

**AHMEDABAD MEDICO NEWS** Registered under RNI No. GUJENG/2006/17532  
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- IVF - ICSI (Test Tube Baby Center)
- Blastocyst Culture
- Operative Laparoscopy & Hysteroscopy
- Thermal Ablation
- 3D (4D Live) Color Sonography



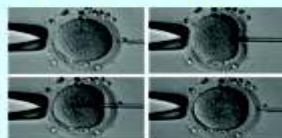
# IVF



**Dr. Laxmi Agrawal**  
(Art Specialist)



**Dr. Hasmukh Agrawal**  
(Art Specialist)



## Reshambai fertility Hospital

Center For Human Reproduction ivf-icsi (Test Tube Baby Center)

Swastik Complex, Opp. Rajsthan Hospital,  
Shahibaug, Ahmedabad-380 004.

Phone : 079-22863777 / 3444, M. : 094266 70791 Fax : 22865596  
E-mail : info@reshambaiivf.org • Website : www.reshambaiivf.org

Time : 10.00 a.m. to 2.00 p.m. • 5.00 p.m. to 7.30 p.m.



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## AHMEDABAD MEDICAL ASSOCIATION

(Branch of Indian Medical Association)

ESTD : 1902

### AHMEDABAD MEDICO NEWS

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President - AMA



**DR. GARGI PATEL**  
Hon. Secretary - AMA

Imm. Past President - **DR. KIRITKUMAR C. GADHAVI**

**VOL. 16**

**JANUARY-2022**

**ISSUE-9**

### HIGHLIGHTS Programme

13-02-2022 Spiritual Retreat by AMA & Brahmakumaris Medical Wing-Ahmedabad

### Article

Onco-plastic Breast Surgery : Preserving Form with Function : Life awaits beyond conventional MRM - by Dr. Urvish Shah  
How to Realize Better Value for Practice - Retirement and Succession Planning for Doctors - by Dr. Dileep Mavalankar



'SECRET TO SUCCESS IS THE RESULT OF UNITY, HARD WORK AND PERSEVERANCE'

## Message From President's &amp; Hon. Secretary's Desk



Dear members,

Once again we are being struck by the monster "Corona". But, with our commitment & hard work, we will definitely be able to bring the community to its normalcy.

*"Hard times don't create heroes. It is during the hard times when the 'hero' within us is revealed."*

– Bob Riley

We, the doctors have revealed us as really the savior for the society. Our work & dedication can't be oversight.

It is now proven that, the third wave, we are facing is predominantly due to Omicron variant of Covid-19; which happens to be mild but highly

contagious. Since, December 2021, the threat of third way has knocked us. The AMA has kept strict watch on the pandemic situations; & as a responsible organization, we have published advisories to tackle the threat of upcoming third wave then; & to slow down the spread of highly contagious virus. Those guidelines had huge media coverage for the awareness of public. The government of Gujarat took a significant notice upon it & has also taken relevant steps. Due to this pandemic situation, we also needed to cancel our certain offline scientific programmes & gathering events. But, we assure that, once the situation will be under control, will arrange even more interesting & useful events.

The membership drive, which we did successfully, has been acknowledged a lot nationwide; & Ahmedabad medical association achieved award of best membership drive at IMA NATCON 2021, held at Patna. This has been possible with guidance of our senior & eminent



members; & with great support & efforts of entire team AMA.

We are continuing our efforts to represent our side (for our fraternity) to the higher authorities & to the government, whether it is regarding consumer protection act or regarding difficulties in getting BU permission. With support of all, we will make our every effort to bring our fraternity & association at a level high.

Jai AMA, Jai IMA

Dr. Dilip B. Gadhavi

President

Ahmedabad Medical Association

Dr. Gargi Patel

Hon. Secretary

Ahmedabad Medical Association

**Be a Member of  
F.B.S.,  
S.S.S.,  
P.P.S.,  
Health Scheme  
and N.S.S.S.**







## SPIRITUAL RETREAT

ORGANISE BY  
**AHMEDABAD MEDICAL ASSOCIATION &  
BRAHMAKUMARIS MEDICAL WING-AHMEDABAD**

### CONNECT TO SELF, SOIL & NATURE

### Sunday, 13<sup>th</sup> February 2022

**Time: 8:00 AM to 2:00 PM**

**Venue: Brahmakumaris Sadhna Bhavan-Valad**  
5 KM from Nana-Chiloda Circle,  
from SP Ring Road towards Himmatnagar

**LIMITED SEATS**

**Prior Registration Required**  
SMS / WhatsApp Dr. Ankit Patel  
**9825336688, 9909940788**  
Call AMA Office  
**079-2658775**

#### PROGRAMME DETAILS

8:00 - 8:30 AM	Welcome & Breakfast
8:30 - 9:00 AM	Discover the spirit within <small>(Animated video on fundament of Meditation)</small>
9:00 - 9:40 AM	Techniques of Meditation <small>By BK Prof. Bipin Nakh</small>
9:40 - 10:40 AM	Connect to Self-God & Universe <small>By BK Chandrikadidi</small>
10:40 - 11:00 AM	Divine Blessing <small>(By Banarasibhai)</small>
11:00 - 12:00 PM	Progressive Relaxation & Guided Meditation A truly experiential Journey <small>By BK Dr. Kokladidi</small>
12:00 - 1:00 PM	Question-Answer & Experience Sharing <small>By BK Mukeshbhai</small>
1:00 - 1:30 PM	Lunch

Visit to Organic Farming Project At Shahpur Gift City  
& Return  
Home with Refreshing Memory.

