive Committee

Dr. Ashakiran

Dr. Mangala Devi

Dr. Malathi T

Dr. Prashanth Joshi

Dr. Shashikala Karanth

Dr. Savitha C

Dr. Shirley George

Dr. Shailaja N

Dr. Thejavathy

Invited Members

Dr. Kamini A Rao

Dr. Hema Divakar

Dr. Sheela V Mane

Advisory Committee

Dr. Jaya Narendra

Dr. Gomathy Narayanan

Dr. Mohini Prasad

Internal Audit

Dr. Venkatesh N



My dear friends,

It is a great honor indeed to be the President of The Bangalore Society of Obstetrics and Gynaecology. I am indebted to all my fellow members for reposing faith in me.

When I look back at the illustrious history of this august society and the eminent Past Presidents who have hallowed its portals, I am deeply humbled and at the same time inspired to take it to greater heights.

To this end, the incoming team proposes to institute the following... to restart the BSOG Newsletter, the first issue being released on April 21st, 2013, the day of installation. The Newsletter is a forum through which we can know more about our fellow members, their achievements, their recent celebrations and rejoice with them. It can also alert us about the forthcoming events, conferences etc, which we may have wanted to attend but forgotten because of the daily grind. You are excited about some rare case which you managed very well? Well, here's a platform from where you can share it with all of us.

Well, apart from the Quarterly Newsletter, we also plan to come out with an updated BSOG directory so that you can have a ready reckoner of BSOG contacts on your desk. A Calendar of events throughout the year, yes, is also a very convenient planner. Make sure you take your copy home.

Would it not be great if all of us in Bangalore followed the same protocol in Obstetrics and Gynaecology with a uniform standard of practice? It has been a dream of mine from a long time. I know it is an uphill task, but to start with, Guidelines on some common Obstetric topics will be released this year and I am hopeful that the subsequent teams too would continue to do so. Let us all strive to make the lot of our women better. Yes, my dear friends, **"Together, let's make a difference"**

Dr. Jyothika A Desai

Alone we can do so little; together we can do so much. "Helen Keller"



It is the beginning of a new year for Bangalore Society of Obstetricians and Gynaecologists and I feel

ready to accept the post of Honorary Secretary with a deep sense of gratitude. As we gather our strengths under the able leadership of a mature, conscientious and enterprising president, charged with the youth force in the executive committee, I feel confident that we can put forth an interesting year.

One such endeavor is the launch of this newsletter. This magazine will be a platform for all members to voice their thoughts, present exceptional clinical material, declare academic achievements and community services rendered.

It is a happy coincidence that our beloved Dr. Hema Divakar is the FOGSI President this year. With her unique leadership abilities she has involved some of us in important projects of FOGSI. She fondly calls us team B (Bengaluru). Soon after her installation as President at AICOG Mumbai, she has started her work in earnest. All of us, along with many others across the nation have eagerly joined hands with her hoping to make an impact on women's health care in the country. Thus, Dr. Sheela Mane, Dr. Arulmozhi and myself are part of "Fast Track Initiative" on Helping Mother's Survive Programme, Dr. Susheela Rani is in charge of a project on Gestational Diabetes Mellitus, Dr. Jyothika Desai and Dr. Parimala Devi are looking after the Preventing cancer cervix campaign and I am coordinating for training courses in contraception. All these efforts match the theme our BSOG president Dr. Jyothika Desai has chosen for this year, **"Together, let's make a difference"**.

Dr. Shobha N Gudi

From the President's Desk

From the Secretary's Desk



My dear fellow FOGSIANs at Bengaluru.

I place my very best wishes to everyone in BSOG.

I hope that the efforts by the new team BSOG 2013 - 14 will translate into a memorable experience for all its members.

The theme for FOGSI this year under my leadership as the President FOGSI, is declared as "Innovation to Implementation".

We need to "innovate" and see what works for us in India.

We need to "implement" the novel ways - of educating the masses, of empowering the youth, of saving the girl child, of ensuring safe delivery and of enhancing quality of life.

We need to study the "impact" of preventive healthcare on reducing the burden of many of the morbidities and mortality of non communicable diseases like Diabetes and Cervical cancer.

We always seem to think that it is someone else's job!

My sincere appeal to all members of BSOG to join hands with FOGSI.

