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VOL. 18

DECEMBER - 2023

ISSUE - 8

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Dr. URVESH SHAH
Hon. Secretary AMA

Imm. Past President - Dr. JITENDRA SHAH

Please Save Mob, No: **97268 88775** of AMA to get regular updates





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INDIAN EXPERTISE ON THE GLOBAL STAGE

Congratulations

FOR THE EXTRAORDINARY ACHIEVEMENT!

**DR MANISH KHAITAN**

MS, FAIS, FALS,

Represent Asia Pacific in the main body of the **INTERNATIONAL FEDERATION FOR THE SURGERY OF OBESITY (IFSO)** as a **MEMBER AT LARGE**.

We are thrilled to share the exciting news that **Dr. Manish Khaitan, Director of Nobesity**, is now set to represent Asia Pacific in the main body of the International Federation for the Surgery of Obesity (IFSO) as a **MEMBER AT LARGE**. This prestigious role is a testament to Dr. Khaitan's exceptional contributions and dedication to the field of obesity surgery. Marking a historic moment for India. This achievement not only brings immense pride to Nobesity but also elevates the standing of Indian expertise on the global stage. We extend our heartfelt congratulations to Dr. Manish Khaitan and express our gratitude for his unwavering commitment to advancing obesity surgery and healthcare. May this honor be a beacon of inspiration for the future, as we eagerly anticipate the Indian flag flying high for times to come.

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WORLD AMR AWARENESS WEEK 18 - 24 NOVEMBER 2023





WORLD ANTIBIOTICS AWARENESS WEBINAR 24 NOVEMBER 2023



Speaker : Dr Atul Patel | Dr Baldev Prajapati | Academy of Pediatrics Gujarat, Swasthyasetu



Academy of Pediatrics Gujarat, Swasthyasetu



Speaker : Academy of Pediatrics Gujarat, Swasthyasetu



Speaker : Dr Atul Patel | Dr Baldev Prajapati | Swasthyasetu



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Academy of Pediatrics Gujarat, Swasthyasetu



Dr Atul Patel | Dr Baldev Prajapati | AMA, AOP Academy of Pediatrics Gujarat



DIWALI GET-TOGETHER 26 NOVEMBER 2023





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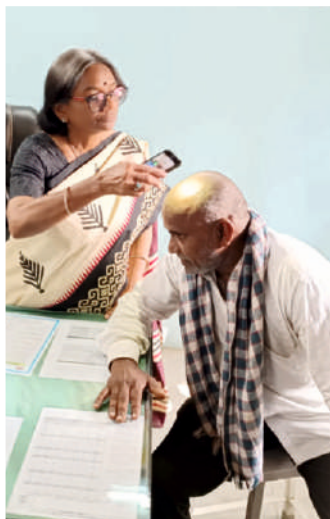


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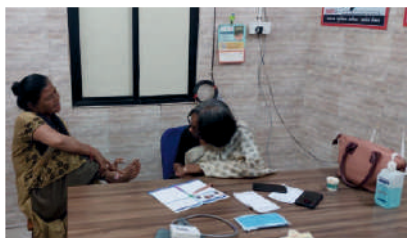




AAO GAON CHALEN - NOVEMBER 2023



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CONFERENCE ON CONTROVERSIES IN PULMONARY & CRITICAL CARE 26 NOVEMBER 2023





DR PRADYOT R THAKOR SCIENTIFIC PROGRAMME 30 NOVEMBER 2023





SMT. SUMITRABEN PATEL SCIENTIFIC PROGRAMME ON HIV AWARENESS & APPROPRIATE USE OF BLOOD / BLOOD COMPONENTS 1 DECEMBER 2023





DR. SHANTILAL A. SHAH SCIENTIFIC PROGRAMME ON “INFECTION CONTROL & HOSPITAL WASTE MANAGEMENT PRACTICES” 3 DECEMBER 2023





HOMEGUARD DAY 6 DECEMBER 2023



On occasion of "Homeguard Day", MOU of Indian Medical Association, Gujarat with Mr Manoj Agrawal, IPS for collaborative efforts for COLS - CPR training to Homeguards of entire Gujarat. In auspicious presence of Shree Harsh Sanghavi, Hon. Home Minister of Gujarat.

MEETING WITH COMMISSIONER OF HEALTH, GOVT. OF GUJARAT.



Courtesy meeting with Shri Harshadbhai Patel, Newly appointed Commissioner of Health, Medical Education & Medical Services, Govt of Gujarat, Gandhinagar



DR P P MEHTA SCIENTIFIC PROGRAMME ON NEURO INTERVENTION UPDATE 10 DECEMBER 2023





CME & PUBLIC AWARENESS PROGRAMME ON SEPSIS; CPR TRAINING 10 DECEMBER 2023





PUBLIC AWARENESS PROGRAMME ON HEART DISEASES AT IMA RAJKOT 10 DECEMBER 2023



SLEEP SUMMIT - 17 DECEMBER 2023





YOGA SHIBIR 1 TO 10 DECEMBER 2023





BLOOD DONATION CAMP 10 DECEMBER 2023





Ahmedabad Medica Association & DocTutorials Organised

Quick Revision Classes For NEET PG MARCH 2024

Face to Face Classes

GENERAL MEDICINE

Dr Rahul Rajeev

on

27th and 28th January 2024.

GENERAL SURGERY

Dr Rajamahendran

on

3rd and 4th February 2024.

- The sessions will be accompanied with a Colour Workbook wherein the students can take notes during the session and revise from post the sessions.
- All the attendees shall be given a 3-day access to the DocTutorials app post the sessions to refer to the Videos and Question bank for further clarity.

Time : 9:00 am 6:00 pm

Venue :

Ahmedabad Medical Association, Ashram Rd, opp. H.K. College,
Ellisbridge, Ahmedabad, Gujarat 380009

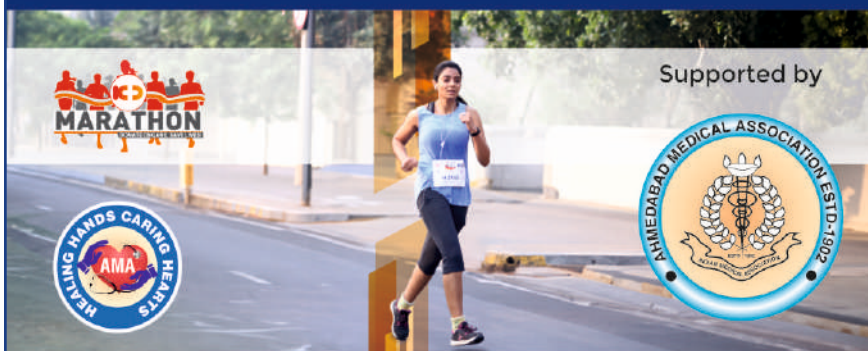
Fees: Rs 1299/-

per subject per student (Inclusive of GST).

Register at AMA office between 2.00 pm to 6.00 pm

phone: +91-079-26588775, 9726888775

We look forward to a successful collaboration with you.
The sessions will add great value to all the attendees.