**Farm House**  
It's Natural, Serene, Peaceful place  
with Powerful Vibration

AMA members & their family members  
are invited

Kids are welcome - they can play

**: BK Medical Wing :**

**BK Dr. Banarasil Sah**  
Secretary BK Medical Wing,  
RERF(Mt. Abu)

**: Invitee :**

**BK Dr. Mukesh Patel**  
Executive Mentor, Gujarat

**BK Chandrika didi**  
National Vice Chair person,  
BK Youth wing

**: Co-ordinator AMA :**

**Dr. Ankit Patel    Dr. Maulik Sheth    Dr. Deepak Rao**

**Dr. Dilip B. Gadhavi**  
President - AMA

**Dr. Gargi M. Patel**  
Hon. Secretary - AMA

The Program will be held as per Covid-19 pandemic situations & as per Government's guidelines prevailing at that time

## Scientific programme on 26 December 2021









## IMA NATCON Patna December-2021



## IMA NATCON Patna December-2021





# IMA NATCON Patna December-2021



# IMA NATCON Patna December-2021





## IMA NATCON Patna December-2021



## Meeting with various authorities for issue of BU Permission

### Meeting with Ahmedabad Municipal Commissioner



### A warm greeting to Ahmedabad Municipal Commissioner Mr. Kochan Sahera



### Meeting with Hon. Minister Shri Purnesh Modi





## Ladies Club Programme

Programme Highlights of AMA Ladies Club of 25 December 2021 Dance DJ Dine Party !!!!! Extraordinary, Amazing Great fabulous Grand success, Everyone Enjoyed with DJ Taal Dhamaal Masti !!!!! After that Delicious South Indian food served Yummy Our Respected AMA President Dr. Dilip Gadhavi Saheb, Past Presidents of AMA Dr. Mona Desai Mam & Dr. Kirit Gadhavi Saheb grace the occasion & ofcourse our AMA Ladies Club friends and staff of AMA Jayrajbhai, Mohanbhai helped us lot for successful program.



## Ladies Club Programme

Nutrition & Health Awareness programme  
at Gala Gymkhana, Bopal on  
2<sup>nd</sup> January, 2022





**A.M.A. BULLETIN INDEX**

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on WhatsApp



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**MANAGING COMMITTEE MEMBERS**

P.G.	OTHER THAN P.G.
DR. GUPTA MAHESH GOPICHAND 9825091092	DR. BHANSALI PIYUSH MAFATLAL 8320365392
DR. KALE SNEHAL BHALCHANDRA 9824095580	DR. CHRISTIAN ROHAN PIYUSHKUMAR 8866125201
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# Letter to Prime Minister regarding exclusion of medical professionals from Consumer Protection Act



## AHMEDABAD MEDICAL ASSOCIATION

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24.12.2021

Ahmedabad Gujarat

To,  
Shri Narendra Modi  
Hon'ble Prime Minister of India

Subject: Consensus Statement of Members of Indian Medical Association (IQs) doctors regarding  
"EXCLUSION" of medical professionals from the Consumer Protection Act

2019 (CPA).

Respected Sir,

The Consumer Protection Bill, 1986 was passed by both the Houses of Parliament and it received the assent of the President on 24th December 1986. It came on the Statutes Book as THE CONSUMER PROTECTION ACT, 1986 (68 of 1986). The Legislature while drafting the Bill, 1986 had specifically included the services provided by the medical professionals in the term of services.

Accordingly, medical practitioners who belong to the medical profession are not covered under the Consumer Protection Act.

As per supreme court judgment in the case of Indian Medical Association versus U.P. Shantha, A/c 1996 (2) SCC 550, Healthcare was included in CPA 1986 Act.

Consumer Protection Act, 2019: The Consumer Protection Bill, 2019 has been passed by both Houses of Parliament i.e. Lok Sabha (20<sup>th</sup> July 2019) and Rajya Sabha (8<sup>th</sup> August 2019). Thus, a new law on consumer protection has been enacted i.e. the Consumer Protection Act, 2019.

THE NEW ACT DOES NOT INCLUDED SERVICE RENDERED BY MEDICAL PROFESSIONALS

SO NOW, IN THE NEW ACT OF 2019, THE TERMS "MEDICAL PROFESSION", "HEALTHCARE", "DOCTORS", ETC ARE NOT MENTIONED.

### LEGISLATIVE INTENT:

Even though the landmark precedents as laid down by the Hon'ble Supreme Court of India cover (the medical) professions/healthcare under the purview of Consumer Protection Act, the legislature never intended to cover the services rendered by the medical professionals under Consumer Protection Act. It is also to mention that medical professional services are not covered under CPA.

### APPEAL:

Indian Medical Association (IQs) Doctors request you to intervene so that the medical professionals are included in the "EXCLUSION" list of the services under Consumer Protection Act.