Let's do our bit as "Change Makers" and showcase to the rest of India what BSOG can do. Let us help in shifting the focus to "preventing illness and promoting wellness".

Let us be contributory to the wellbeing of women in India.

Coming together at BSOG is the beginning of the Mission and we remain together to accomplish our Vision for making Bengaluru the destination for the best of Womens Healthcare in India.

Best wishes to the new team with Dr. Jyothika and Dr. Shoba at the helm of affairs.

Pledging my strong support to facilitate all their endeavours.

Warm regards

Dr. Hema Divakar

President FOGSI 2013

Calendar of Events- BSOG 2013-14 (1st Quarter)

Installation with the 1st Scientific Session---21st April 2013 at Atria Hotel

2nd Scientific Session---26th May at BMC Auditorium, Interface between Psychiatry and Obstetrics

3rd Scientific Session---7th, 8th and 9th June, Vision 2022 at Le Meridian, Bengaluru (FOGSI)

4th Scientific Session---BSOG CME, 20th, 21st, 22nd and 23rd June, API Bhavana

5th Scientific Session--- BSOG-IMS Meet 30th June, Diabetes and the Menopause

6th Scientific Session---BSOG- RCOG---Workshop on Office Hysteroscopy, Faculty- Dr. Jnanesh Gupta, U.K, 7th July, BMC Auditorium, relayed from Rangadore Hospital

7th Scientific Session---Gynaec Ultrasound Workshop, Symposium on Abnormal Uterine Bleeding, 28th July, BMC Auditorium, Usha Krishna FOGSI Quiz on Reproductive Endocrinology

We have so many needs in our life, but at the end of the day, all we need is to be needed. Tumbir

Master keys to Success!

Dr. Rakesh Sinha

Laparoscopic surgeon

Author, Teacher, Trainer

Guinness World Record Holder

Marathon Runner

"The greatest tragedy in life is not that you aim too high and miss it. The greatest tragedy is that you aim too low and hit it."

..... Michael Angelo

Success is the progressive achievement of a worthy goal. Success is not luck, success is not chance, success is not perfection. Success is just being above average, success is achievable and success is a matter of choice!

Success is not comparing what you have achieved with what someone else has achieved. It is comparing what you have achieved with what you could have achieved. I think by this definition all of us can never arrive at success, because our potential is unlimited. That is perhaps the reason why it is said that success is a journey and not a destination.

Failure on the other hand, is a few errors of judgement repeated every single day, over a prolonged period of time. So success can also be defined as a few disciplines practiced every single day over a prolonged period of time.

The most important tool for success is the belief that you can succeed.

One question that has intrigued me for two decades has been 'Why is one person more successful than the other?' The quest for answering this led me to become a student of Anthropomaximology (study of higher potential in human beings) and Teleology (study of purpose, design and goal centredness).

I learnt that the ability to achieve what you desire has little to do with external factors and a lot to do with our own mindset. That's when I realized that success really is a mind game. If we can understand this, we start taking responsibility for our lives and stop the blame game.

So how do you make your life a masterpiece?

All of us come into this world with no instruction manual. We are born with an amazing brain, the complexities and possibilities of which are so vast that we cannot yet comprehend them. This marvellous 3 pound organ contains as many as 100 billion cells and processes 100 million bits of information per hour. It maintains a perfect chemical balance in every one of our body's billions of cells, through our autonomous nervous system. Properly used, the incredible brain can take us from rags to riches and happiness.

It is believed that your thoughts control your life....and you control your thoughts. So, actually you control your life!

Brian Tracy describes the Law of Correspondence as: Our outer

world is a mirror image of our inner world and the Law of Belief states that whatever we believe with conviction becomes our reality. So when you combine the principles of these laws, it means that your belief in yourself and your positive constructive thoughts can help you succeed.



But where do your beliefs come from?

The answer to this lies in the psychology of "self-concept".

Your self-concept is your collection of beliefs about yourself and about every part of your life and your world. There is a direct relationship between how well you do anything and your self concept has three parts.

1. Self Ideal: This is the vision or ideal description of a person that you would most like to be in every respect. Your self ideal is a combination of the qualities and attributes that you admire most in other people. It is the sum of your main goals and aspirations. Exceptional people set high standards for themselves and strive to live up to them. Self ideal denotes your visions and goals.

