

वै इह वै टाक



Newsletter

January 2018 | Issue 1



**Congratulation to
Dr. Rishma Pai and Team
for a wonderful year 2017**

Logo 2018



President's Message

Dear FOGSIANS,

Greetings ...

Wishing you all a very Happy New Year. I thank you for choosing me to represent all of you. Our combined efforts and vision will be " Give HER Wings & Let HER Soar".

H.E.R. (Health; Empowerment & Respect) for Women of India with Q.E.D. (Quality; Ethics & Dignity) by our fraternity.

This year we are looking towards building Doctor-Patient Relationship. We will focus on one theme each month. Once the whole country speaks the same language, the impact is going to be much larger and more effective.

"Think of the impact one positive thought can have. Now multiply that by 35,000 FOGSIANS & watch the health status of Indian women change."

Looking forward to taking health of our Women and Fraternity to next level.

Prof. Jaideep Malhotra
President FOGSI - 2018



Extend till lactation

Contains nutrients* known to improve
quality of breast milk during lactation



*Vitamin B₁, B₂, B₆, B₁₂, A, Iodine, Selenium.

January

Themes

**INTROSPECT
& EXECUTE**
Time for a
Radical Appraisal

**Time for Radical
Appraisal**

January

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Programs

17-21: Bhubaneswar

AICOG

26: Agra

School Training Initiative

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Time for Radical Appraisal Introspect & Execute



Dear FOGSIANS,

Greetings and wish you all a very happy, healthy and stress-free new year.

"Knowing yourself is the beginning of wisdom" Aristotle

In these stressful times for our medical fraternity it is time that we all slow down and spend some of our intelligent thoughts on introspecting not only about the slow improvement in our healthcare system, and our health, but brainstorm towards deterioration of moral and ethical standards in the whole country and all professions. I cannot blame ourselves or anyone as there has been a total dive in the standards of the whole systems in the last few decades, and we as doctors have always been soft targets and punching bags for everyone, I actually don't know what to do or where to start from, but definitely feel that it is high time that we have to put a stop to all the public bashing and I don't think anyone of us deserves this after studying for 10 long years and then working for long hours and sacrificing our family and public life Till a few decades back, there seemed to be a nice balance between healthcare delivery by public and private sector, until one day the country decided to copy the west and made the patient a consumer and healthcare an industry by slapping various laws, licences and the friendly neighbourhood Doctor has to now complete with the big corporate hospitals. Our

population still does not have medical insurance and health budget, but aspires to get five star care, our Governments health expenditure is minuscule, but expectation from our Doctors are too much, who are made to perform without any infra structural, machinery or paramedical support. Even our public sector is under tremendous pressure because of the load of patient an inadequate support and corruption. I salute to each and every one of you, who still are trying to serve our women under these very trying times. Though we are performing well against all odds, but somewhere under all these pressures we are losing direction.

Dear friends, we are the strongest of the lot mentally, it is time for a radical appraisal and that only will start after a thorough introspection by all of us. At the end of the day, you can only eat so much and our work doesn't leave us much time for anything else, even if we try, not many of us will become Ambani or Tata, Let us strive to keep ourselves healthy and try to give quality time to our patients, have a more organised practice or duty towards our profession, Let us not stress our selves nor give stress to others and enjoy life and our very rewarding work and noble profession. quality time to our patients, have a more organised practice or duty towards our profession, Let us not stress our selves nor give stress to others and enjoy life and our very rewarding work and noble profession.

February

Themes

FOGSI For
Fraternity



February

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Programs

3-4: Varanasi

FOGSI For Fraternity Conclave

10-11: Pune

AMOGS

23-25: Hyderabad

ISSRF

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Doctor-Patient Relationship



Dr. Lila Vyas

Vice President FOGSI 2018
West Zone

As William Osler once said: -

"The Good Physician treats the disease, The Great Physician treats the patient who has the Disease".

Its a well known fact that a good doctor's comforting & reassuring words are sometimes more powerful than medicines. Therefore, the Doctor-Patient relationship is central to the practice of healthcare and is essential for the delivery of high quality healthcare in the diagnosis & treatment of disease. As a result the Doctor-Patient relationship forms one of the most important foundation of contemporary medical ethics.

Against the backdrop of the comprehensive presence & influence of new media, and the rise & development of information and communication technology and the internet specifically, has increased the importance and relevance of question related to information gathering. The online health information empower the patient, and the significance of the online information's impact on the relationship is mainly determined by the information's quality and the patient's evaluation of the information.

The patients may not always know that their evaluation capabilities are limited and thus may take a more powerful position by only feeling that the information makes him/her more knowledgeable. But as both information quality & its evaluation are imperfect, the argument that the doctor must

stay important and thus powerful because of his/her greater medical knowledge is supported.

The Doctor-Patient relationship is affected by the new media influence; however the internet and social media can never turn upside down the core pillars of the Doctor-Patient relationship.

The Doctor-Patient relationship holds considerable healing power. Both parties need to become more educated and better communicators because the days of paternalistic medical practice no longer exist. Yet many doctors still are forgetting to evolve into the modern world. With the internet available at everyone's finger tips patient have the ability to be more knowledgeable users of the healthcare system. Therefore doctor should encourage this pursuit, along with maintaining his/her strong position in the decision making, and should discontinue the habit of sending off the prescriptions, while the patients are left to wonder why he/she has been asked to take the 'the little white pill'.