Thanks & Regards

*Dr. Dilip Gadhave*  
Dr. Dilip Gadhave  
President

*Dr. Gargi Patel*  
Dr. Gargi Patel  
Secretary

Ahmedabad Medical Association Gujarat

Spirit to success is the result of

Unity, Hard Work and Perseverance



## CONGRATULATIONS !!

It is proud to announce, Ahmedabad Medical Association & its renowned members received many prestigious awards at IMA NATCON held in December 2021 at Patna, Bihar

- IMA Dr. C.L. Jhaveri Safe Motherhood Activity Award for Individual Members

**Dr. Erika Patel**

- IMA Dr. Kanak Goel Award for SAFE MOTERHOOD PROJECT

**Dr. Gargi Patel**

- IMA Prof. Rajam Authilingom Award for SAFE MOTERHOOD PROJECT

**Dr. Mona Desai**

- IMA National President's Appreciation Award for Best adjudged President of a Local Branch (For Major Branch >1000)

**Dr. Kirit C. Gadhavi**

- IMA National President's Appreciation Award for Life Long Services to IMA.

**Dr. Parimal Desai**

- IMA National President's Life Membership Enrollment Award to be given to a local Branch enrolling maximum number of Life Members during the Association Year.

**IMA Ahmedabad Branch**

- IMA National President's Appreciation Award for overall golden star Best adjudged President of State/Terr. Branch.

**Dr. Devendra R. Patel**

- IMA National President's Appreciation Award for overall golden star Best adjudged Hony.State Secretary of State/Terr. Branch.

**Dr. Kamlesh B Saini**

- IMA National President's Appreciation Award for Best Runnerup Scheme of IMA - Safe Motherhood

**Dr. Erika Patel**

- IMA National President's Appreciation Award - NSSS

**Dr. Yogendra S. Modi**

- for Best IMA Local Branch Rotating Trophy of Gujarat State Branch (For Major Branch > 1000 members).

**IMA Ahmedabad Branch**

- IMA CGP SILVER JUBILEE ORATION AWARD - INFERTILITY PATIENTS- WHEN TO REFER

**Dr. Erika Patel**

## Report of Scientific programme

Ahmedabad medical Association has participated an integrated scientific programme in association with Pregnancy study group of India, AOGS & AFPA. The programme was held online on 25<sup>th</sup> December 2021 & at Hotel Renaissance, Ahmedabad on 26<sup>th</sup> December 2021. More than 50 AMA members participated in the event. It was nice interactive scientific event.



## Letter to Chief Minister regarding commercial BU to doctors' establishments



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To,

Date:- 24-Dec-2021

**Shri Bhupendrabhai Patel**

Hon' Chief Minister

Gujarat State

**Sub: Notice regarding Commercial BU to our Doctor's Establishments and Sealing few of them**

Respected Sir,

Greetings from Ahmedabad Medical Association!

Many of our Doctors have received Notices for acquiring COMMERCIAL Building Use Permission for their establishments. Sir, these clinics or Nursing homes are into existence since more than 20-25 years, some are more than 35 years old.

Sir, we would like to go into the history of Town Planning of Ahmedabad City.

- In 1981- First Town Planning was done by AUDA.  
-Only Ashram Road was in Commercial Zone -rest all the areas were in Residential Zone.
- So from 1981-1997 all commercial activities were allowed in Residential zone with certain laws for Commercial use like 20 % area of the premises to be kept for parking.

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- In 1997- Town Planning was modified- Commercial buildings were allowed in Residential Zone according to the width of the road passing:-  
-9m to 12m → BUILDING WITH Ground floor allowed  
-12m to 18m → Building with one Floor allowed  
-More than 18m → 2 or more floors allowed

For Parking in Commercial Building-30% of the area

For Parking in Residential Building- 20% of the area

- In 2001- PIL was filed for Illegal Constructions- Judiciary ordered to destroy all such illegal construction and Water and Electric connection to be cut - but more than 40,000 buildings were illegal -so this was not possible -hence
- GRUDA ACT was implied -an act for Gujarat Registration of Unauthorized Building.- Impact fee was announced to legalize their illegal constructions.
- In 2013- New laws were introduced for Commercial Use-Like 50% area of the plot for Parking; Fire Safety must for all High rise or buildings with more than 3 floors. We the member of AMA are following it strictly.

So, Sir, now those Nursing Homes or Hospitals were build before 20 years they are according to laws of those times -so very difficult to comply with the new laws for getting Commercial BU .

On 22<sup>nd</sup> February-2021 Corporation had sent a notice for legalizing these buildings or establishments but our Medical Fraternity were unaware of it- Sir, our request to prolong the duration and give us the advantage of this scheme, our doctors are ready to pay IMPACT FEE or SOME OTHER MODE OF REGULARIZATION; or penalty whatever needed to make it Legal for Commercial use.


Kindly be lenient with us as during Pandemic everyone has passed through very trying times and has helped Govt. to fight Pandemic and bring it under control.