2. Self Image: Your self image is the way you see yourself and the way you think of yourself, as you go about your daily activities. Your self image is often called your "inner mirror", into which you look and see how you are supposed to behave or perform in a particular situation. You always behave consistently with the picture that you hold of yourself on the inside. Because of this, you can improve the performance by deliberately changing the mental pictures – that you hold about yourself in that area. This process of self image modification is one of the fastest and most dependable ways to improve your performance.

3. Self Esteem: Your self esteem is how you feel about yourself or how much you like yourself. It is the emotional component of your personality, and it is the foundation quality of high performance. It is the key to happiness and personal effectiveness.

Self esteem has two components. The first is how valuable and worthwhile you feel about yourself, how much you like and accept yourself as a good person.

The second factor is your feeling of "self efficacy", how competent and capable you feel you are in whatever you do. So, when you feel good about yourself, you perform better. And when you perform well, you feel good about yourself.

Not only do you have an overall self concept, which is a general summary about your beliefs about yourself, but you also have a

series of “mini self concepts”. These parts of your self concept control your performance and your behavior in each individual area of your life that you consider important. You have a self concept for how you dress and how you appear to other people. You have a self concept for how well you play each sport. You have a self concept for how well organized and efficient you are, in both your personal and your work life. You have an overall self concept of how competent you are in your field and how much money you are capable of earning.

So, your self concept regulates your comfort zone, and you resist change of any kind. The comfort zone is the great enemy of human potential.

The greatest challenge in the path of success is fear. It is fear that robs us of happiness. It is fear that causes us to settle for far less

than we are capable of. It is fear that is the root cause of negative emotions, unhappiness and problems in human relationships.

The only good thing about fear, is that it is learned, and because of this, it can be unlearned. The fear of failure, rejection and criticism prevents us from getting ahead in life. These fears also set the upper and lower limits of your comfort zone.

Because of your self-concept, you become what you think about most of the time.

Life really begins at the end of your comfort zone.

Break the rules, stretch yourself and challenge mediocrity.

As Steve Job says 'Create a dent in the universe'.

Congratulations

ACHIEVERS



Dr. Kamini A Rao
FIGO Award
In recognition of Best Women
Obstetrician & Gynaecologist 2012
Medscape Award, 2013



Dr. HemaDivakar
President
FOGSI, 2013



Dr. Sheela V Mane
Vice President
FOGSI, 2014



Dr. Prashant Joshi
Shan S Ratnam -
Young Gynecologist Award 2013

Life Time Achievement Award



Dr. Jaya Narendra
Past President, BSOG



Dr. Pushpa Srinivas
Past President, BSOG

If we did all the things we are capable of doing, we would literally astonish ourselves. Thomas Edison

In
Conversation with
Dr. Girija.U.



Madam, you are a senior Obstetrician, a senior BSOG member. Greetings from our society.

Thank you for taking time off to share some thoughts and memories with us.

Can you tell us about your early days, your undergraduate and postgraduate days?

I was born in a middle class family. I lost my father when I was 12 years old. My mother maintained the family by selling jewels and property till my eldest brother started earning.

I was influenced by my father, who cared for the poor, educating them and looking after their health. I was also influenced by my brothers who were dedicated doctors.

My desire to get a good education and serve humanity made me choose medicine as my profession.

I did my M.B.B.S at Madras Medical College, where I was trained intensively. Even as an intern, I assisted in major surgeries in neurosurgery and was also given a chance to do a perineorrhaphy.

I did my post-graduation in Mangalore. Gender bias in medicine and surgery made me choose Obstetrics.

I got a certificate of honor in Microbiology. I was a scholarship holder from school till post-graduation.

What about your career as an Ob/gyn?

I have taught in most medical colleges, both government and private, as an Assistant Professor, Professor and later HOD and was an examiner for both undergraduates and post graduates.

The value of a good history along with a thorough clinical examination to arrive at a diagnosis is what I wanted my students to appreciate. Discipline, honesty and commitment - I valued most and expected the same from my students.

Which was the best period in your professional life, being a teacher or a doctor?

Both. Best period was in government service, Disappearing? - I hope it is not disappearing. There are people who are still moulding young doctors to be good physicians/doctors. If this value system disappears, then there won't be any role model.