The Doctor-Patient relationship being the core of the practice of healthcare is essential for the delivery of high quality healthcare in the diagnosis and treatment of disease.

Therefore a Doctor's prescription for you along with medicines: -

A little smile for breakfast

Laughs for lunch

Happiness for dinner

Doctor's fee? A small 'thank you' when you are free

March

Theme

Non Communicable Diseases



March

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Programs

17-18: Manesar, Delhi NCR

TOT (Adbhut Matrutva)

21-24: Singapore

RCOG

30-31: Pune

IAGE

- FOGSI joins hands with IMA
- NCD Webinars

Non Communicable Diseases



Dr. Narendra Malhotra

Past President FOGSI MBBS, MD (OBS. & GYN.)
FICMCH FICOG, FRCOG (HON. CAUSA) LONDON,
FMAS, ASFIAPM

Maj (Dr) Vishwa Deepak

PMBBS, MD Medicine

The word non-communicable diseases (NCD) seems very light to a common man with a feeling that it is non-infectious and non-lethal. In reality it is more lethal than infectious or communicable disease amounting to 70-75% of total deaths globally.

By definition it comprises diseases which are not caused by infectious agent (or non-infections or non-transmissible). Its spectrum ranges from type II diabetes mellitus, hypertension, heart diseases, chronic liver diseases, chronic kidney diseases to malignancy, auto immune disorder and drug abuse/ psychiatric disorder. Last but not the least it also comprises some genetic disorders. Mostly they are of chronic nature resulting in more financial burden, absenteeism and recurrent hospitalization.

NCD are also advancing with the pace of technology?? Yes they are rising rapidly. Historically considered as the "diseases of the rich" is hitting the developing nation in the hardest mode. Mainly

it is the by-product of rapid and unplanned urbanization. Main factors affecting / causing NCD are pollution, diet, physical in-activity, gender and genetics. So they are mostly preventable as we can modify the risk factors which are hypertension, dyslipidemia, tobacco/ Alcohol use and over-weight.

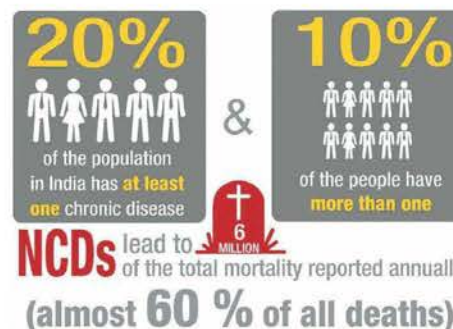
The negligence by common man along with government is also a major contributing factor. Vaccination, sports and awareness should be promoted. The drug / alcohol use over weight should be dealt hardly.

Re-recommendations to prevent NCD.

1. 0% addiction - 100% vaccination
2. Low sugar & salt - more fiber & water
3. 150 minutes of moderate to heavy exercise / walk
4. Discussions/awareness among the common people.

Awareness is the most important aspect in preventing NCD's

"LET THIS BUG NOT KILL YOU"
"TALK WALK AND ROCK"



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April

Theme

Labour & Delivery
and Safe Abortion



April

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Programs

11-13: Dubai

FIGO

12-15: Taiwan

ASPIRE

19-22: Kolkata

ISAR

27-29: Dehradun

YUVA FOGSI North Zone

Logo 2018



How to Develop and Master Surgical Skills



Dr Pratima Mittal

Prof & Head Dept. of Obst & Gynae.
VMMC & Safdarjung Hospital, New Delhi
Vice President FOGSI 2018

Safe and meticulous surgery is one of the cornerstones of modern medicine. With rapid advancements in anesthetic and surgical technology there is tremendous pressure over the medical personnel who practice surgery to learn as well as stay abreast with all the latest surgical techniques.

Traditionally surgical skills have been imparted through didactic class room teaching followed by observation of surgical steps performed by the mentors or teachers in the operation rooms. After this the student may assist his senior while performing the surgery and finally develops the competence to practice the surgery on his own. However this method has lot of limitations. Firstly the student-teacher ratio is highly skewed in our country and hand holding of a large number of students becomes very challenging. Secondly learning on the patient may have legal and ethical implications; and lastly in clinical conditions which are rarely seen, the student may not get an opportunity to learn over a defined period of time.

A novel method to overcome these drawbacks is to train the students through hands on workshops. Most of these workshops are designed to provide a combination of theoretical knowledge and practical skills; first demonstrated by the instructor followed by hands on practice by the student.

Recent years have seen revolutionary changes in the

teaching of surgical skills. The development of Skills Labs all over the country is a step in this direction where life saving procedures and basics of surgical techniques like hand washing, catheterization, surgical knotting are imparted on mannequins under the supervision of the trainer. Simulation based teaching has proved to be invaluable in areas such as laparoscopic surgery where the learning curve is otherwise very steep. Surgical simulation involves the use of objects, devices, electronic and/or mechanical surgical simulators to reproduce situations that are likely to occur in practice. Repeated practice on these simulators gives confidence to practice on the patient and also gives an opportunity to the teacher to objectively assess the student. Another simulator based method of teaching which is gaining popularity these days is the conduct of cadaveric workshops wherein the student gets an opportunity to learn on the real human tissue albeit dead; however since there is an acute shortage of cadavers this method though very effective is also very expensive.