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Unity, Hard Work and Perseverance










# INDIAN MEDICAL ASSOCIATION

## GUJARAT STATE BRANCH

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Public awareness activities in Covid-19 pandemic  
Advisory issued by AMA and IMA GSB had huge media coverage

# રાજ્યમાં કોરોના પર નિયંત્રણ માટે કડક પગલાંનું IMAનું સૂચન

## પ્રાથમિક શાળાઓમાં ઓફલાઈન ક્લાસ બંધ કરો અને જાહેર મેળાવાડા પર નિયંત્રણ મૂકો

**મંગળવારે ઇન્ડિયન મેડિકલ એસોસિયેશને ગુજરાતમાં કોરોના પર નિયંત્રણ મુકવા માટે કડક પગલાં ભરવા રાજ્ય સરકારને તાકીદ કરી હતી. રાજ્ય સરકારને પાઠવેલા પત્રમાં આઈએમએએ રાજ્યમાં 8 શહેરોમાં કુલ 11થી સવારે 6 વાગ્યા સુધી લંબાવવા તથા પ્રાથમિક શાળાઓમાં ઓફલાઈન શિક્ષણ બંધ કરવા સૂચન કર્યું હતું.**

**ઇન્ડિયન મેડિકલ એસોસિયેશનની સલાહ**

- શરદી-ખાંસી, શરીરનો દુખાવો કે અત્યંત થાક લાગવા જેવા લક્ષણ દેખાય તો તરત ડોક્ટરને બતાવો.
- કારણ કે, આ ઓમિક્રોન કોરોના હોઈ શકે છે.
- એન-95 અથવા સર્જિકલ માસ્ક પહેરવા ફરજિયાત બનાવવામાં આવે, ઓમિક્રોનથી બચવા 3 મીટરનું અંતર રાખવું જોઈએ. તમામ જાહેર સ્થળોએ હેન્ડ સેનેટાઇઝર ઉપલબ્ધ કરાવવામાં આવે.
- રસીકરણ અભિયાન ખૂબ જ ઝડપી અને કડક બનાવવું જોઈએ, તમામ સરકારી અને અર્ધ સરકારી સંસ્થામાં વેક્સિનના બે ડોઝ લીધા હોય તેમને જ પ્રવેશ આપવામાં આવે.
- જાહેર મેળાવાડા પર પ્રતિબંધ, કોઈપણ મેળાવાડાવાળી ઉજવણી રાખવી, લગ્ન- સામાજિક, ધાર્મિક અને રાજકીય કાર્યક્રમો માટે ભેગા થવાની મહત્તમ મર્યાદા પરિસરની કુલ ક્ષમતાના 25 ટકા જેટલી મર્યાદિત રાખવી, જેમાં બંધ પરિસર માટે 200 અને ખુલ્લા પરિસર માટે 350થી વધુ ન હોવી જોઈએ.

...અનુસંધાન પાના નં. 4

**SANDESH**  
AHMEDABAD

અમદાવાદ મેડિકલ એસોસિયેશનના રાજ્યમાં સરકારને ચેતવણ સરકારે સમાજિક મેળાવાડા પર નિયંત્રણ મુકવું

### ‘કોરોના વકરે છે, રાજ્યમાં નાનાં બાળકો માટે સ્કૂલો ઓનલાઈન કરો’

વેતકો રેલો સ્ટેશન પર સર્જિકલ માસ્ક પાડવાનું સૂચન કર્યું

રાજ્યમાં કોરોના વકરે છે, રાજ્યમાં નાનાં બાળકો માટે સ્કૂલો ઓનલાઈન કરો

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# AMA Covid Helpline will guide you, clear doubts

**AhmedabadMirror** અમરુજીવ સમાચાર & Rasna Foundation

**Call up any doctor in time slots provided for queries on disease, vaccination**

**T**he doctor's dilemma in these trying times of coronavirus pandemic, Ahmedabad Medical Association has started a Covid-19 Helpline. Ahmedabad Mirror, NavGuprat Samay and Rasna Foundation are glad to support this

noble initiative.

Provided below are names and contact numbers of different doctors and their time slots when they can be contacted to ensure they are not disturbed during their hospital hours.

**The doctors listed will only provide advice relating to the disease and vaccination, but will not provide treatment or hospital beds.**

## AHMEDABAD MEDICAL ASSOCIATION COVID HELPLINE NUMBERS 18<sup>TH</sup> JANUARY TO 2<sup>ND</sup> FEBRUARY 2022

9 am to 1 pm					
1	Dr. Veeresh Gupta	9825060256	4	Dr. Dhirendra Sunandhya	9625633000
2	Dr. Ashok Shah	9824044571	5	Dr. Amir Shah	9898256029
3	Dr. Jankirishna Desai	9327022048	6	Dr. Mehul Shah	9825598891
4	Dr. Krishnakant Patel	9428686530			
1 pm to 3 pm					
1	Dr. Mona Desai	9825016700	1	Dr. Tanish Modi	9825019835
2	Dr. Dhruv Mehta	9888541518	2	Dr. Ashwin Shah	9824638818
3	Dr. Dharmraj Vyas	9723955462	3	Dr. Abhay Dikshit	9327018203
			4	Dr. Anil Kanchi	9885559551
			5	Dr. Anu Gandhi	9825686681



**Dr. Maskavir Rameshwarji,**  
MD, DCC, DNB  
General Surgeon  
His qualifications & experience in General & Laparoscopic Surgery.

I don't know with COVID-19 to consider coronavirus as flu as COVID-19 is not similar as flu but not for corona virus. Yes, it shows flu. His symptoms and has mild course in 10% patients but 10% cases die from corona virus. COVID-19 disease. Many doctors have also been reported about COVID-19 and their number can go higher if we do retrospective genomic sequencing of those who died recently. India reports daily 500 odd deaths of COVID-19 driven

5-d wave (Dominant variant) as per government data. We also don't have any information from Govt in COVID-19 infection as we are in midst of the current wave. If we don't consider this as flu and COVID-19, then we may face huge wave which could be a breakthrough of medical infrastructure. Need to do 5 more and crucial as we may have vaccination of children above 12 years and production close to 100%.