I enjoyed teaching and also serving the needy. I treasured that period. I did not enjoy working in Kidwai - as there was so much of suffering. Teaching was my passion; I was teaching my classmates mathematics even in school.

Who inspired you?

I was inspired by my mother, who taught me values and how to be content. I was also inspired by my teachers who were so

knowledgeable, dedicated and disciplined.

As a teacher you believed in honesty, discipline, sincere and hard work. Do you think it is disappearing? Does it make any difference?

If given a choice, would you be an Ob/Gyn again?

If reborn - I would not like to be a carbon copy. I would like to experiment in other fields too, like literature, etc.

What is your concept of God?

Concept of God - a power beyond us. Bhakti is doing the right things in life. I believe that is the way to reach the Lord, the Almighty.

Any regrets?

No regrets except that I could not continue in government service as I was deputed to Kidwai for the second time where there was no fulfillment of working and no teaching.

What do you think of present day training, about the changing practice?

Bedside teaching should be practiced with emphasis on history and clinical examination. Sadly, this has shifted to modern gadgets. Interpretation by hands and brain has been replaced by gadgets. A rapport is built by taking history and examining and spending time with patients.

We have seen and enjoyed your skit 'Celestial stress'. Can you tell us about your other interests or hobbies?

Hobbies - I love reading, especially fiction. I enjoy gardening too, as I love nature. I do write occasionally.

I know you love travelling and have travelled extensively. Which are the places you enjoyed?

Travel - I enjoy nature and am interested in history. I enjoyed my Egypt trip. Travelling with my BSOG friends was an added bonus. Rome was another place that I enjoyed. History and nature both are important.

Are you happy after retiring from the profession?

I have retired content. I still miss teaching and the hospital. I have had a long innings and it's time to move on!!

Please tell us about your family

My husband, Mr. Lakshman Uchil has been very supportive and has never interfered with my principles and values.

Children - One is an engineer and the other an Obstetrician. It was their choice and there was certainly no intention to leave a legacy behind. I am proud both my sons are not only good human beings but they are good professionally too.

The centre of my universe is my grandchild, who is an angel to me.

What message do you want to give to young obstetricians?

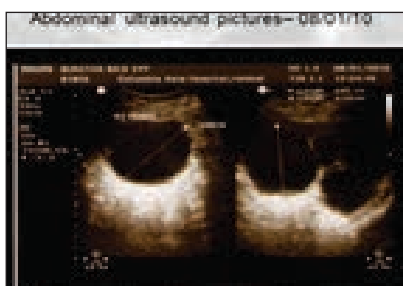
Money is essential but not everything in life. Don't seek name and fame. It will come if you deserve. You must use your knowledge and skill to help others and not only to offer service for a fee.

Dr. Srimani Rajagoplan

Spontaneous Ovarian Hyperstimulation Syndrome (SOHSS) in a singleton pregnancy

Dr. Ashmita Desai, Dr. Jyothika A Desai

OHSS with a spontaneous ovulatory cycle is extremely rare. We report a case of spontaneous OHSS associated with a normal singleton pregnancy in a 27 year-old woman, who was hospitalized with abdominal pain & distension. The pain started 10 days prior to



her visit. Her past history was unremarkable. Vitals were stable. She had a moderately distended, tense and tender abdomen with shifting dullness. Bimanual examination was not done because of tenderness. Ultrasound revealed an intrauterine single viable fetus of 12 weeks gestation.

Both ovaries were enlarged and measured 12.8x10 cm and 13.7x 9 cm with multiple enlarged follicles. Free

fluid was seen. Investigations done: Hb 8 g/dl, Hct- 25.1% & WBC- 12,700. S. Electrolytes, RFT, LFT, coagulation profile, Chest X-ray and ECG were WNL. The patient was treated symptomatically. Iron supplementation, analgesics and LMWH administered. The cysts increased in size initially. Rt ovary -14cms x 9.7cms. with the largest cyst measuring -6.7 x 6.4cms and the Lt ovary -12 x 7.2 cms with the largest cyst measuring 4.2 x 3.2 cms. Free fluid gradually decreased along with follicular size. At 24 weeks gestation, ultrasonography revealed normal sized ovaries with no free fluid. The pregnancy progressed normally thereafter and a healthy infant girl was born at term.