KD Marathon 2024: Paving the Way for Organ Donation Awareness

Lace-up your shoes for a purpose! On **February 4th, 2024**, the **Sabarmati Riverfront** in **Ahmedabad** will witness more than just a marathon – it will be the stage for a dynamic event with a mission beyond the finish line. The KD Marathon, a social initiative by KD Hospital, it's a call to action for organ donation awareness. The mission is clear: raise awareness, inspire action, and save lives.

The Urgent Need for Organ Donors in India

In India, over two lakh (300,000) patients find themselves on the waiting list for organ transplants. Shockingly, at least 20 individuals lose their lives each day while awaiting an organ transplant. However, there is hope. From 2014 to 2022, the number of organ donors, including deceased donors, has seen a significant increase – from 6,916 to approximately 16,041. It's a promising trend, and one deceased organ donor can potentially save up to eight lives, according to the National Organ & Tissue Transplant Organisation.

Aim of the Event

The KD Marathon is a platform to inspire individuals to become registered organ donors with the potential to save countless lives. The event aims to inform the community about the critical need for organ donors and the profound impact of their contributions. KD Hospital is determined to spread awareness far and wide.

So, let's come together for the KD Marathon 2024. Your participation in this event could be the difference between life and death for someone in need.

Be a Hero – Choose Your Race

The KD Marathon 2024 offers various race categories, including the challenging **21.097 Km** (Half Marathon), the spirited **10 Km** run, and the inclusive **5 Km** Fun Run. Each step you take brings us closer to a healthier, more compassionate society.

A social initiative by



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Scan QR Code
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www.kdmarathon.com | [f](#) [t](#) [i](#) [w](#) /kdmarathonofficial



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Left to Right: Dr. Pratik Jain (Consultant, Neurologist)

Dr. Parth Patel (Consultant, Neurologist) | **Dr. Mukesh Patel** (Consultant, Neurosurgeon)

Dr. Sudhir V Shah - Padma Shri Awardee (Director, Neurosciences)

Dr. Navin Patel (Consultant, Neurosurgeon) | **Dr. Hiren Patel** (Consultant, Neuro Intervention)

Dr. Purav Patel (Consultant, Neuro & Spine Surgeon)

Dr. Krunal Padhiyar (Consultant, Neurologist) | **Dr. Apoorva Patel** (Consultant, Neurologist)



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Positions - 02

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- Gynaec cancers (Ovary, Uterus, Cervix, HIPEC)
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- Pediatric Cancers

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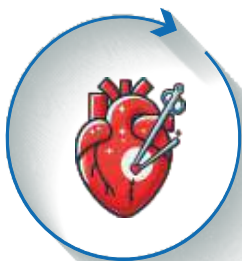
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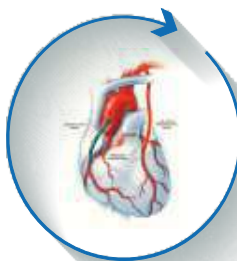
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Head of Medical Oncology

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- Valvular and Structural Heart Disease Therapy



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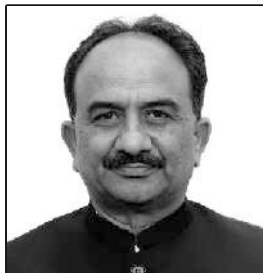
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Message From President & Hon. Secretary



Dear members

"As we serve others we are working on ourselves; every act, every word, every gesture of genuine compassion naturally nourishes our own hearts as well. It is not a question of who is healed first. When we serve others with an open and generous heart, great healing comes to us."

- Wayne Muller

It's our privilege as a doctor, for "aving service to mankind" be inbuilt in our profession. Whether earning is primary & service is by-product or service is primary & earning is by-product, both the way, we nurture our needs.

The way & in the pace, training sessions for CPR – COLS for general public are going on, it's exceptional. We congratulate all, who are instrumental for all these training programmes. There are few examples, where COLS by standby layperson saved lives of suddenly collapsed individuals; which definitely going to improve with this drive of training & awareness amongst community.

Last month we have series of scientific programmes. The overwhelming responses from members are really gearing up our enthusiasm to organize more & more such informative, interactive & innovative scientific events. Till now, we have covered diverse topics ranging from related to management of common diseases to administrative issues, emerging healthcare challenges, government's community healthcare programmes & newer technologies and guidelines in medical practices.



18th to 24th November was World AMR Awareness Week, aimed to make aware everyone & to work together on this issue. Like to quote the statements of top management of healthcare & also from public / political domains to emphasize, no one is now daring to neglect the serious concern.

"If we fail to act, we are looking at an almost unthinkable scenario where antibiotics no longer work and we are cast back into the dark ages of medicine"

David Cameron, former UK Prime Minister.

"If we don't act now, our medicine cabinet will be empty and we won't have the antibiotics we need to save lives."

CDC Director, Tom Frieden, M.D., M.P.H.

Let's join hands together & make ourselves & everyone surround us to be more sensible & work responsibly to tackle this very difficult task.

Entertainment events with friends & family are also equally important & we will continue our efforts to organize those too. There are many more programmes in pipeline; all the members are invited to join the events of our AMA family.

We are moving towards 2024 – a New Year— a new chapter, new verse, or just the same old story? Ultimately we write it. The choice is ours, urge to make a best choice for new year - a good resolution.

Wish you all a wonderful, joyful & eventful New Year

Happy New Year !!

Jai AMA



Jai IMA

Dr. Tushar Patel
President

Dr. Urvesh Shah
Hon. Secretary

Ahmedabad Medical Association



MARENGO CIMS VOLLEYBALL TOURNAMENT 2024

6 & 7 January, 2024

Inauguration Ceremony

Date : 06-01-2024, Saturday

Time : 11.00 am

Venue : Hiramani School, S G highway, Ahmedabad

Chief Guest

Shri Narhari Amin

Hon Member of Parliament,
Rajyasabha

Guest of Honour

Dr Bharat Kakadia

President,
IMA Gujarat

All the members are invited to grace occasion

- More than 25 teams have been enrolled from all over Gujarat.
- The tournament will be played at 4 different grounds.

Ground 1 KD Hospital

Ground 2 Sterling Accuris Diagnostic

Ground 3 Sunflower Hospital

Ground 4 Mayflower Hospital

**Trophies & Prizes sponsored by
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Email: volleyballahmedabad@gmail.com

Dr. Tushar Patel

President, AMA

Dr. Urvesh Shah

Hon. Secretary, AMA



AMA SENIOR CITIZEN CLUB & AHMEDABAD MEDICAL ASSOCIATION HAS ARRANGED A MOVIE SHOW

Date : 07-01-2024, Sunday

Time : 5.30 pm

Venue : R. M. Fozdar Hall, AMA House

Movie : Dear Father (Paresh Rawal Starrer)

- No Registration Fee for Members of Senior Citizen Club
- Registration Fees for Non Member Rs. 50/-

Co-ordinators

Dr. K. R. Sanghvi

Dr. Abhay Dixit

Dr. Ramesh C. Shah

Dr. K. C. Gadhavi

Dr. Dhananjaysinh Gohil

Dr. Rohan Christian

AMA Senior Citizen Club

Programme will be followed by heavy snacks

For Registration Contact: AMA office on 079-26588775 during 2.00 pm to 6.00 pm

Dr. Tushar Patel

President, AMA

Dr. Urvesh Shah

Hon. Secretary, AMA

Scientific Programme - JIC 2024

MCIMS Hospital, Ahmedabad with GMERS Medical College, Sola, APG (Association of Physician of Gujarat), AMA (Ahmedabad Medical Association) and APA (Association of Physician of Ahmedabad) are jointly organising JIC 2024

Date : 5th to 7th January 2024

Venue : Club O7, Ahmedabad.