To summarize, there is no short cut where learning surgical skills is concerned. Intense and repeated practice on a mannequin/simulator; supervised performance in the OT and eventually independent performance of surgery are ideal steps for developing and mastering the surgical skills.

May

Theme

Ethics & Law

I Pledge
to Do the
Best For You



May

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Programs

4-6: Mahabalipuram

TOG

11-13: Lucknow

IAGE

18-20: Ahmedabad

Conference on "Multiple
Pregnancy & Medical Disorders"

26-28: Bangalore

SAIDIP

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Law and Ethics in Medical Practice



Dr. Sanjay Gupte

MD, DGO, FICOG, LLB, FRCOG

Medical practice in our country is getting stretched in many directions lately. On one side rapid strides in technology is allowing us to achieve things in diagnostics and treatment which were unthinkable only a few years back, on the other hand this has also raised the cost of the treatment and it has also increased patients' expectations sometimes beyond the reality. Patients have become more demanding due to half-baked knowledge from the electronic media. Add to that commercial angle of investors getting interested in healthcare due to seeming huge profits and this has become a classic conundrum.

That is why law and especially ethics have crucial role to play in our medical practice today. And we need to be conversant of their significance.

There can be overlap of law and ethics in many areas. Issues of confidentiality, euthanasia, termination of pregnancy, use of dangerous drugs, and treatment of terminal illnesses are areas where such an overlap is important.

The classic example of this in our branch is 'The Protection of Children from Sexual Offences Act (POCSO Act)' of today. A 16 year old girl coming to the doctor with her guardians for medical termination of pregnancy has to be informed to the police under this act in spite of the doctor's ethical wish of not doing so. It is fundamental that

doctors should be law abiding or they may face civil/criminal consequences due to breach of the standards prescribed by legal requirements. On the other hand, ethical directions though not enforceable are always desirable and need to be followed in medical practice.

Especially in our branch, a lot of legal and ethical issues have cropped up lately. For instance,

- The management of infertility - the legal and ethical issues in donor gamete pregnancies and surrogate motherhood.
- The control of fertility - sterilization and other forms of contraception.
- The ethical and the legal issues in medical termination of pregnancy - fetal rights vs mother's choice
- Prenatal screening and wrongful life, genetic counseling and eugenics.
- Genetic therapy - whether it is to treat the abnormal or to improve the normal.
- Pre-Conception and Pre-Natal Diagnostic Techniques (PCPNDT) Act
- The Protection of Children from Sexual Offences Act (**POCSO Act**)

These recent developments have made it imperative for the doctors to have knowledge and understanding of medical ethics and legal responsibilities of our practice. We should have ability to recognize complex legal and ethical issues arising from various scenarios in clinical practice and should develop sound decision making skills to resolve them.

June

Theme

Infertility



June

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Programs

1-3: Delhi

International Women's Health Summit

21-24:

SAFOG-RCOG

29 June-1 July: Bangalore

Conference on Critical Care in Obs
(FOGSI Endorsed)

- FOGSI joins hands with the organizations of the world & pledges to reduce Maternal Mortality.

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Preventive and Diagnostic aspects of Infertility: Current perspective



Dr. Sadhana Desai

MD, FRCOG
Founder Director Fertility Clinic
& IVF Centre, Mumbai

Dr. Yugali Warade

DNB, Clinical Associate Fertility
Clinic & IVF centre, Mumbai

Infertility is 'A disease of the reproductive system defined by the failure to achieve a clinical pregnancy after 12 months or more of regular unprotected sexual intercourse'; a significant milestone for the condition. The World Health Organisation (WHO), in conjunction with the International Committee for Monitoring Assisted Reproductive Technologies (ICMART), has formally recognised infertility as a disease in international glossary of Assistive Reproductive Technologies terminology. In 2016, it is officially announced that, once the new ruling is enforced, infertility will cease to be considered as simply a medical condition, but a disease. Infertility may be due to more than one disability in reproductive factor of either women or her partner or both. The efforts should be made to prevent various etiological causes that lead to infertility.

It is estimated that around 13-19 million couples are expected to be infertile in India at a given point of time. Infertility situation in developing countries is quite different from the situation in the developed countries.

'Advanced age' is the current cause!!

Changing social environment in the country with importance to education of girls, career oriented ambitious attitude & job security before marriage has led to increase in the age at the marriage. Celebrities are highlighted by

media when they conceive at advanced age creating erroneous impression on minds of women, who keep on postponing their family thinking that medical science will help them have family at any age, without understanding the angle of third party reproduction.

Changing sex practices!!

STIs are more dynamic than other diseases prevailing in the community. Their epidemiological profile varies from country to country and from one region to another within a country, depending upon ethnographic, demographic, socioeconomic and health factors.

Early diagnosis and treatment of tuberculosis is important to prevent devastating effects of disease on reproductive health.

Health is neglected!!

Unhealthy Diet and nutrition, tendency to overweigh, menstrual disturbances and hormonal dysfunction are major concerns in reproductive age women.