The Etiology and Pathophysiology of OHSS are poorly understood. Various factors including estrogen, histamine, prostaglandins, aldosterone, renin, angiotensin II, etc, have been implicated in the development of this condition. In pregnant patients with severe OHSS, treatment with low dose heparin to prevent serious complications like thrombosis and thrombo-embolism, should be considered.

Risk Factors for OHSS are young age, low BMI, multiple pregnancy, hypothyroidism, polycystic ovarian syndrome, induction of ovulation, HCG administration in the luteal phase, hydropic degeneration, Blood Group A, history of allergy, high antral follicle count, high or rapidly rising estradiol levels, large numbers of large and medium-sized follicles, large numbers of eggs retrieved, prior OHSS, etc

Pathological features of the syndrome, whether spontaneous or iatrogenic, include the presence of multiple serous and hemorrhagic follicular cysts lined by luteinized cells, a condition called hyperreactio luteinalis. SOHSS is very rare, with no specific etiology and starts later in pregnancy – 8-13 weeks.

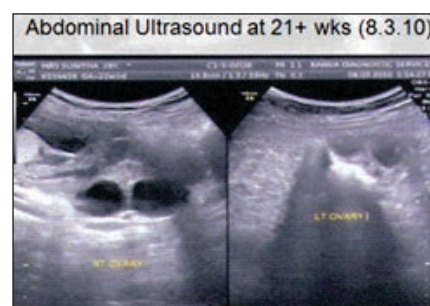
Classification: De Leener classified Spontaneous OHSS into 3 types depending upon clinical presentation and FSH receptor mutation. With high levels of TSH with high levels of HCG. With mutations in the FSH receptor. Active mutations of the FSH receptor (FSHr) gene can cause ovarian hyper-responsiveness to circulating FSH or cross-responsiveness of FSHr to hormones having a structure similar to FSH, such as hCG or TSH.

Differential Diagnosis – includes Pelvic Infection, Ovarian Neoplasm, Torsion of an ovarian cyst, Ascites of any etiology & Thrombophilia.

Course of Pregnancy - Since onset is late, no increased risk of abortions. However, Preterm labour, IUGR, Venous Thromboembolism (which can be serious and occasionally fatal) are more often seen. Occasionally laparotomy has been done for cystectomy- a totally unnecessary procedure. Renal Insufficiency and failure have been reported in severe cases.

This case report emphasizes the importance of thorough evaluation of all women who present with acute abdomen and ovarian masses during pregnancy. Although the condition is extremely rare, it is potentially lethal in its severe form if not timely diagnosed and managed conservatively.

Take Home Message - Before considering a laparotomy suspecting an ovarian neoplasm in pregnancy, rule out SOHSS. Early diagnosis and prompt treatment of OHSS can prevent severe complications such as renal insufficiency. In particular, presence of coagulation disorders in women with OHSS/SOHSS should be looked for.



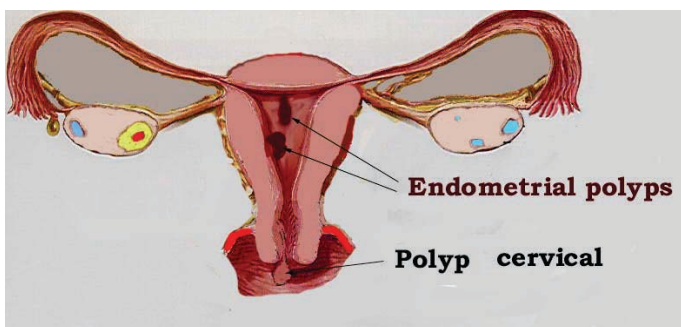
RECENT ADVANCES IN HYSTEROSCOPIC SURGERY

Hysteroscopic Morcellators

Fibroids are responsible for 1-2.4% of infertility in females. The actual cause most of the time is a submucous fibroid. Submucous & Intramural fibroids can be removed laparoscopically, but a submucous fibroid upto 5cms in size should be removed by Hysteroscopic surgery.

All these years we used resectoscopes to remove sub-mucous fibroids. Though it is a good method we have to use electric current both in monopolar and bipolar resectoscopes. In case of monopolar resectoscope we have to use glycine as the distension medium. Though normal saline can be used for bipolar resection it takes more time and the bits of fibroid resected have to be removed piece meal by which there can be fluid spillage, bleed and also air can enter through the cervix and lead to problems.