Get an attractive Prize (for the first 500 Registrants)

Please register : <https://my.jicindia.org/online-registration>

Co-ordinators

Dr. Rajesh Desai

Dr. Kalpita Dave

Dr. M. R. Jivrani

Dr. Tushar Patel

President, AMA

Dr. Urvesh Shah

Hon. Secretary, AMA



DR. LOVE DALAL SCIENTIFIC PROGRAMME

Ahmedabad Medical Association Organises CME on GASTRO UPDATE

Date : 21-01-2024, Sunday
Time : 10.00 am onwards
Venue : AMA Hall, Ashram Road, Ahmedabad.

Program Details

Lectures, case discussion and panel discussion by eminent speakers

Speakers

Dr Neil Palkhiwala
Dr Pathik Parikh

Dr Jignesh Patel
Dr Jigar Patel

Supported by

**Aryav Superspeciality Hospital &
Apex Gastro Health**

Co-ordinators

Dr Hitendra Parikh
Dr Aniket Tripathi
Dr Rutvij Parikh

: For Registration Contact :
AMA office on 079-26588775 during 2.00 pm to 6.00 pm

Dr. Tushar Patel
President, AMA

Dr. Urvesh Shah
Hon. Secretary, AMA



EDUCATION SEMINAR

**Ahmedabad Medical Association & IMA MSN - JDN
brings an unique programme for medical students & young doctors**

Date : 07-01-2024, Sunday

Time : 10.00 am to 11.30 am

Venue : Ahmedabad Medical Association, Ashram Road.

Topics

- Career Direction
- USMLE & PLAB Pathway
- ICMR-STs Funding
- Pathway to Publications
- Clinical Research
- Conference Presentation
- Project Writing
- Clinical epidemiology
- Book Writing

Faculties



Dr. Urvish Patel

Director & Chief education officer
Research Update organization,
Texas medical center,
Houston, USA



Dr. Vinod Nookala

MD, FACP
Director, Internal Medicine
Community Medical Center,
RWJ Barnabas Health

Registration Fees : Rs. 50/- per person

Co-ordinators

Dr. Manjit Nayak Dr. Gaurishankar Shrimali Dr. Gaurang Patel

For Registration Contact : AMA office on 079-26588775 during 2.00 pm to 6.00 pm

Dr. Tushar Patel

President, AMA

Dr. Urvesh Shah

Hon. Secretary, AMA



અમદાવાદ મ્યુનિસિપલ કોર્પોરેશન

ફાયર એન્ડ ઈમરજન્સી સર્વિસીઝ

જમાલપુર ફાયર સ્ટેશન (હેડક્વોર્ટીસ), કુલાલ ઓવરહીય પાસે, જમાલપુર, અમદાવાદ- ૩૮૦૦૦૧
ફોન નં. ૦૭૯-૨૨૧૩૮૪૬૫/૬૬/૬૮ તેમજ ૧૦૧ ઈ-મેલ: afes@ahmedabadcity.gov.in

જાહેર નોટીસ

અમદાવાદ શહેરની જાહેર જનતા ને જાણવા જોગ

આથી અમદાવાદ શહેરની જાહેર જનતા ને જણાવવાનું કે, તા. ૧૫ ડીસેમ્બર, ૨૦૨૩ ના રોજ ગુજરાત રાજ્યના માન. મુખ્યમંત્રીશ્રી દ્વારા ગુજરાત ફાયર સેફ્ટી કમ્પ્લાયન્સ પોર્ટલ (ગુજરાત ફાયર સેફ્ટી કોપ) નું અનાવરણ કરવામાં આવ્યું છે. આ પોર્ટલનો ઉદ્દેશ રાજ્યભરમાં ફાયર સેફ્ટી ફેમ વર્કને મજબૂત કરવાનો છે. આ માટે ગુજરાત સરકારશ્રી દ્વારા તા. ૧૩ ડીસેમ્બર, ૨૦૨૩ના રોજ ગેઝેટ બહાર પાડવામાં આવેલ છે. આ ગેઝેટ <https://gujfiresafetycop.in/content/regulations> વેબસાઈટ પર ઉપલબ્ધ છે.

જુના રેગ્યુલેશન ૨૬ થઈ નવા રેગ્યુલેશન તા. ૧૩ ડીસેમ્બર, ૨૦૨૩ના રોજ થી અમલીકરણ કરવામાં આવેલ છે સમગ્ર ગુજરાતમાં ફાયર સેફ્ટી સર્ટીફિકેટ એક સમાન એક જ પોર્ટલ થકી કરવામાં આવશે.

- બિલ્ડીંગમાં ફાયર સેફ્ટીનું પ્લાન (FSPA) મંજૂર કરવા અને NOC (જે હવે નવું નામ ફાયર સેફ્ટી સર્ટીફિકેટ એપ્રુવલ) મંજૂરી (FSCA) ફાયર વિભાગ દ્વારા અપાશે.
- ફાયર સેફ્ટી સર્ટીફિકેટ રીન્યુઅલ (FSCR) ગુજરાત સરકારશ્રી દ્વારા તાલીમ પામેલ ક્વોલીફાઈડ ફાયર સેફ્ટી ઓફિસર (FSO) દ્વારા જ ઓનલાઈન પોર્ટલ થકી કરવામાં આવશે.
- ફાયર સેફ્ટી સર્ટીફિકેટ રીન્યુઅલ (NOC રીન્યુઅલ) કરાવવા જવાબદારી ફક્ત ને ફક્ત જે તે પ્રીમાઈસીસના માલિકો/હોદ્દાદારો/સંચાલકો/કબજેદારોની જ રહેશે.