A cornerstone of public health is disease prevention. Knowledge is a key factor associate with fertility self-care and the initiation of treatment when required.

However, equally important is knowledge about the factors that may reduce the chances of conception as a lack of knowledge in these areas may mean that people unintentionally contribute to their own problems.

July

Themes

Reducing Cesarean Section Rates



July

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Programs

1-3: Barcelona

ESHRE

20-22: Udaipur

YUVA FOGSI West Zone

28-29: Nagpur

Conference on Gestosis
(FOGSI Endorsed)

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Antenatal Care



Prof Alka Kriplani

M.D., FRCOG, FAMS,
FICOG, FIMSA, FICMCH, FCLS,
Professor and Head
Department of Obstetrics and
Gynecology, AIIMS, New Delhi

Dr K Aparna Sharma

M.D, DNB, MNAMS,
Associate Professor

In 2016, at the start of the Sustainable Development Goals (SDGs) era, pregnancy-related preventable morbidity and mortality remains unacceptably high. While substantial progress has been made, countries need to consolidate and increase these advances, and to expand their agendas to go beyond survival, with a view to maximizing the health and potential of their populations.

Good care during pregnancy is important for the health of the mother and the development of the unborn baby. Pregnancy is a crucial time to promote healthy behaviours and parenting skills. Within the reproductive life span the antenatal period presents a unique platform for important health-care functions, including health promotion, screening and diagnosis, and disease prevention. It has been seen that by implementing timely and appropriate evidence-based practices, ANC can save lives. ANC often presents the first contact opportunity for a woman to connect with health services, thus offering an entry point for integrated care, promoting healthy home practices, influencing care-seeking behaviours, and linking women with pregnancy complications to a referral system. Women are more likely to give birth with a skilled attendant if they have had at least one ANC visit.

The goal of the ANC is to prepare for birth and parenthood as well as prevent, detect, alleviate, or

manage the health problems during pregnancy affecting the mothers and babies that can occur as complications of pregnancy itself or could be pre-existing conditions which may have worsened during pregnancy or may be due to the effects of unhealthy lifestyles. In addition to detection and management of these problems, the essential components of antenatal care now include communication and support functions. These are key components for not only to saving lives, but for improving lives, health-care utilization and quality of care. Women's positive experiences during ANC and childbirth can create the foundations for healthy motherhood. Antenatal Care can essentially be divided into four essential type of interventions namely; Nutritional interventions, Maternal and Fetal assessments, Preventive measures and Interventions for common physiological symptoms.

WHO recommends a minimum of eight ANC contacts, with the first contact scheduled to take place in the first trimester (up to 12 weeks of gestation), two contacts scheduled in the second trimester (at 20 and 26 weeks of gestation) and five contacts scheduled in the third trimester (at 30, 34, 36, 38 and 40 weeks). Regular antenatal check-ups form an essential aspect of the ANC as they form the basis for delivery of the mandated preventive measures and interventions.

August

Themes

Breast Feeding & Empowerment



August

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Programs

4-5: Indore

BREASTCON

17-19: Manesar, Delhi NCR

Leadership Summit & Capacity Building

Logo 2018



Women Empowerment in Rural India



Dr Rishma Dhillon Pai

President FOGSI - 2017

'SHE MATTERS' Care, educate, transform. The theme for FOGSI 2017 says it all.

Women all over the world even today, find that they have to often fight for things which should be rightfully theirs- the right to equality in opportunity, education, the right to choice and decision making.

Huge progress has been made, yet even now in many parts of India, women have no voice, no status in society, no say in their own life decisions and are merely bystanders in a society ruled by men.

The only solution to elevate the status of women is education. Information and knowledge can bring about the necessary change. A bit of support and a helping hand can go a long way in making the woman independent.

Every girl in our country has to realize that she is relevant and important and her life matters. She can be what she wants to be, can do what she wants to do and can achieve whatever she desires.

When a young girl realizes this -she

will grow up to be a confident and self assured adult-ready to take on the world. We need good role models ,we need support from the government and its policies, free and accessible education and a change in the attitude of the men-for women to further rise in every sphere. Today there is no area where women are not excelling -be it armed forces, sports, politics, media, medicine, law etc -given an opportunity and a platform-they are second to none.

As gynaecologists ,the care gives for women at every level ,at every age and stage-let us vow to support women at all times, encourage and educate them, help in keeping them healthy and happy ,thus ensuring a balanced and progressive society where both men and women contribute equally.

Feminism isn't about making women strong. Women are already strong. It's about changing the way the world perceives that strength." - G.D. Anderson

Dr Rishma Dhillon Pai

President FOGSI 2017.

She matters.
Care. Educate. Transform.



September

Themes

Contraception & Adolescence



September

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Programs

7-9: Vijayawada

YUVA FOGSI South Zone

22-23: Mumbai

FOGSI Managing Committee Meeting

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Importance of Healthcare in Adolescence



Prof. Dr. Suchitra N. Pandit

MD, DNB, FRCOG (UK), FICOG, DFP, MNAMS B. Pharm
Past President FOGSI & ICOG

India is a young country ..by 2020 will be the youngest country in the world.