Hysteroscopic morcellator has come as an advanced hi-tech instrument. Being mechanical, normal saline can be used and the bits of morcellated fibroid are sucked by the suction apparatus and collected separately. The fluid management system shows inflow and outflow volumes and fluid deficit. Since the intrauterine pressure is controlled, it does not go above 80 to 120mmHg which is very safe. Extravasation of fluid is less when the intra uterine pressure is maintained below 100mmHg. Hysteroscopic morcellators come with inbuilt telescopes and 3mm and 5mm morcellator blades. The 3mm blade can be used for small fibroids and polyps and the 5mm blade for larger fibroids upto 4-5cms.



The Hysteroscopic Morcellator has a rigid inner tube which rotates within an outer tube. The blade is inserted into an electrically powered control unit which is connected to a handheld motor drive unit. A foot pedal activates the blade and regulates the direction of rotation of the internal blade tube. The direction can be oscillating or continuous, with the optimal number of rotations per minute being 750 or 1,100. Hysteroscopic Morcellation is a fast technique for removal of smaller type 0 and 1 myomas, as well as large polyps. The HM has some advantages over Monopolar Resectoscope. The use of saline solution prevents hyponatremia, although meticulous measurement is indicated to prevent excessive absorption and fluid overload.



Dr. Vidya.V. Bhat

MBBS, MD, MNAMS, FICOG
Joint Secretary, FOGSI, 2013
Secretary General KSOGA 2013-14



Advantages of the Hysteroscopic Morcellator

1. Normal saline
2. Mechanical
3. Vision is not impaired due to floating myoma bits
4. No intermittent removal of equipment
5. Chances of air embolism less

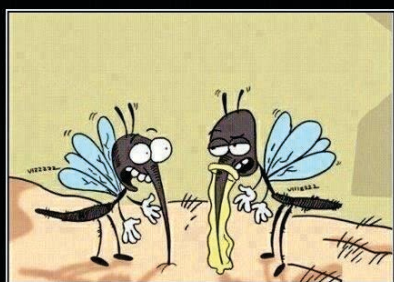
Disadvantages

Inability to coagulate bleeding vessels encountered during surgery

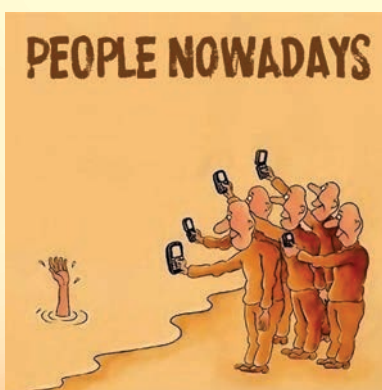
PROPOSALS FOR THE YEAR 2013-14

- 1) To reintroduce "OBGYN Watch" by Dr Narayanan in all Scientific sessions
- 2) To restart Young Talent Promotion in all Scientific Sessions-20 mins. The criteria to select a Young Talent are
 - i) Age < 40 yrs
 - ii Original work /Interesting Case reports to be presented in 8 mins, 2 mins for interaction
- 3) To conduct BSOG Quiz on Reproductive Endocrinology and send the winners to South Zone Yuva FOGSI in Trichy, 16th -18th August 2013
- 4) To restart the BSOG NewsLetter -3 issues in a year along with Tulanam
- 5) To release an updated BSOG Directory
- 6) To coordinate with FPAI to conduct Outreach Programs, Adolescent camps with counseling regarding contraception, Safe sex practices, Medical abortion, MTP, etc., School Health Programs with Hb% &BI Group checked and entered on cards, distribution of Iron, etc., 1st Program scheduled in June 2013
- 7) To release Booklets - Guidelines on Anemia, Hypertension, Diabetes & Nutrition in pregnancy, along with Screening for Gynecological Malignancies during the year. The Guidelines Committee will formulate and scrutinize the matter.
- 8) To conduct programs on Cervical cancer Screening and Prevention/ Management of PPH for Family Practitioners
- 9) To form Sub-Committees
 - i) Food Committee- Dr.Venkatesh
 - ii) Guidelines Committee-Dr Uma Devi, Dr.ShubhaRao, Dr.LataVenkatram, Dr.ArunaMuralidhar
 - iii) Gyne-Onco Committee- Dr.Sundari,Dr.Parimala Devi
- 10) To confer –Life Time Achievement Awards on Dr.Jaya Narendra and Dr. Pushpa Srinivas
- 11) To give Best Attendance Awards to Drs.Mohini Jadwani, Lalitha Bhaskar and Hansa Mehta
- 12) To give Best Teacher Award to Dr Narayanan and Dr Uma during BSOG CME
- 13) To make laparoscopic training compulsory for all postgraduates. ? Tie up with Corporation Hospitals
- 14) To make available e-Library access to Journals and Books to BSOG members from the BMC Digital Library
- 15) To have a Registry for SAMM and PCOS for Bangalore North and South Districts
- 16) To have a Registry for Maternal Death Review for Bangalore North and South Districts
- 17) To procure Anti Shock Garments for ideally all PHCs. If not, for all 108 Ambulances to help save mothers.