હવે પછીથી ફાયર સેફ્ટી સર્ટીફિકેટ મેળવવા અમદાવાદ મ્યુનિસિપલ કોર્પોરેશન ના ફાયર અને ઈમરજન્સી સર્વિસીસ વિભાગ થકી કાર્યરત ઓનલાઈન પોર્ટલ <https://ahmedabadcity.gov.in/AMCFIRE/UserLogin.aspx> બંધ કરવામાં આવેલ છે. હવે પછીથી FIRE SAFETY PLAN APPROVAL (FSPA), FIRE SAFETY CERTIFICATE APPROVAL (FSCA) અને FIRE SAFETY CERTIFICATE RENEWAL (FSCR) માટે ઓનલાઈન અરજી ગુજરાત રાજ્ય સરકારશ્રીના પોર્ટલ <https://gujfiresafetycop.in> પર કરવાની રહેશે. અને અરજદારે જો અરજી કરવામાં કોઈ મુશ્કેલી જણાય તો ગુજરાત સરકારશ્રીના હેલ્પ ડેસ્ક નં. ૦૭૯૨૩૨૫૭૦૨૨ તથા ૦૭૯૨૩૨૫૭૦૪૦ પર સંપર્ક કરવાનો રહેશે અથવા helpdesktscop@gmail.com ઈમેઈલ આઈડી પર પોતાની કવેરી મોકલી શકે છે. હવે પછીથી ફાયર વિભાગ તરફથી ફાયર સેફ્ટી સર્ટીફિકેટ રીન્યુઅલ (FSCR) કરવામાં આવનાર નથી. જો તેમ કરવામાં જો કોઈ ચૂક થશે અને સમયસર ફાયર સેફ્ટી સર્ટીફિકેટ મેળવવામાં નહિ આવશે તો તેની સંપૂર્ણ જવાબદારી જે તે માલિકો/હોદ્દાદારો/સંચાલકો/કબજેદારોની રહેશે.

ડે. મ્યુનિસિપલ કમિશ્નર (ફાયર)
અમદાવાદ મ્યુનિસિપલ કોર્પોરેશન



Report of Smt. Sumitraben Patel

Scientific Program Date : 01-12-23

On occasion of WORLD AIDS DAY, a scientific programme was arranged in association with GUJARAT STATE AIDS CONTROL SOCIETY on 1st December 2023 6.00 pm onwards at Hotel President, CG ROAD, Ahmedabad. Dr. Anup Amin- GSACS, Dr. Atul Patel- Infectious Disease Specialist, Dr. Nirali Patel- IHBTI & Dr. Vishvas Amin- IRCS presented quite informative lectures. The CME was Co-ordinated by Dr. Bipin Patel & moderated by Dr. Vipul Shah. The CME was followed by dinner. It was attended by 194 participants.

Report of Dr. Shantilal A. Shah

Scientific Program Date: 03-12-23

A scientific programme was arranged in association with Hospital Board of India, Gujarat on 3rd December 2023 9.00 am to 1.00 pm at Ahmedabad Medical Association. Very nice & interactive presentations were delivered by Mrs. Divya Joseph, Infection Control Nurse of sterling Hospital; Dr. Kamlesh Patel, Consultant Microbiologists of Sterling hospital, sterling accuris laboratory & sarthak laboratory; Mr. Brijesh Sheth from Gujarat Pollution Control Board. At the end, quite informative panel discussion was moderated by Dr Hardik Bhavsar; the panellists were Dr. Bhavin Kapadia, consultant microbiologist of Speciality laboratory, Dr. Sumita Soni, Associate professor of Microbiology from B J Medical College; Dr. Roopika Berry, consultant microbiologist of NH hospital; & Mr. Brijesh Sheth from GPCB. The CME was followed by lunch. It was attended by more than 240 participants. GMC granted 1 credit hour for the programme. The programme was coordinated by Dr. Gaurishankar Shrimali & Dr. Maulik Sheth.



Report of Dr. P. P. Mehta Scientific Program Date : 10-12-23

A scientific programme was arranged on 10th December 2023 9.00 am to 1.00 pm at Ahmedabad Medical Association. Very nice & interactive presentations were delivered by Dr. Yogesh Gupta, Dr. Mitesh Chandarana & Dr. Hiren Patel. The CME was followed by lunch. It was coordinated by Dr. Imtiyaz Vohra & Dr. Yogesh Gupta & attended by 60 participants.

Report of CME & public awareness programme on SEPSIS Date: 10-12-23

A CME & public awareness programme was arranged on SEPSIS in association with Indian Society of Critical Care on 10th December 2023 9.00 am to 1.00 pm at BAPS hospital, Ahmedabad. Entire event was nicely managed by Dr. Gopal Raval, Dr. Mehul Solanki & Dr. Amrish Patel. Awareness about sepsis & CPR training was given to more than 60 people present there. The scientific programme was attended by 60 doctors. The event was followed by lunch.

Report of theme conference on controversies in pulmonology & critical care

A scientific programme was arranged in association with Indian Society of critical care, Association of Chest physicians of Gujarat on 26th November 2023 9.00 am to 5.00 pm at Zydus Hospital. There were series of lectures by renowned specialists from different states. There was nice debate & panel discussion about MLC & court of law.



Report on AMA - AFPA doctors on call services

As per every year, this year also doctors on call services for Diwali period was planned. Dr. Ramesh I. Patel, Dr. Rajesh Desai & Dr. Kamlesh Naik were the coordinators of the services. More than 50 doctors provided the service & received more than 700 calls & responded by on call services.

Report of Aao Gaon Chale Programme 25,26 November 2023

The health check-up camps were organized at different 4 villages & 7 urban health centres of Ahmedabad on 25th & 26th of November 2023. Apart from other specialities, this month it was arranged especially with dermatologists at majority centres. Total 589 patients were benefitted.

Blood Donation Camps

The health check-up camps were organized at different 4 villages & 7 urban health centres of Ahmedabad on 25th & 26th of November 2023. Apart from other specialities, this month it was arranged especially with dermatologists at majority centres. Total 589 patients were benefitted.

Report of Yoga Shibir, Date 1 to 10 December 2023

From Date 1st Dec to 10th December 2023, Yoga Shibir was arranged for doctors & their family members. It was organized & conducted by Dr Pushpaben P. Multani, a qualified Yoga teacher. We express our gratitude for her gesture. There was a good experience at very early morning to start with Yoga which generates positive vibes for throughout the day.



Report of Diwali Get together Date: 26-12-23

Diwali get together was organized on 26th November 2023, Sunday at 5.00 pm onwards. It was started with stand-up comedy by Kamlesh Darji & Suraj Baraliya. A mega housie was played in jam pack hall; Dr Monaben Desai made the event mega housie more happening by her own way of presentation. Delicious dinner was served. In spite of heavy rain, the event was enjoyed by more than 300 members / family members.

Report on Activities with reference to World AMR Awareness Week (WAAW)

1. Movement “Go Blue” on social media.

AMA activated a strong movement of Go blue as recommended by WHO & IMA HQ. Spread awareness with various flyers & clips on all social media platform

2. Awareness seminars for nursing staff:

As recommended by WHO, this year's theme is to spread awareness beyond medics. Hence, three awareness seminars for nursing staff / students were held at nursing institutes on subject of “Role of Nurses in prevention of AMR”: Dr Garima Savaliya, Chief Medical Administrator of KD Hospital conducted at KD institute of allied health sciences on 23rd November; Dr Neha Patel, Associate professor of Microbiology at GCS Medical College conducted seminar at Ahmedabad institute of Nursing science on 24th November; & Dr Kinal Shah, professor of Microbiology conducted seminar at Medilink institute of Nursing sciences on 28th November. Overall more than 300 nurses / nursing students were trained.