Supported by



## Interview on Covid-19 by Dr. Dilip Gadhave Sir (AMA President)







## Result of Quiz December 2021

### Answers of GK quiz December - 2021

1. Narendra Modi
2. The Giza Pyramids are in Egypt.
3. Gold
4. Charles Babbage
5. Punjab
6. Nile
7. Tehri Dam
8. Perimeter
9. Colt
10. Banyan tree

Following members answered all the questions correctly

- Dr. Deepak Bhatt
- Dr. Suhrid Sheth
- Dr. Sandip Shah

### Answers of Medical quiz December - 2021

- 1) Mastitis
- 2) Adrenal cortex
- 3) Y chromosome
- 4) Saddle
- 5) Cricoid
- 6) Localization



- 7) Temporal lobe
- 8) Maximum air that can be expired after maximum inspiration
- 9) Duration of expiration
- 10) Hormone sensitive lipase

**None of the members answered all the questions correctly.**

**"Congratulations to all the winners"**

Note: The winners will be awarded in any of upcoming events of tenure & will be announced in due period.

## OBITUARY

We send our sympathy & condolence to the bereaved family.  
May their soul rest in eternal peace.



**DR. KIRTI BABULAL SHAH**

L-3113 DCH (BOM)

Date of Birth : 05-12-1955

Date of Death : 19-12-2021



**DR. JALADHI MAHESHCHANDRA PARIKH**

L-5958 M.S. (OPHTHAL)

Date of Birth : 13-02-1961

Date of Death : 28-12-2021



## Medical Quiz January - 2022



- 1) True about clavicle?
  - a) Endochondral ossification
  - b) Vertical
  - c) No medullary cavity
  - d) Rarely fractures
- 2) Valve of heister is seen in
  - a) Cystic duct
  - b) Common bile duct
  - c) Common hepatic duct
  - d) Pancreatic duct
- 3) Pulmonary vasodilatation is caused by ?
  - a) Hypoxia
  - b) Thromboxane A2
  - c) Histamine
  - d) Angiotensin-II
- 4) Special feature of glargine insulin is ?
  - a) It produces a smooth peakless effect
  - b) It is not suitable for once daily administration
  - c) It remains soluble at pH 7
  - d) It can control meal time hyperglycemia
- 5) Bromocriptine is used in following clinical situations except ?
  - a) Type II DM
  - b) Hepatic Coma
  - c) Cyclical mastalgia
  - d) Hypoprolactinemia

- 6) In AIDs control programme, For treatment of STDs, blue colored pack is used for treatment of
  - a) Urethral discharge
  - b) Scrotal swelling
  - c) Genital ulcers
  - d) Ano-rectal discharge
- 7) To determine the endemicity of hepatitis B, what should be measured ?
  - a) HBsAg
  - b) HBcAg
  - c) HBeAg
  - d) Anti-HBeAg
- 8) False about transmission of Rubella ?
  - a) Droplet infection
  - b) Vertical transmission
  - c) Infection in early pregnancy causes milder disease
  - d) Fetus affected in late pregnancy may have only deafness
- 9) An american wants prophylaxis for Hepatitis-A before coming to India for 10 days. What should be given ?
  - a) Two dose of HAV vaccine
  - b) immunoglobulin
  - c) Antiviral drug prophylaxis
  - d) Nothing is required
- 10) Absolute contraindication for insertion of IUD
  - a) History of PID
  - b) Congenital uterine malformation
  - c) Undiagnosed vaginal bleeding
  - d) Purulent cervical discharge





## GK quiz : January - 2022



1. Capital of Australia is ?
  - (a) Ottawa
  - (b) Canberra
  - (c) Montreal
  - (d) Victoria
2. In a leap year, a year has ?
  - (a) 364 days
  - (b) 365 days
  - (c) 366 days
  - (d) 367 days
3. A house made of ice is called ?
  - (a) Hut
  - (b) Houseboat
  - (c) Camper
  - (d) Igloo
4. Currency of Germany is ?
  - (a) Euro
  - (b) Ruble
  - (c) Yen
  - (d) Won
5. Study of weather is called ?
  - (a) Meterology
  - (b) Biology
  - (c) Astrology
  - (d) Nephology



6. How many players are there in a Polo team ?
  - (a) 6
  - (b) 8
  - (c) 4
  - (d) 11
7. Charminar is in ?
  - (a) Hyderabad
  - (b) Kolkata
  - (c) Mumbai
  - (d) Bhopal
8. Which planet is known as Red Planet ?
  - (a) Venus
  - (b) Earth
  - (c) Jupiter
  - (d) Mars
9. How many legs does a mosquito have ?
  - (a) 4
  - (b) 6
  - (c) 8
  - (d) 10
10. Deepa Karmakar is associated with which sports?
  - (a) Badminton
  - (b) Shooting
  - (c) Boxing
  - (d) Gymnastics

Note :

All the AMA members are invited to participate in the quiz competition.