Everybody wants happiness, nobody wants pain, but you can't have a rainbow without a little rain.



Safety first



New seatbelt design:
45% less car accidents!!



**MAY I
HAVE YOUR
ATTENTION
PLEASE!!!**



Teachers Call It Cheating

We call it teamwork



Usha Krishna FOGSI Quiz

ON 28TH JULY BMC Auditorium
Topic: Reproductive Endocrinology



YOUNG TALENT PROMOTION

If you are < 40 yrs old
Send Original work, Interesting Case reports to
presidentbsog@gmail.com
For presentation during Scientific Sessions



BSOG DIRECTORY

Want to be in the BSOG Directory?
It has pictures and addresses of all members
Send your photos to the working office, or scan photos
& mail to presidentbsog@gmail.com



Can you guess the answer?

Questions		Answers
Identify What is the ideal level of HbA1C for a woman who plans to become pregnant		Sirenomelia – Mermaid syndrome – Severe form of Caudal regression syndrome Ideal level of HbA1C for a diabetic who plans to become pregnant – less than or equal to 6.1 %
Oxytocin A. How long after the Intramuscular injection does the action start? B. Name one life threatening complication after infusing large doses of Oxytocin		A) After 3 minutes B) Oliguria due to ADH like action/ Water intoxication
When can it be reliably diagnosed on ultrasound? Recurrence risk in subsequent pregnancies		11- 14weeks 2 - 4%
Who devised this technique? Mention one precaution		Shivkar's technique of Uterine tamponade with condom Precautions: 1. Bladder should be empty 2. Oxytocin drip should be continued at least for 6hours 3. Antibiotic coverage (Amoxycillin +Metronidazole)

Contributed by : **Dr. Susheela Rani B S**

COMMUNITY SERVICES & SOCIAL EVENTS BY BSOG MEMBERS



8TH MARCH

INTERNATIONAL WOMENS DAY – Save the mother & save the girl child.
Under the leadership of Dr. Hema Divakar, at Freedom Park, Bengaluru.



Key programmes on Cervical Cancer Screening conducted at Mysore & Navimumbai/ Pune. Dr.Jyothika Desai is the National Coordinator of the key programme on Cervical Cancer Screening & Dr. Shobha Gudi for Contraception.



Cervical Cancer Screening Camp for Women Under Dr. Parimala Devi initiative at Parimala Health Care Services, 101 women screened.



Helping Mothers Survive, Training organized in many Institutions, like MVJ, Ramaiah, Chinmaya etc., Dr. Sheela Mane, Dr. Shobha Gudi, Dr. Arulmozhi, Dr. Prashant Joshi are the master trainers of the HMS Programme.



KARNATAKA CANCER SOCIETY
Organized Cervical cancer screening under Dr.Sundari's Initiative

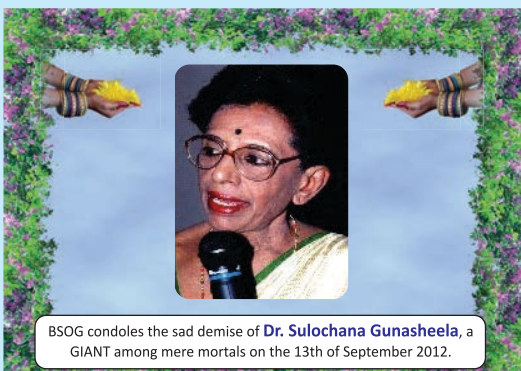


South Bangalore OBGYN Doctors Pvt Ltd has signed a MoU with BBMP to provide specialty and subspecialty OBGYN services at NR colony BBMP hospital from 2012.