3. **Webinar on Antibiotic stewardship:** In association with Academy of Paediatrics, AMA arranged a webinar on 24th November, 2023. Dr Atul Patel, ID specialist & Dr. Baldev Prajapati, Professor of paediatrics enlighten the subject with very clear message for judicious use of antimicrobials; it has more than 500 views.
4. **Scientific programme on appropriate use of antimicrobials:** A CME – Dr Pradyot R Thakorscientific programme was arranged on the same theme at Hotel Radisson Blue on 30th November 2023, Thursday at 7.30 pm onwards. Dr Mansi Dandnayak moderated the sessions. There was a wonderful interactive panel discussion. Dr Swati Gohel, Dr Dhaval Naik, Dr. Garima Savaliya, Dr. Bhagyesh Shah & Dr Shalini Pandyawere the panelists. The entire event was coordinated by Dr Rajesh Desai. The CME was attended by 160 participants.

Report of Scientific Programme : Sleep Summit 2023 Date: 17-12-2023

Shilp Chest Diseases Centre in association with Association of Chest physicians of Gujarat (ACPG) and Ahmedabad Medical Association (AMA) at Hotel Renaissance, Ahmedabad on 17th December. 9.00 am to 4.00 pm. Various National and State level Sleep specialists talked on various topics on sleep & related disorders. It was participated by more than 70 doctors including post graduate students. Main highlight of summit was Sleep related breathing disorders and treatment options of the sleep disorders and practical aspect of doing sleep study with variety of PAP machines and new innovations in therapy.



વૈદીય-જ્ઞાન

યત્ર નાર્યસ્તુ પૂજયન્તે, રમન્તે તત્ર દેવતાઃ

પ્રિય સખીઓ

નવું વર્ષ વિક્રમ સંવત ૨૦૮૦ ની શરૂઆત આપણે બીજા સ્વાસ્થ્યને લગતા પ્રોગ્રામ કરીએ.

કાર્યક્રમ નં.૫

સાયન્ટીફિક ડાયગ્નોસ્ટીક લેબોરેટરીના સંયોજનથી

આપણે વુમન વેલનેસ પ્રોગ્રામ કરીશું.

તેમાં મેમોગ્રાફી, બ્રેસ્ટ સોનોગ્રાફી, BMD, Pap Test કરી આપવામાં આવશે.

તેમાં ગર્ભાશયનાં મુખનાં કેન્સર વિશે પણ સમજાવવામાં આવશે.

તારીખ : ૧૮-૦૧-૨૦૨૪, ગુરુવાર

સમય : સાંજે ૪-૦૦ વાગ્યાથી

સ્થળ : એ.એમ.એ. હોલ, આશ્રમ રોડ, અમદાવાદ.

ડૉ. કામાબેન શાહ (પ્રમુખ)

મો. ૯૩૨૭૦ ૬૬૬૪૦

ડૉ. તુષાર પટેલ (પ્રમુખ, એ.એમ.એ.)

ડૉ. મનીષાબેન મહેતા (સેક્રેટરી)

મો. ૯૮૯૮૦ ૧૬૯૭૪

ડૉ. ઉર્વેશ શાહ (સેક્રેટરી, એ.એમ.એ.)

OBITUARY

May their soul rest in eternal peace.



DR. ROMA BRIJESH PATEL

LM-8525 DNB Patho

Date of Birth : 18-08-1984

Date of Death : 13-12-2023

We send our sympathy & condolence to the bereaved family.

WE WELCOME FOLLOWING NEW LIFE MEMBERS

12573 L	DR. PADHIAR ABHISHEK CHETANBHAI
12574 L	DR. SOMANI VASAV KAMLESH
12575 L	DR. PATEL JAVNIKA SANJIV
12576 L	DR. NAYAK JANKI JITENDRAKUMAR
12577 L	DR. RAJGOR RUTVIK KAMLESHBHAI
12578 L	DR. PATHAK HARSH DILIPKUMAR



RATES FOR ADVERTISEMENT IN AMA BULLETIN

WITH EFFECT FROM 14-12-2023

PARTICULARS	AMA MEMBER	GROUP MEMBER	NON MEMBER CORPORATE HOSP.
Last Cover Page (Colour)	Rs. 14000	Rs. 16000	Rs. 20000
Inside Cover Page Total 4 in (Colour)	Rs. 11000	Rs. 12000	Rs. 16000
Center Page - the Rates are per page (Colour)	Rs. 11000	Rs. 12000	Rs. 16000
Full Page Colour	Rs. 8000	Rs. 10000	Rs. 15000
Full Page Black & White	Rs. 6000	Rs. 8000	Rs. 11000
Half Page B/W.	Rs. 3000	Rs. 5000	Rs. 6000
Quarter Page B/W.	Rs. 1500	Rs. 2500	Rs. 3000

Note : For Cover pages & Center Pages

(These are minimum rates, in case of more than one proposal, higher one will be considered)

Size of Bulletin

Full Page : 115 mm x 176 mm

Half Page : 115 mm x 87 mm

Quarter Page : 57 mm x 87 mm

Note :

- Please send your advertisement in CDR, PDF & JPG (300 DPI) format at AMA before the date 15th of each month.
- 18% GST extra will be applicable.



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- Intensive Care
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- Neurosurgery and Neurology
- Anesthesiology
- Dental Surgery
- Rehabilitation
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BRAIN STROKE : TYPES AND TREATMENT

Dr. Sandip Modh

Consultant Neurosurgeon - Neuro Intervention
FINR | M.Ch.(Neurosurgery) | M.S (Gen. Surgery)

Brain stroke is a cerebrovascular manifestation affecting the blood vessels supplying oxygen and nutrients to the brain. It is a serious life-threatening medical condition that occurs when the blood supply to the brain is interrupted either due to blockage of blood vessels or bleeding into the brain. The decreased blood flow leads to the lack of oxygen in the brain resulting in the damage or even death of the brain cells.

There are two broad categories of stroke:

Ischemic stroke is the most common type of stroke caused by a blockage of blood flow. These blockages stem from three conditions:

- formation of a clot within a blood vessel of the brain (thrombosis)
- movement of a clot from another part of the body to the brain (embolism)
- severe narrowing of an artery in or leading to the brain (stenosis).

Hemorrhagic stroke occurs when a blood vessel bursts or ruptures, causing bleeding into the brain or the spaces surrounding the brain.

Another form of stroke, termed transient ischemic attack (TIA) or ministroke occurs when blood flow to a part of the brain is obstructed for a brief period. Normal blood flow resumes after some time, and the symptoms resolve without treatment.

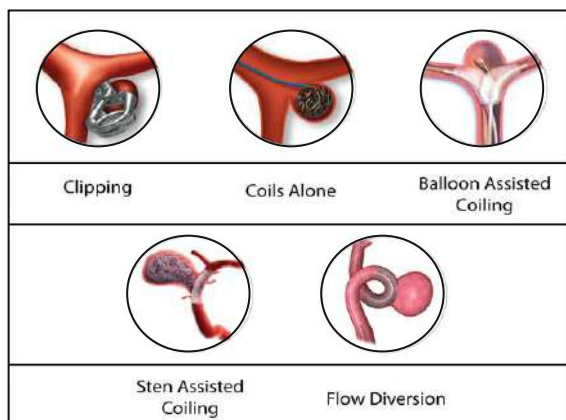
The prominent risk factors for acute ischemic strokes include a sedentary lifestyle, unhealthy dietary habits, alcohol abuse, and clinical conditions such as cholesterol, hypertension, diabetes, and obesity. The symptoms of stroke vary from person to person and can induce temporary or permanent disabilities like speech impairment, mobility

difficulties, memory loss, emotional distress, and changes in behaviour and self-care ability.