WHO Defines-

Adolescents : 10-19 years,

Youth : 15 -24 Years

Young People : 10 - 24 Years

Good habits formed at youth make all the difference - Aristotle

Youth development is a process which prepares young people to meet the challenges of adolescence and adulthood through a coordinated, progressive series of activities and experiences which help them to become socially, morally, emotionally, physically, and cognitively competent. Adolescents are vulnerable emotionally and physically. Without proper nutrition and healthcare, they are susceptible to illnesses. According to a 2015 WHO report, 1.3 million adolescents died in 2015, a majority of who had preventable diseases. Sexual abuse that takes place at home is never reported. Homeless street adolescents are more vulnerable. Young women may trade sex. UNICEF estimates - 1 million adolescents are recruited in commercial sex trade

- General health problems, malnutrition & eating Disorders.
- Menstrual Problems (Irregular /Scanty/heavy/No periods), Polycystic Ovarian syndrome
- Teenagers may have self-esteem or confidence issues. These often arise from their appearance, and acceptance of their body - skin color, beauty, and figure.

- Sexuality issues - Confusion about sexuality , Early and unprotected sex, Sexual Abuse
- Mental Health Problems (depression and Suicide).
- Addictive Behaviours.
- Accidents, domestic and sexual abuse

So if preventative health services are established these can guide students for medical, social, developmental and environmental issues. These services could be given in schools, junior colleges and community centres. **Young doctors and paramedical personnel can be sensitised and trained for acquiring the necessary skills to deliver youth services**. These services can be offered in schools, junior colleges and community centres.

The concept of healthy child clinic should continue into Adolescent and Youth friendly

services for continuity of good health. We had established the Kishori Adolescent

Empowerment Project at Dharavi for this service.

We hope that with access to reproductive health education the young people will have reduction in anemia, unwanted pregnancy and protection from STDs ,tobacco chewing and substance abuse .

"A world fit for children is one in which all children, including adolescents, have ample opportunity to develop their individual capacities in a safe and supportive environment".

October

Themes

Midlife Management



October

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Programs

14-18: Rio

FIGO Conference

- CMEs on Prescription Writing in Menopause Hormone Therapy
- Osterporosis Surveys

Logo 2018



Important Health Issues of Women at Midlife



Prof. Suvarna Khadilkar

MD DGO FICOG CIMP
PG Diploma in Endocrinology
Treasurer, FOGSI
President, Indian Menopause Society

Midlife poses many health challenges. Some of these relate to ovarian aging. It is apparent that healthy behaviors in midlife, such as maintenance of physical activity and healthy body weight can potentially moderate these changes. Furthermore, it is increasingly recognized that healthy lifestyles and control of risk factors for vasculopathy in midlife are beneficial for health in later years. Evidence strongly suggests that the midlife represents a critical window for preventing chronic diseases and promoting positive health and normal functioning

All the health issues need to be addressed comprehensively. To this effect, it is important that preventive health plan for the adult woman should begin at 35 years of age.

Perimenopausal stage MHT is the first line of treatment for the woman experiencing symptoms related estrogen deficiency and whose quality of life is compromised. Primary prevention of diseases is not recommended after WHI trial. osteoporosis prevention with estrogens is restricted to women with estrogen-deficiency symptoms. and continued in women having high fracture risk. [5] Primary and secondary prevention of cardiovascular diseases is currently not recommended but if given in window of opportunity may have beneficial effects.

Post menopausal stage women have predominantly vaginal and urinary symptoms, They need to be addressed appropriately. sexuality

gets affected and tibolone or any other estrogen/ androgen therapy is effective for this complaint Cholesterol-lowering drugs, particularly statins; are useful in dyslipidemia. Women should be screened for various co-morbidities which should be diagnosed early. Women should be educated regarding measures to reduce these risks; The diabetes, & hypertension should be first managed by diet exercise and lifestyle modifications. and risk reduction, with the addition of antihypertensive medications as needed to achieve target blood pressures.

First line treatment of Osteoporosis is with Bisphosphonates, raloxifene, vitamin D analogs, and Calcitonin are effective in the treatment of osteoporosis after the menopause. High calcium intake is recommended upto 1000mg/day.

There is a relative lack of attention to midlife health specially in Indian subset. critical factors, particularly modifiable ones, that influence the risk of healthy versus unhealthy aging need to be identified. ovarian senescence adds to the health issues occurring due to aging.

While prevention and healthy lifestyles are important at all ages, it is increasingly apparent that health in midlife is an important determinant of a healthy and fully functional life ahead.

To serve our women better, we should have more data on the midlife as it is particularly scant from India, this will help enhancing life expectancy and reducing disability amongst Indian women.

November

Themes

Preventive
Oncology



November

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Programs

16-18: Hyderabad

ICOG Conference

22-24: Gangtok

YUVA FOGSI East Zone

• FOGSI joins hands with ISMPO for
Cancer Cervix early detection &
Prevention - Joint Surverys & CMEs

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Preventive Oncology for Gynaecological Cancers



Dr. Hemant Malhotra

MD, FRCP (London), FACP (USA),
MNAMS, FICP, FUICC, FIMSA
President, ISMPO
Professor, Department of Medicine,
S.M.S. Medical College, Jaipur.