The answers of questions can only be submitted by WhatsApp at 9726888775 (AMA broadcast info number)

:: Quiz masters ::

Dr. Vishal Shah

Dr. Vaibhav Patel

Dr. Balkrishna Rathod

Dr. Kirit Kharsadiya



**PROFESSIONAL PROTECTION SCHEME; G.S.B. I.M.A.**

"P. P. S. House", Beside Sakar-V Building, Nr. Mithakhali Railway Crossing,  
Off Ashram Road, Navrangpura, Ahmedabad-380009. **Tele No. : 079-2658 8929**

**E-mail : ppsgsbima1@yahoo.in Website : www. ppsgsbima.com**

**Attention Please !! - ALL THE MEMBERS OF P.P.S.**

**RENEWAL NOTICE : 2022-2023**

**For the FY 2022-23 Annual Membership Contribution will be as below:**

**MBBS : . 100/- Specialists : . 500/-**

**Office Time for Payment : 2-00 p.m. to 6-00 p.m.**

**LAST DATE OF PAYMENT 31-03-2022**

Dear Member,

"For the FY 2022-23 annual membership contribution will be as below :  
MBBS- Rs. 100/- Specialists- Rs. 500/-.

**For the subsequent years fee structure will be as per the committee's decision.**

Thanking You - **Professional Protection Scheme, GSB, IMA**

Professional Protection Scheme has already sent a notice along with a Renewal Application form for renewing the membership before **31<sup>st</sup> March, 2022** for the year 2022-2023 **"By Registered Post January 2022** to all the members.

We request you to draw kind attention towards the constitution of P.P.S.G.S.B.I.M.A.

**Clause 10/B :-** A member who does not pay the annual membership fee in advance – before 31<sup>st</sup> March (before the expiry of the indemnity cover) shall be discontinued without any notice.

**Clause 10/C :-** However if a discontinued member wants to revive his/her membership within one month of the expiry of the indemnity cover he/she shall pay annual membership fee only, but the indemnity covered shall be provided from the day of revival of the membership."

**Clause 10/D :-** After one month if a member wants to rejoin the scheme, he/she shall be treated as a new member and he/she shall have to pay admission fees as well as annual membership fees."

**For Online : Renewal**

**Please visit our**

**Website : www.ppsgsbima.com**

  
**Dr. Bipin M. Patel**  
Chairman

**PROFESSIONAL PROTECTION SCHEME; G.S.B. I.M.A.**

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**Website : www. ppsgsbima.com**

**(Reported by Dr. Bipin M. Patel, Managing Director, P.P.S.)**

**Sub. : Renewal Notice : 2022-2023**

The Office has received back the Renewal Notices of the following members with postal remarks as 'left' or 'Not Known'. The concerned members are requested to notify immediately change of their addresses to the P.P.S. Office.

Sr. No.	P.P.S. No.	Name	Branch/ City
1.	5507	Dr. Bhansali Darshan Ramkrishna	Ahmedabad
2.	15495	Dr. Chandarana Mitesh Vinodray	Ahmedabad
3.	11054	Dr. Kathiriya Manoj Vallabhnbhai	Ahmedabad
4.	12455	Dr. Nayak Biren Harshvadanbhai	Ahmedabad
5.	9029	Dr. Mehta Avani Bhavinkumar	Ahmedabad
6.	1378	Dr. Mehta Dhiren Sumanlal	Ahmedabad
7.	10525	Dr. Mehta Manish Rashmikant	Ahmedabad
8.	2448	Dr. Panchal Jashbhai Cahndubhai	Ahmedabad
9.	1484	Dr. Pandya Anjanaben Chandrark	Ahmedabad
10.	11850	Dr. Patel Amrita Devang	Ahmedabad
11.	12812	Dr. Patel Chirag Prahladbhai	Ahmedabad
12.	11849	Dr. Patel Devang Manibhai	Ahmedabad
13.	10039	Dr. Patel Dhrameshkumar Nandubhai	Ahmedabad
14.	12920	Dr. Patel Hiren Fuljibhai	Ahmedabad
15.	12919	Dr. Patel Snehal Hiren	Ahmedabad
16.	10768	Dr. Patel Sunilkumar Chhabildas	Ahmedabad
17.	8075	Dr. Purohit Apurv Dineshkumar	Ahmedabad
18.	8377	Dr. Radadiya Minakshi Rajnikant	Ahmedabad
19.	15605	Dr. Sanghvi Saumil Bhupeshbhai	Ahmedabad
20.	11133	Dr. Shah Rushabh Girishkumar	Ahmedabad
21.	12712	Dr. Shah Vidhi Shripal Kumar	Ahmedabad
22.	12659	Dr. Vaghela Shaktisinh Nareshkumar	Ahmedabad
23.	8990	Dr. Surati Pranavbhai Narendrakumar	Ahmedabad
24.	9083	Dr. Joshi Rohit Narawjibhai	Ahmedabad
25.	4013	Dr. Desai Sarvang Madhukarbhai	Ahmedabad







## Onco-plastic Breast Surgery : Preserving Form with Function : Life awaits beyond conventional MRM

Dr. Urvish Shah

M.S. M.Ch. ; Consultant surgical oncologist, GCS Hospital

### Introduction

Oncoplastic breast surgery (OBS) refers to resection of the tumor with adequately free margins to achieve loco-regional control (either partial or total mastectomy) and reconstruction of the defect using plastic surgical techniques, to improve the cosmetic result, immediate and late reconstruction after mastectomy, contralateral breast symmetrisation, and reconstruction of the NAC, when needed. Oncoplastic breast-conserving surgery (OBCS) allows women who may otherwise have mastectomy and immediate reconstruction the choice to conserve their breast and to avoid deformity and consists of various techniques. Though Halsted's radical mastectomy has altered breast cancer prognosis, it has profound physical and psychological impact on women who decide to undergo this presumed "life-saving" surgery. A number of prospective randomized trials have compared BCS (breast conservative surgery) with mastectomy, showing a survival rate that is unrelated to the type of surgery performed. Residual deformities noticed after BCS and RT can either be seen immediately after surgery or develop over time and might be: glandular tissue deficiency, skin retraction or indent, nipple-areola complex (NAC) malposition, change of infra-mammary fold (IMF) position, and loss of natural ptosis.