A stroke is a medical emergency, and early action can reduce brain damage, prevent further clinical complications and avert mortality. The treatment for acute ischemic stroke depends on the extent of blockage in the blood vessel and generally involves the administration of clot-busting medication called tissue plasminogen activator (tPA). For severe stroke conditions, Mechanical Thrombectomy is the preferred methodology due to its safety, efficacy, and broader treatment spectrum. It is a minimally invasive surgery wherein an endovascular device is guided toward the clot with the help of imaging techniques. The clot is removed instantly with immediate restoration of the blood flow. In certain cases, angioplasty can be used to inflate the narrowed artery and restore blood flow. In the rare instances when the other treatment options are not fruitful, surgery can be performed to remove the blockage from the arteries.

A stroke is a potentially life-changing event that can have a lasting physical and psychological impact on the individual. General awareness and basic knowledge of the warning signs and seeking emergency medical assistance are crucial for improving the person's outlook after a stroke.

Neuro-Intervention Treatment



**BIOMEDICAL WASTE : OUR RESPONSIBILITY****Mr. Brijesh Sheth,**

Currently looking after
Policy-3 Branch,
Gujarat Pollution Control Board,

Dr. Kamlesh Patel

M.D. (Microbiology)
Chief Consultant Microbiologist
Sarthak Microbiology Laboratory

Divya Joseph

Infection control nurse
Sterling hospital,
Ahmedabad

“Money spent to upgrade the center for proper biomedical waste disposal is an investment”

Healthcare industry is governed by ethics and self control. The aim has always been to provide care with dignity, without causing harm and without any mal intention. But over the period due to many loose cannons, policy makers have enacted various laws and acts to control the industry. One of such act is Biomedical waste Act.

Biomedical waste (BMW) is any waste produced during the diagnosis, treatment, or immunization of human or animal research activities pertaining thereto or in the production or testing of biological or in health camps.

This act is there to create a proper chain where the biomedical waste is collected from the source that is the hospital/clinic/nursing home/research center to the disposal site. As years passed various amendments came and they were enacted with strict implementation.

The aim of this article is

1. To clearly send a message that we doctors need to strictly implement the biomedical waste act because it is our duty and it helps the environment and society at large.
2. We doctors need to take time to read every act that involves our practice. There is no excuse that I did not know and that I did wrong out of ignorance
3. We doctors should not take any shortcuts or allow anyone in the management to take any shortcuts while disposing of the biomedical waste.



The act is very extensive and I will ask all to read the act and discuss with each other to solve any confusion. I am highlighting few important points which are causing major embarrassment for the medical fraternity as a whole

1. For years we are told about segregation of biomedical waste. But even today there are nursing home or clinics which don't segregate and mix everything in single color bag. This leads to spread of the infection and difficulty in proper destruction of waste and also recycle of waste. So it is a request to impart right knowledge to all the staff. Please segregate this medical waste at the source itself. This will be a big service to the humanity.
2. Syringe and needle. Manual cutter are safe and preferable cutter. Please cut from the plastic nozzle so that no one can reuse this syringe back. The statistics says that maximum reuse of this infected syringes are happening in Ahmedabad and Gandhinagar.
3. All the plastic things in the medical like IV fluid bottles, antibiotic bags should be cut before giving to biomedical waste collector.
4. Double bucket system should be used wherever possible
5. No local incinerations are allowed and it is punishable. Biomedical waste should not be disposed of by fire at local place. All biomedical waste should be given to the official collector only.
6. There is rise in home care teams and they should also take biomedical waste registration. It is their responsibility to dispose biomedical waste that arises due to home treatment. It should not be thrown in common waste dustbins. It should be separately handed to municipal waste collectors.
7. Whenever we transfer any patient home who will be undergoing home treatment, dressings and parenteral treatment then we should advice them to properly dispose biomedical waste.
8. Every hospital and nursing home should have Mercury spillage kit and blood spillage kits. It's time that we stop buying mercury using devices.



This are few points that we are covering in this article. But we need to remember outbreak of Hepatitis B that happened 2 decade ago in Gujarat. We need to protect community also by proper disposal of biomedical waste.

“ LET THE WASTE OF THE SICK NOT CONTAMINATE THE LIVES OF THE HEALTHY”

Prenatal Gender Revelation : A Menace in India

Dr. Aniket Tripathi

MS Gynec, F.MAS, D.MAS

Consultant at Chhaya Women's Hospital

Introduction:

Prenatal gender revelation, often through sex-selective abortions, has become a concerning issue in India. The desire for a male child, deeply rooted in cultural and social factors, has led to the misuse of modern technology for prenatal sex determination, resulting in a skewed sex ratio and significant consequences for society. In this article, we delve into the menace of prenatal gender revelation in India, its underlying causes, and the urgent need to address this harmful practice.

1. The Alarming Skewed Sex Ratio:

The practice of prenatal gender revelation has contributed to a severe gender imbalance in India. The preference for male offspring has led to the selective abortion of female fetuses, distorting the natural sex ratio. As a result, some regions in the country have experienced highly skewed sex ratios, causing social, economic, and demographic challenges.

2. Cultural Factors and Patriarchy:

Deeply ingrained cultural norms and patriarchal traditions perpetuate the preference for sons in Indian society. Sons are often seen as carrying on the family name, performing last rites, and providing financial support in old age. These beliefs, combined with dowry customs, create an environment where the birth of a girl is sometimes seen as a burden.



3. Misuse of Prenatal Diagnostic Techniques Act (PNDT Act):

Despite the existence of the Prenatal Diagnostic Techniques Act (PNDT Act) in India, which prohibits prenatal sex determination, illegal sex determination clinics continue to operate in certain areas. The misuse of ultrasound technology for revealing the gender of the fetus and facilitating sex-selective abortions remains a major challenge for law enforcement and regulatory authorities.

Also in this era of IVF with pre-conceptional genetic testing, the sex selection has become a serious issue, impacting the sex-ratio and decrease in the number of female child births.

4. Impact on Women's Status and Rights:

The adverse effects of prenatal gender revelation extend beyond skewed sex ratios. The devaluation of women leads to discrimination, limited access to education and healthcare, and reduced economic opportunities. Women's rights are compromised when society views them as less valuable than their male counterparts, perpetuating a cycle of gender-based inequality.

5. Consequences for Future Generations:

The consequences of the skewed sex ratio and the devaluation of girls are far-reaching. A shortage of women in society can lead to an increase in crimes against women, including human trafficking and forced marriages. Additionally, the social and psychological impacts on both men and women in an imbalanced society can hinder social harmony and stability.