Five main types of cancer affect a woman's reproductive organs: cervical, ovarian, uterine, vaginal, and vulvar. As a group, they are referred to as gynecologic cancers. Each gynecologic cancer is unique, with different signs, symptoms, and risk factors.

It is high time that we shift from treatment to prevention of the three major gynaecologic cancers – cancer cervix, cancer ovary and cancer endometrium - in our country. The approach till now has primarily focussed on secondary or tertiary prevention-some efforts at early detection & mainly treatment or mitigation of damage of established disease.

Strategies for primary prevention and dissemination of the same are the need of the hour.

FOGSI and this newsletter can play a significant role on the same.

Cervical cancer is associated with HPV infection and behaves like a sexually transmitted disease. As with other STDs, simple barrier and spermicidal contraceptives can lower the risk of HPV infection and consequent cervical cancer and could reduce the risk by as much as approximates 50%. Similarly, combination oral contraceptives, which are quite widely used and also available through various family planning initiatives, help prevent both endometrial and epithelial ovarian cancers. The risk of endometrial cancer among former oral contraceptive users is

reduced by about 50% and that of ovarian cancer by about 30% to 60%. Weight control confers strong protection against endometrial cancer. Breast-feeding and tubal sterilization also appear to protect against ovarian cancer. Although women have a range of practical, effective and low cost measures available to reduce their risk of these cancers, few are aware of them.

Most cervical cancer cases are attributed to HPV infection. However, HPV infection alone is not always enough to cause cervical cancer.

For the HPV vaccine to be most effective, it should be given prior to exposure to HPV.

Hence, all three doses of the vaccine are recommended before any type of sexual activity and potential exposure to HPV. Even though regular cervical cancer screening by either the PAP smear or by detection of HPV virus DNA or RNA is recommended in developed countries, such screening recommendations are not there for our country. There are no universally accepted and recommended screening tests or preventive strategies for cancer of the ovary or cancer of the uterus. For early diagnosis, the only effective modality is to make the practising gynaecologists as well at the general public aware of the risk factors and early warning symptoms of the disease.

December

Themes

Sexually Transmitted Diseases



December

S	M	T	W	T	F	S
30	31					1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29

Programs

1-2: Chennai

FWCON-2018 Adolescent Conf.

14-17:

International Academic Exchange Programme

Logo 2018



Importance of Sexually Transmitted Diseases and their Preventive Aspect in this Era Today



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Scenario of Sexually Transmitted Diseases from old times has been of a hidden epidemic, and it still remains the same even in today's era. These diseases have been unique in many aspects. Anybody diagnosed with any STD faces stigma and discrimination and they are labeled as people with low moral values. In most of the cases they are not linked to optimal treatment and care. So a huge implication is that this hidden epidemic continues unabated. Most of the Health care providers, even when they suspect a STD based on clinical history and presentation, they avoid going into details and end up under diagnosing STDs. So what is the ideal strategy to combat their spread and ensure timely effective treatment?

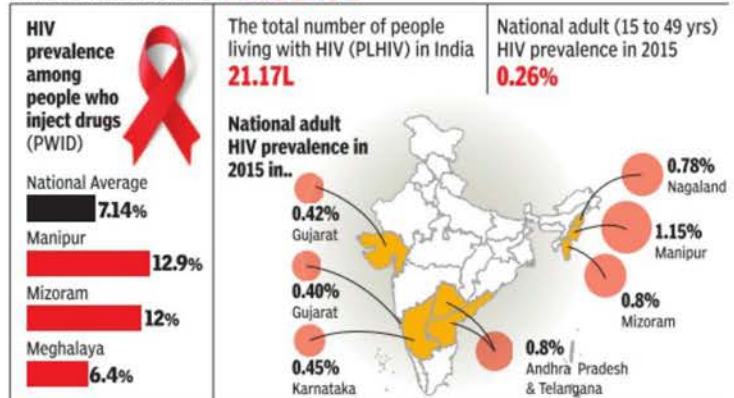
Health Care Providers (HCP)s need to have non judgmental attitude and empathy for person suffering from STDs. They have ethical and moral obligations to take care of them. Their confidentiality should

be ensured, so that they are not discriminated and can take treatment with confidence. Gender related issues need special attention in our society as many females keep suffering silently.

Another aspect associated with STDs is fear of unknown. What does it mean? Many doctors fear that by attending these patients or doing surgeries can infect them, so they avoid taking care of them by giving all kind of excuses, this is particularly important when everybody knows that in today's era all HCPs should use universal precautions and these precautions should not be selective only for these cases but they should be used at all the times and at all places.

So all FOGSI members should try to spread awareness about STDs both in general public and our own fraternity at all forums, and then only STDs can be treated as routine illness and we can control their spread.