Winners Never QUIT and Quitters Never WIN



“ Shraddanjali”



BSOG condoles the sad demise of **Dr. Sulochana Gunasheela**, a GIANT among mere mortals on the 13th of September 2012.

MAY THEIR SOULS
REST IN PEACE

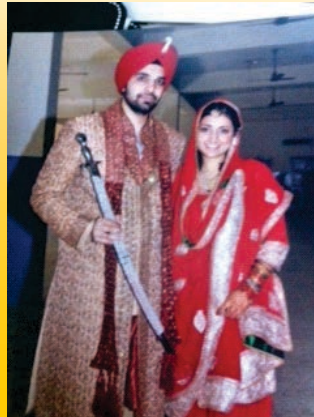


Another of our esteemed colleagues, **Dr Gayatri Devi R**, passed away on 26th of December 2012.

Its Celebration Time!!!



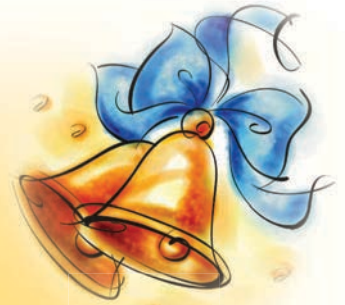
Akshata Desai



Karanbir Singh



Paarth & Nehal Mehta



*In the last few months,
wedding bells have
rung in the homes of
Dr. Jyothika Desai,
Dr. Rajyalaxmi,
Dr. Padmini Prasad,
Dr. Prakash Mehta and
Dr. Parimala Devi
Have a dekho at the
gorgeous pairs!*



Prajwal Prasad - Ranjini



Raghu Rao - Priyanka



Varsha - Rakesh John



FUNNY BONE

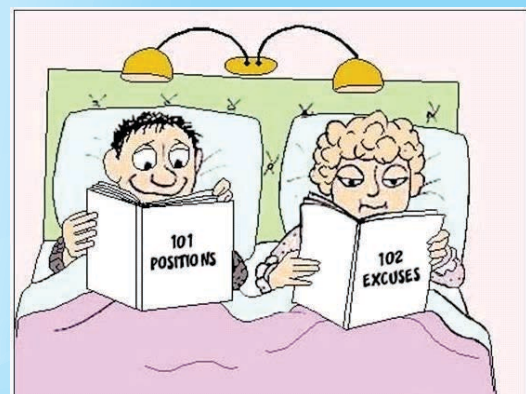
Don't break anybody's
heart, they have only one.

Break their bones, they have 206.

- All the other women in the office are suing you for sexual harassment. Since you haven't sexually harassed me, I'm suing you for discrimination
- A woman gets on a bus with her baby. The bus driver says "That's the ugliest baby I've ever seen. Ugh!" The woman goes to the rear of the bus and sits down fuming. She says to a man next to her, "The driver just insulted me". The man says "You go right up there and tell him off. Go ahead; I'll hold your monkey for you".



"I'm never having kids. I hear they take
nine months to download."



Grow! Rise! Prosper!



Our endeavor



evolving Women's Health



Gefer-X^T

Ferrous Ascorbate 100 mg + Folic acid 1.5 mg Tablets

Gefer[®] forte inj

Each 5 ml contains Iron sucrose - 100 mg

Trimester[®]

Combi Pack

DHA 200 mg + Elemental calcium 500 mg + Elemental iron 60 mg

V-CandiTM

Tioconazole Vaginal Gel 6.5%

Prolina[®]OG

29 Vital ingredients + Protein + Fat + Carbohydrate

DUBIX[®] - K

Tranexamic acid 500 mg + Mefenamic acid 325 mg + Vitamin K 5 mg Tablets

Strides
ARCOLAB LIMITED

Strides House, Bilekahalli, Bannerghatta Road, Bangalore - 560 076, India. Tel: +91(80)67840000, Website : www.stridesarco.com