### Indications for OBS

\*Patients with unfavourable tumor characteristics :

- Unfavourable tumor volume to breast volume ratio
- Unfavorable tumor location is if the tumor is in the medial, supero-medial, inferior or central parts of the breast.
- Multifocal or multicentric disease
- Extensive DCIS or invasive lobular carcinoma and partial or poor responses to neoadjuvant chemotherapy.

\*Patients desiring good cosmesis :

- Patients who need re-excision for involved margins and where a simple re-excision may end up in a shape deformity.
- Patients with free margins but who seek correction of defects following BCS/ post-radiotherapy
- Patients with primary breast cancer scheduled for total mastectomy, who seek immediate breast reconstruction with implants or autologous flaps.

### Contraindications for OBCS

- Pregnancy
- Diffuse suspicious or malignant-appearing micro-calcifications
- Widespread disease that cannot be incorporated by local excision of a single region or segment of breast tissue that achieves negative margins with a satisfactory cosmetic result



- Diffusely positive pathologic margins
- Homozygous (bi-allelic inactivation) for ATM mutation

#### Contraindications for OBS Following Mastectomy

- Inflammatory breast carcinoma, locally advanced disease, or presence of significant co-morbidities such as diabetes, heavy smoking, obesity, and concomitant physical and psychological illnesses.

#### Preoperative Evaluation and Planning

The principles of OBCS within the multidisciplinary framework for preoperative assessment of patients can be summarized as follows:

- Primary diagnosis and evaluation of the extent of disease prior to surgical intervention
- Patient's psychosocial needs and expectations
- Evaluation of need for primary systemic treatment
- Precise surgical planning to include resection and reconstruction options
- En bloc tumor resection and intra-operative margin assessment if possible
- Marking of tumor bed margins for adjuvant radiation and follow-up
- Evaluation of need for sentinel lymph node biopsy (SLNB) or axillary node clearance (ANC)
- Evaluation of need for adjuvant treatment (type and timing)

The success of OBS depends on meticulous

preoperative planning and on the choice of the appropriate technique. There are several factors that play a crucial role in this planning.

#### Types of OBS

- Volume displacement technique:
  - Type 1 OBCS :
    - If less than 20% of the breast volume is excised.
    - Involve skin excision and glandular mobilization to allow major volume resection
  - Type 2 OBCS :
    - When volume excisions between 20% and 50% are required.
    - They allow large volume resection without cosmetic deformity and can be based on modifications of the superior or inferior pedicle and round-block therapeutic mammoplasty techniques.
- Volume replacement technique :
  - When more than 50% of breast volume is excised, tissue loss can be substituted with:
    - Fascio-cutaneous flaps
    - Myo-cutaneous local flaps
    - Pedicled perforator flaps
    - Heterologous material, such as silicone prostheses (fixed volume implants or expanders)





- Fat grafting (Lipomodelling)
- Advantages of OBS
  - The possibility of resection of wider free margins, since there is a possibility of resection of larger breast volumes.
  - OBCS extends the indications for BCS, and patients with larger tumors may avoid mastectomy.
  - OBCS procedures are oncologically safe as BCS.
- Disadvantages of OBS
  - Longer duration of surgery
  - Poor cosmesis
  - More than one procedure might be necessary, if contralateral symmetrisation is not done in one stage and possibility of complications occurring in the breast that was not affected with cancer
- Conclusion:
  - OBCS extends the role of BCS by enabling complete excision of a greater range of tumors, and it aims to achieve conservation in cases with large tumors, where a mastectomy would be unavoidable, in order to achieve clear margins with acceptable cosmesis. This allows for breast conservation, without compromising the oncologic result.





## How to Realize Better Value for Practice - Retirement and Succession Planning for Doctors

By Dr. Dileep Mavalankar Director and  
Mr. Mayank Patel, CEO NIDHI TBI, IIPHG.

A typical private medical practitioner starts career in late twenties or early thirties. He or she invests a significant amount of money for premises, equipment, and training and retaining support staff. It takes decades to cultivate relationship with patient families and other doctors for referrals. Many doctors become a **personal brand in themselves** (Dr X's Hospital or Clinic) with passage of time and diligent specialize practice as well as their mannerism, behavior and location of the practice. But, in the process, most medical practices do not form a legal entity such as partnership or private limited company, the essential form of any business or profession. Most doctors in India practice alone or with their spouses or family members. Group practice is not common in India. Hence when doctor becomes old and is not able to practice he or she has to close the practice unless there is a child or family members who is younger and is doctor and can take over and continue the practice. Hence, very well-known doctors have had to close the practice and sell of the premises of the hospital as real estate. The senior retiring doctor does not get any monetary benefit of his brand name, contacts and loyal clientele. Unlike industrial or businesses houses, medical practitioners have not developed a succession plan which will help continue their medical clinic and practice under their name or brand but run by another doctor who is younger.