PREVALENCE OF DISEASE

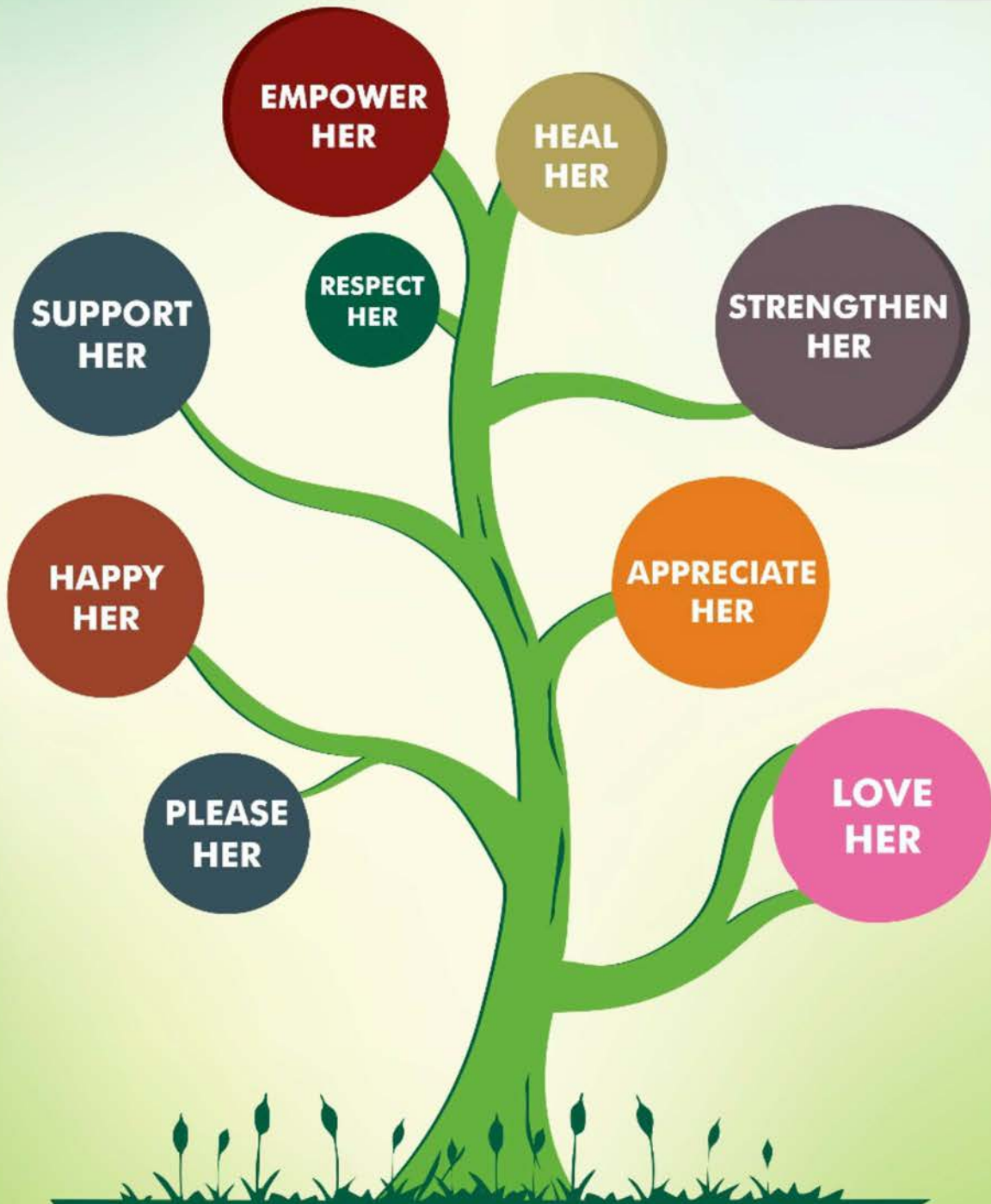


FOGSI Calendar of Events- 2018							
Sno.	Congress	Date	Place & Venue	Organizing Chairperson	Local Org. Secretary	Theme	FOGSI Focus
1	FOGSI for Fraternity Conclave (FOGSI FRIENDS MEET)	3-4 Feb	Varanasi	Dr Jaideep Malhotra Dr Anuradha Khanna Dr Shruti Malvi Dr Neeraj Jhadav Dr Yashodhara Pallam Reddy Dr RadhaKrishnana Nayak Dr Narendra Malhotra Dr Jaydeep Tank Dr Alpesh Gandhi Dr Shantha Kumari	Dr Narendra Malhotra Dr Anuradha Khanna Dr Ruchi Pathak Dr Sangeeta Rai Dr Anjali Rani Dr Archana Shah	Fraternity Issues	Medicolegal Issues in Obgyn Practices
2	Case Protocols	16-18 Feb	Vizag Vishakhapatnam	Dr Jaideep Malhotra	Dr Jayam Kannan Dr Pratima Mittal Dr Lila Vyas Dr MC Patel Dr Rajat Kumar Ray	Case Protocols	
3	T.O.T. & Adhbut Matrutva	17-18 March	Manesar	Dr Jaideep Malhotra	Dr BK Subhada Neel Dr Nitika Sobti	Pregnancy Care	
4	"YUVA FOGSI North Zone"	27-29 April	Dehradun	Dr Pratima Mittal	Dr Vineeta Gupta Dr Luna Pant	Surgical Skills	Surgical Skills
5	M.C.M.	29-Apr	Dehradun	Dr Jaydeep Tank Dr Neharika Malhotra Bora	Dr Suvarna Khadilkar Dr Madhuri Patel Dr Parikshit Tank	FOGSI Issues	
6	TOG & Algorithms	4-6 May	Mahabalipuram	Dr Jaideep Malhotra	Dr Jayam Kannan Dr Lila Vyas Dr Pratima Mittal Dr MC Patel Dr Rajat Ray	Protocols & Algorithm In Obs Gyn.	
7	Conference on "Multiple Pregnancy & Medical Disorders"	18-20 May	"Ahmedabad"	Dr M C Patel Dr Narendra Malhotra		Multiple Pregnancy & Medical Disorders	Multiple Pregnancy
8	International Women's Health Summit	1-3 June	Delhi	Dr Narendra Malhotra Dr Anupam Gupta	Dr S N Basu	Health Issues of Women	Infertility
9	Conference on Critical Care in Obs (FOGSI Endorsed)	29 June - 1 July	Bangalore	Dr Shobha Gudi Dr Alpesh Gandhi		Critical Care in Obs	
10	Conference on Gestosis (FOGSI Endorsed)	28-29 July	Hotel Centre Point, Nagpur	Dr Suchitra Pandit		Gestosis	
11	"YUVA FOGSI West Zone"	20-22 July	Udaipur	Dr Lila Vyas	Dr Madhubala Chauhan Dr Lata Rajoria Dr Sudha Gandhi Dr Nupoor Hooja	Art & Craft of Vaginal Delivery	Labour
12	BREASTCON	4-5 August	Indore	Dr Kawita Bapat	Dr Jayam Kannan Dr Pratima Mittal Dr Lila Vyas Dr MC Patel Dr Rajat Kumar Ray Dr Anju Dorbi	"BEST OF BREAST"	Breast Diseases
13	"Leadership Summit & Capacity Building"	17-19 August	Manesar	Dr Jaideep Malhotra Dr Jayam Kannan Dr Lila Vyas Dr Pratima Mittal Dr MC Patel Dr Rajat Ray	Dr Suvarna Khadilkar Dr Parikshit Tank Dr Neharika Malhotra Bora Dr Deepak Gupta	Building Future Leaders	
14	"YUVA FOGSI South Zone"	7-9 Sep	Vijaywada	Dr Jayam Kannan	Dr Avimeni Sasibala	"35 Problems 35 Solutions (MIDLIFE)"	Midlife Management
15	FOGSI MCM	22-23 Sept	Mumbai	Dr Jaydeep Tank Dr Madhuri Patel	Dr Jaydeep Tank Dr Madhuri Patel	"FOGSI Issues Elections"	