6. Combating the Menace:

Addressing the menace of prenatal gender revelation requires a multi-faceted approach. Firstly, there is a need for widespread awareness campaigns and education to challenge gender stereotypes and promote gender equality. Community and religious leaders can play a pivotal role in advocating for a change in attitudes towards the value of the girl child.

Moreover, strict enforcement of the PNDT Act and stringent punishment for those involved in illegal sex determination clinics are



essential to curb the misuse of technology. Supporting and empowering women through various initiatives, including education, skill development, and economic opportunities, can also foster a more equitable society.

Conclusion:

Prenatal gender revelation and the consequent sex-selective abortions pose a significant threat to the social fabric of India. Tackling this menace requires a collective effort from the government, civil society, and individuals to challenge deep-rooted cultural norms and promote gender equality. Only by empowering and valuing the girl child can India build a more inclusive and harmonious society for future generations.

Bridging the Gap: Empowering Primary Care Providers (PCP) in Addressing Obesity Through Bariatric Surgery

Dr. Manish Khaitan,

MS, FAIS, FALS

Director & Sr. Bariatric Surgeon, Nobesity Bariatric Surgery Centre

What is obesity

Obesity/being obese is defined as having a body mass index (BMI) greater than or equal to 30 kg/m^2 , is a rising epidemic worldwide.

What is the burden of obesity in India

The overall prevalence of obesity across India is 40.3%. Among regions, obesity was the highest in the south (46.51%) and the lowest in the east (32.96%). Across the country as a whole, obesity tended to be higher among women (41.88%) as compared to men (38.67%), higher in urban regions (44.17%) as compared to rural regions (36.08%), and higher among people over 40 years of age (45.81%) as compared to those under 40 years (34.58%).

What are problems associated with obesity

According to the WHO, obesity is a major risk factor for noncommunicable diseases such as heart disease, stroke, type 2 diabetes, certain cancers (endometrial, breast, ovarian, prostate, liver,



gallbladder, kidney, and colon), reproductive disorders, respiratory disorders and osteoarthritis. Obesity is also associated with unemployment, social disadvantages, and reduced socioeconomic productivity. Obesity is associated with reduced quality of life 4 with substantial reduction in life expectancy and increased health care use and cost. The most important aspect is that these Obesity-related comorbidities can improve and possibly resolve following weight loss.

What are scientifically approved weigh-loss options?

Currently, there are 3 main options for weight loss in patients with obesity: lifestyle changes, pharmacologic interventions, and bariatric surgery. Of these treatments, bariatric surgery has been shown to be more effective than non-surgical therapies. Bariatric surgery results in weight loss through complex mechanisms including alteration of bile flow, stomach size, anatomy and flow of nutrients, the vagus nerve, enteric gut and adipose hormones, satiety, lipid and cholesterol metabolism, incretins and glucose, energy metabolism, gut microbiota, and endoplasmic reticulum stress.

Who is candidate for bariatric surgery?

Obesity is usually measured in terms of Body Mass Index (BMI) which is your weight in kgs divided by your height in meter².

Bariatric surgery should be considered for the treatment of obesity for acceptable Asian candidates with BMI greater than **35 kg/m² regardless of the existence of comorbidities.**

Bariatric/GI metabolic surgery should be considered for the treatment of T2DM or metabolic syndrome, for people who are inadequately controlled by lifestyle alternations or medical treatment with **BMI greater than 30 kg/m².**

The surgical approach may be considered as a non primary alternative to treat inadequately controlled T2DM or metabolic syndrome for suitable Asian candidates with **BMI greater than 27.5 kg/m².**

What are advantages of bariatric surgery and what is the rate of improvement of various problems associated with obesity? Is bariatric surgery only for weightloss?



Bariatric surgery greatly decreases overall mortality and the development of new health-related conditions in people with morbid obesity ($\text{BMI} \geq 35 \text{ kg/m}^2$). One year after bariatric surgery, patients lose 23% to 45% of their total body weight after Bariatric surgery. These results were sustained over 3 to 10 years. Obesity-related comorbidities resolve or improve in 75% to 90% of cases following bariatric surgery. Type 2 diabetes improves or resolves in more than 80% of patients. Hyperlipidemia, hypercholesterolemia, and hypertriglyceridemia improve in more than 70% of patients. Hypertension improves or resolves in more than 75% of patients, and obstructive sleep apnea resolves or improves in more than 80% of patients.

What is diabetes surgery?

As bariatric surgery results in resolution of diabetes mellitus in more than 80% of diabetes patients undergoing surgery It is also known as diabetes surgery. Most of the patient stop diabetes medications after surgery and still the diabetes remains under control.

Why don't physicians refer patients for bariatric surgery despite good results and resolution of comorbidities?

Despite mounting evidence for the effectiveness of bariatric surgery to treat patients with obesity and obesity-related comorbidities, it is only available for 0.58% (or 1 in 171) of eligible adult per year. Primary care providers (PCPs), as gatekeepers to bariatric surgery, contribute to the lack of access to bariatric surgery for eligible patients.

PCPs tend to view bariatric surgery as a last-resort treatment option for patients with obesity. They are much more likely to refer patients for bariatric surgery after patients have tried all other non-surgical weight management options such as lifestyle changes and pharmacotherapies. While this pyramidal approach is commonly practised among PCPs, this view of bariatric surgery as a last resort is likely influenced by stigmas surrounding patients with obesity and PCPs' negative attitudes toward bariatric surgery. Unfortunately, obesity continues to be viewed as a self-afflicted lifestyle choice, rather than as a "chronic, relapsing, multifactorial, neurobehavioral disease, wherein an increase in body fat



... result[s] in adverse metabolic, biomechanical, and psychosocial health consequences,” as defined by the Obesity Medicine Associations. Obesity continues to be seen as a disease caused by poor choices, discounting the associated genetic and environmental components. The stigma of obesity holds patients responsible for their disease, which in turn may motivate PCPs to continue to suggest lifestyle changes for patients with obesity. Additionally, the stigma associated with bariatric surgery may discourage both physicians and patients from considering surgery as a treatment option.

The gaps in PCPs' knowledge about the risks of contemporary bariatric surgery, poor adherence to published guidelines recommending bariatric surgery for treatment of patients with obesity and obesity-related comorbidities, and limited experience with taking care of patients after surgery appear to be barriers to referral.

Barriers to a primary care physician's decision to refer a patient with obesity for bariatric surgery include limited knowledge and education, concerns about operative morbidity and mortality, concerns about follow-up care and long-term success of surgery, presumed prohibitive cost of the procedure, prior negative experiences by patients who had surgery, and limited knowledge about current referral and practice guidelines.

What are chance of dying from bariatric surgery?

The risk of dying from bariatric is approximately 0.08% that is 8 in 10000 as is indicated in literature. This rate further decreases in good centres who specialise in bariatric surgery. Just for comparison, The rate of dying in a road accident is approximately 1 in 100 according to literature. So it is more safe than you driving on road. This shows that weight loss surgery is safe, with a low risk of dying similar to that of other common operations like that for appendix and gall bladder.

It is estimated that obese person live 5-20 years lesser than their normal weight counterparts and that bariatric surgery reduces risk of death due to obesity and its complications by 55-60%.