When the children of a private practitioner follow the professional path of their parents, the question of succession and retirement for the founder of the practice is just a matter



of time and choice. The medical practice (including the property) is passed to the next generation by inheritance. However, retirement and succession planning are two of the biggest challenges that many doctors whose immediate relatives do not want to pursue medical profession or their children want to settle abroad face. The questions that arise pertain to not only the transfer of property but also the transfer and continuity of the practice under the same name, brand value and loyal clientele. If these challenges are not addressed at an appropriate stage of the life, retirement for the founding doctor, continuation of the established practice and personal brand gets jeopardized. The founding doctor slowly and dishearteningly rides into the sunset, decades invested in growing the practice, building personal brand and developing patient relations gets wasted, and only the value of property is realized, while the value of practice is lost. There is no one to inherit the knowledge and experience, the most important intangible asset of the founding doctor in terms of brand and contacts. The retirement plan for such doctors can also become painful on account of some unexpected event in their life forcing them to retire earlier than planned or reduce the hours of work suddenly. A single doctor practicing cannot also take leave as his practice is dependent on it and practice stops temporarily when the doctor goes on leave. On the other hand, if their children are in the same medical branch or they have a transition plan with a junior doctor who is trained under them, they can reduce the practice but still continue as long as physically possible. There are examples of doctors practicing in their own hospital till 80-90 years of age as they have younger colleagues or children taking the main burden of running the hospital.

On the other hand, a large number of young doctors cannot start their practice due to huge financial investment





required in setting up the clinic, laboratory or hospital and long gestation period to establish the practice. They also need an experience mentor to guide them in the initial years. Such young doctors are the perfect match for well-established but near retirement practitioners looking for successor.

However, such joint ventures based on a transition plan, between young doctors and well-established practitioners do not fructify so easily primarily because (1) there is no such formal mechanism to organize such contracts, (2) of fear of unknown and lack of faith in non-family doctor colleagues, (3) legal risk and financial uncertainties always inherent in such long-term associations and (4) feeling of loss of personal control in such arrangements. From the perspective of a well-established practitioner, he or she needs to be paid the value of the practice and not just the value of property, all financial risk needs to be anticipated and addressed through a legally enforceable transparent contract or agreement, and a structured payment plan determined in advance. Such an arrangement should lead to gradual reduction in the working hours for the founder senior doctor who may be between 65-75 years but with continuation of personal brand or name of the establishment (e. g. Dr X's hospital established since 1975). Descendants/children or spouse of the practitioner may get involved in the development of such a plan as they may have to monitor the legal contract and receive the payments after the founding doctor dies. From the perspective of a young doctor, the payments to inherit the practices should be structured such that he/she can afford it at the early stage with smaller payments and then when his own practice picks up and senior doctor's practice reduces due to age, then the junior partner/doctor will pay larger payments to cover the cost of the running practice and brand value. This can be spread across a number of years - say 5 to

15 years. The legally enforceable contract or agreement have to be prepared for such transition of ownership and joint practice. It should also address young doctor's financial risk and time line for gradual transfer of property and other assets as well as brand. Advice from legal, taxation and business professionals are necessary while developing such agreement. Such a joint venture will provide better value of practice to the well-established practitioner and an opportunity for a young doctor to gradually invest and build his or her practice. We, at IIPHG NIDHI Technology Business Incubator plan to provide such transition services between established practitioners and young doctors. We will be happy to meet and discuss this further. We will be also offering online webinars on this concept and mechanisms. Such transition of doctor's practices and hospitals are very routine in USA and other developed countries. It is a win-win for both senior doctors and Junior doctors. We should this by following example.

Say Doctor X has surgical nursing home of 20 beds in 2000 sq feet space since 1990. Now he is 65 years of age and his children are settle abroad or are not doctors. His current property value is about Rupees 3 Crores as it is in the central part of the city. His annual income from his surgical hospital is about 50 lakhs. The hospital is well-known as Dr. X's Surgical Hospital. So as is generally happening – let's call it option A: Dr. X plans to retire and close his hospital. In that case he will get about 3 crore value from his hospital building. And his annual income of 50 Lakhs stops. His brand name and value of practice is completely lost. The next buyer of the property may run a restaurant or some other business there. What we are proposing is option B; where we help the Dr. X to find younger doctor say aged 35 to join him as junior surgeon and continue the practice in the same name as Dr. X's Hospital in the same way as Dr X. He may add some new technology or renovate the hospital. With a legal and financial agreement, the junior doctor will start earning a reasonable amount from day one as the practice of the senior



Dr. X is already well established. The junior doctor will pay monthly or annual payments to the senior doctor towards his hospital building and sharing of practice. And over 5-10 year the Junior doctor will become majority owner of the hospital with practice and good will. Still senior doctor will continue to receive payments from the hospital for his brand value and for the reduced work that he may be doing in the hospital. It may so happen that over 10 years the senior doctor will earn much more than rupees 3 crores which is the property value – he may earn rupees 6-9 crores as the total value of his hospital and practice brand and goodwill. The junior doctor will be also benefited as he gets a running hospital with gradually increasing practice. So, he pays over 10 year the total value of rupees 6-9 crores in installments, instead of investing a large amount in the first year. For the junior doctor, another advantage is that the payment timeline matches his or her cash flow or income. We plan to promote and help set a trend for such practice transition in medical practices.

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