16	ICOG Conference	16-18 Nov.	Hyderabad	Dr Shantha Kumari	Dr Parag Biniwala	Protocols & Algorithms	
17	"YUVA FOGSI East Zone"	22-24 Nov	Gangtok	Dr Rajat Kumar Ray	Dr Hafizur Rehman	Gynaecological Malignancies	Preventive Oncology
18	FWCON-2018 Adolescent Conf.	2-4 Dec	Chennai	Dr Jayam Kannan Dr Sampath Kumari		Adolescent Health "Catch them Young"	
19	International Academic Exchange Programme	14-17 Dec	Ajarbizan	Dr Jaideep Malhotra Dr Jayam Kannan Dr Pratima Mittal Dr Lila Vyas Dr MC Patel Dr Rajat Kumar Ray	Dr Narendra Malhotra Dr Girish Mane Dr Rajendra Sankpal Dr Archana Verma	High Risk Pregnancy- THE INDIAN THYROID STUDY BAKU DECLARATION	

CME's in 2018

50 CME's on Infertility	20 CME's ON IMMUNIZATION
50 CME's on U.T.I.	25 CME's ON FIBROIDS
6 CME's on Fetal Medicine with ISAPT	6 WORKSHOP ON "HER UNSPOKEN PROBLEMS"
6 Travel Seminars with Ian Donald School	50 CME's ON PCOS
50 CME's ON HEALTHY PREGNANCY	100 PG COURSES

FOGSI 2018



The tree for
H.E.R. with Q.E.D.



Be the guardian angel to your patients' wellness

Encourage them to participate in Adbhut Matrutva.

Adbhut Matrutva is a special programme designed to help mothers-to-be and new mothers to optimise the most crucial period of their lives.

The programme has different modules that create a path to physical, mental and emotional health of the future generations

HIGHLIGHT

Modules providing directions to Doctors & Patients for connecting with each other in the best possible way for bringing out the best outcomes of each pregnancy with healthy future generations.



Healthy Diet & Mind Skills
(Positive Thinking)



Exercises and Pranayam
Meditation and Visualization



Recommended Antenatal Visits
& Guidance for Immunization



Music and Color Therapy
Reading Mindfully



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Towards a Safe & Normal Delivery



Bonding Between Patient & Doctor



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1. Koren G, Pairaideau N. Compliance with prenatal vitamins: patients with morning sickness sometimes find it difficult. *Can Fam Physician*. 2006;52(11):1392-1393.

* Actual size comparison with few other brands.

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mother's Horlicks

1. Protein supplement category at Gynecologist, CMARC prescription audit, MAT Dec '16. Mother's Horlicks is a nutritional beverage to be consumed as part of daily diet. # Contains as per CODEX guidelines. DHA: Docosahexaenoic acid. PDC AAS: Protein Digestibility-Corrected Amino Acid Score.

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1. Protein supplement category at Gynecologist, CMARC prescription audit, MAT Dec'16.

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