Sleep Health during Pregnancy

Dr Gopal Raval

Consultant Pulmonologist, Critical Care & Sleep Disorders Specialist
Shilp Chest Diseases Centre, Navrangpura ,Ahmedabad ,Gujarat

Introduction

Pregnancy is a unique, short-lived state that is associated with profound physiologic changes that may predispose individuals to the development of sleep disturbances. Despite protective factors the balance tips in the favour of higher Sleep-disordered breathing in this population than the non-pregnant population. Breathing-related sleep disorders, restless legs syndrome, and insomnia become more common during pregnancy. The good news is that they are all treatable, and symptoms usually disappear when your body gets back to normal postpartum.

Sleep disorders in pregnancy:

Sleep-disordered breathing has been often associated with higher pregnancy-related negative outcomes-hypertension, diabetes and caesarean deliveries. Estimates vary, but as many as 1 in 3 women start snoring in pregnancy, and 1 in 10 may develop symptoms of OSA.

Physiologic changes of pregnancy predispose a patient to sleep-disordered breathing, which include an increased Mallampati score, nasal congestion, upper airway edema, elevation of the diaphragm with a resultant reduced FRC. All of these contribute to decreased airway patency and increased collapsibility. Despite all these, the impact of CPAP on the prevention of gestational hypertension, gestational diabetes or fetal outcomes in the setting of obstructive sleep apnoea remain unclear. Also, central sleep apnoea is rare in pregnancy. Research shows that women with breathing related sleep disorders are more likely to suffer from preeclampsia (high blood pressure) and gestational diabetes, but the relationship may not be a causal one.

Restless legs syndrome (RLS) is defined by a strong urge to move the legs while at rest, accompanied by unpleasant feelings. Some people describe the sensation in their legs as itchy, creepy, crawly, jittery or burning. The need to move legs gets worse at night and is only relieved by movement. Up to 30% of pregnant women experience symptoms of RLS, especially in the third trimester. Most experts agree that women with iron or folate deficiency are at greater risk. RLS makes getting to sleep more difficult and has been linked to depression.



Symptoms in pregnancy usually disappear after delivery. Restless legs syndrome also has a much higher prevalence in pregnancy with some studies suggesting a prevalence of 25%, and interestingly most symptoms resolve almost immediately after delivery. Iron, folate deficiency and female hormones seem to be culprits here.

Insomnia remains arguably one of the most common disorders in pregnancy, and can be defined as a difficulty in maintaining or initiating sleep, waking from sleep too early and/or the complaint of non-restorative sleep. The National Sleep Foundation recommends about 7 to 9 hours of sleep per 24 hours for adults. Insomnia varies across trimesters, but almost 69.9% patients report difficulty in maintaining sleep in the last trimester. The last trimester also has 34.8% patients having early morning awakenings and up to 24% patients having difficulties in sleep initiation. Oxytocin, a wake promoting hormone gets secreted more just before labour, and hence insomnia often worsens before labour. The higher levels of estrogen and progesterone are also thought to contribute to insomnia. Sleep deprivation during the last month of labour contributes to increased risk of longer labours, 4.5 times more Caesarean sections, and more spontaneous preterm deliveries. The risk of emergency caesarean sections and low birth weight also increase with sleep less than 8 hours.

Insomnia can be treated well with sleep hygiene measures, cognitive behavioural therapy and occasionally a drug. Benzodiazepines are best avoided, though hypnotic benzodiazepine receptor agonists are often used. A Taiwanese study showed an increased risk for low birth weight, pre-term and/or caesarean deliveries in 2497 patients who were pregnant using zolpidem, compared to 12,485 pregnant women who were not using zolpidem.

A few simple non-pharmacological methods can also go a long way in improving insomnia-avoiding naps and caffeine, stimulus control (going to bed only when sleepy), and getting out of bed during prolonged awakenings, and minimizing fluid intake prior to bed-time to reduce nocturia, CBT, exercise and meditation. Even acupuncture, exercise, massage or relaxation therapy, mindful meditation and prenatal hatha yoga have been studied, but the data is not definitive enough to make recommendation.

Finally, circadian rhythm disturbances- shift-work has been repeatedly been shown to be linked with irregular menses and infertility. A meta-analysis with nurses exposed to shift work also showed up a higher, but small risk to having small for gestational age and low birth weight infants, along with preterm delivery.



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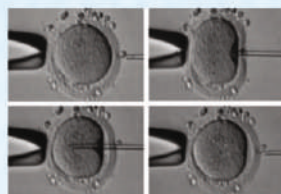
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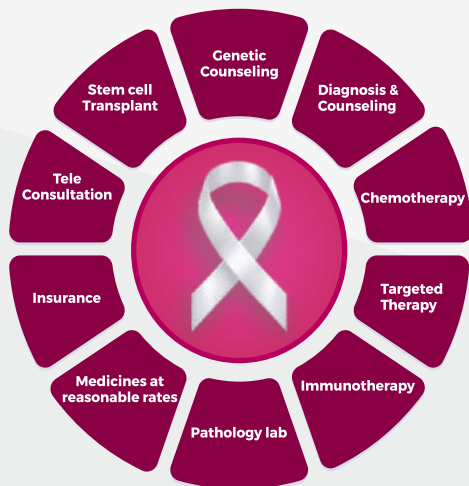


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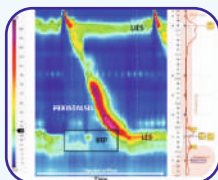
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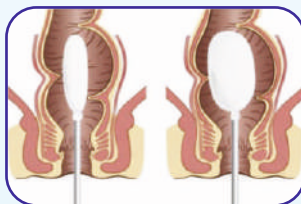
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Bowel Endometriosis management by colo-rectal resection: Laparoscopic surgical technique & outcome

Background and Objectives: Bowel Deep Infiltrating Endometriosis (DIE) management by colo-rectal resection is a complex procedure. The purpose of the present study is to delineate a meticulous approach to the assessment of the patient, step-wise surgical technique, pre, and post-operative care, and its short-term and long-term outcomes.

Methods: This is a single centre retrospective study done on patients of bowel DIE managed by colo-rectal resection between January 2019 to June 2021.

Results: There was a significant improvement in the symptomatology of patients post-surgery. Our surgical technique is feasible with acceptable short-term and long-term outcomes.

Conclusion: Bowel DIE management can be proficiently executed with proper diagnostic approach, appropriate surgical expertise with exhaustive pelvic anatomy knowledge especially concerning autonomic nerve plexus.

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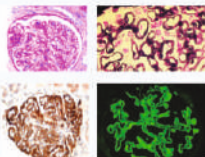
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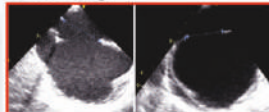
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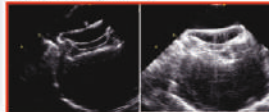
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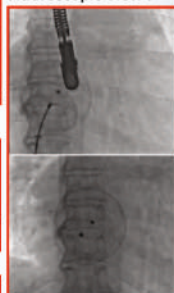
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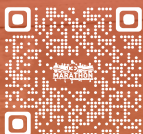
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