

AICC RCOG North Zone Annual Conference

Date | 12th December, 2021

Theme:

Recent Updates in Obstetrics and Gynecology Practice

| Souvenir & Abstract Book |



RCOG North Zone India Secretariat

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About AICC RCOG NZ

The AICC RCOG NZ is constituted of Fellows and Members of RCOG (London) who are resident in the Northern – Zone of India. It works to improve health care for women everywhere, by setting standards for clinical practice, providing doctors with training and lifelong learning, and advocating for women's health care worldwide.

What We Do

- To promote evidence based clinical practice in Obstetrics and Gynaecology as per RCOG guidelines and set standards to improve women's health in India.
- To help post graduates preparing for the MD/MS/DNB & MRCOG examination by conducting courses and providing them access to the RCOG-NZ library.
- To help promote the use of evidence based guidelines and protocols in the practice of Obstetrics and Gynaecology
- Organize postgraduate scientific meetings, conferences and courses to update practitioners, healthcare professionals, trainees in Obstetrics & Gynaecology in women's health.
- Maintain a library for the benefit of practitioners, trainees in obs & gynae, all post graduates undertaking MD/MS/DNB examination and aspirants of the MRCOG examinations.
- To organize finances and raise funds for the above activities.
- To support further training of junior and senior doctors at centres of excellence in India and abroad.
- To support the running of charitable clinics for the underprivileged women and children.
- To work in partnership with other agencies and professional bodies to promote health and education amongst the public.
- To provide professional advice to the government and other public bodies on ethical and safe medical practice.
- To study medical issues relevant to Indian women and conduct research to improve healthcare of women optimise solutions for gynaecological problems in women with relevance to India.
- To conduct research in our country in order to establish guidelines as relevant to our population.

Past Chairpersons



Dr Nirmala Agarwal
(2017-2020)



Dr Sohani Verma
(2012-2017)



Dr Urvashi Prasad Jha
(2007-12)



Dr Urmil Sharma
(2002-2007)



Dr Sarla Gopalan
(1997-2002)



Dr Sheila Mehra
(1992-1997)



Dr S K Ghai Bhandari
(1987-92)

Organising Team



Royal College of
Obstetricians &
Gynaecologists

India North
International Representative Committee

AICC RCOG North Zone Annual Conference (Virtual)

Theme: Recent Updates in Obstetrics & Gynecology Practice

Date: 12th December 2021, Sunday- 01:00 - 08:00 pm



Registration / Viewer's Link:
<https://bit.ly/NZAnnualConference2021>

Registration free but Mandatory



Dr Ranjana Sharma
Organising
Chairperson, RCOG NZ



Dr Anita Kaul
Organising Vice
Chairperson, RCOG NZ



Dr Shelly Arora
Organising Secretary,
RCOG NZ



Dr Mamta Dagar
Organising Secretary,
RCOG NZ



Dr Gayatri Juneja
Organising Joint
Secretary, RCOG NZ



Dr Pulkit Nandwani
Organising Joint
Secretary, RCOG NZ

**Scientific
Brochure**

**Abstract
Submission till
05th December
2021**

Invitation

On behalf of the All India Coordination Committee of Royal College of Obstetricians & Gynaecologists North Zone (**AICC RCOG NZ**), we are delighted to announce and invite you to the AICC RCOG NZ Annual Conference 2021. It is the proud privilege of the Fellows and Members of the North Zone of AICC RCOG to organize this prestigious event virtually on 12th December 2021.

The theme of conference is “**Recent Updates in Obstetrics & Gynecology Practice**”. It will feature renowned International and National Faculty, who will deliberate on the latest developments and controversies that will impact our professional practice. The meticulously planned scientific program aims to provide an academic feast to attendees, via lectures, 2 keynotes addresses, case-based panel discussions, 8 Pre- and Post-Conference workshops, a public forum on Cervical & Breast Cancer, e-Posters, Paper Presentations, and mock test for MRCOG Part II aspirants.

The winners of the invited paper presentations will be awarded the Grand Prize of an Annual RCOG subscription for existing members and a 1-year Associate Membership for Non-Members.

Please block your dates and we hope you will join us to participate in this scientific extravaganza. For more information and regular updates on this conference, please visit our **website**: www.aicccognzindia.com

We look forward to an exciting and interactive conference with you.

Warm Regards,

Annual Conference Organising Committee, AICC RCOG North Zone

Organising Committee

Organising Chairperson

Dr Ranjana Sharma

Organising Vice Chairperson

Dr Anita Kaul

Organising Secretaries

Dr Shelly Arora
Dr Mamta Dagar

Organising Joint Secretaries

Dr Gayatri Juneja
Dr Pulkit Nandwani

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Dr Sheila Mehra
Dr R P Soonawala
Dr Prathap C Reddy
Dr Ashok Chauhan

Advisors

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Dr Kamal Buckshee
Dr Urvashi P Jha
Dr Sohani Verma
Dr Nirmala Agarwal
Dr Mala Arora
Dr Jyotsna Acharya
Dr Bhaskar Pal
Dr Narendra Malhotra

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Dr Anita Kaul
Dr Nirmala Agarwal
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Dr Asmita Rathore
Dr Mala Arora
Dr J B Sharma
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Dr Sweta Gupta
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Dr Puja Dewan

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Dr S N Basu
Dr Narendra Malhotra
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Dr Jayasree Sundar
Dr Seema Sharma
Dr Sweta Gupta
Dr Mamta Dagar
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Dr Puja Dewan

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Dr Sweta Gupta
Dr Kaberi Banerjee

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Dr Gayatri Juneja
Dr Pulkit Nandwani

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Dr Sangeeta Gupta
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Dr Vidhi Chaudhary

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Dr Jasmine Chawla
Dr Akshatha Sharma
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Dr Priyata Lal
Dr Shweta Gupta
Dr Harpreet Kaur Sidhu

Registration

Dr Mamta Sahu
Dr Deepika Agarwal
Dr Puja Jain
Dr Manisha Saxena
Mr Asif Muniri

Message from Chairperson



Dr Ranjana Sharma
Chairperson

Dear friends

With great pleasure we welcome you all to the All-India Co-ordinating Committee of the RCOG, North Zone Annual Conference 2021. We are delighted to present to you some of the world's best speakers on different topics in Obstetrics and Gynaecology through lectures and eight pre- and post- conference workshops. The speakers are known for their original research and years of experience in the subject and excellent oratory skills and will present the most updated knowledge to match the theme of the conference ie. "Recent Updates in Obstetrics & Gynecology Practice". There is a public awareness programme on prevention of breast and cervical cancer.

We have included keynote addresses on two very pertinent topics, the first on Management of women at increased risk for ovarian cancer - current status and future strategies by Prof Usha Menon and the other one on Stillbirth: Prevention and improving Care by Dr Alexander Heazell, UK.

The panel discussions have been planned to cover every gynaecologist's dilemma in day-to-day practice with very relevant Indian case studies on Feto-maternal medicine and Adnexal masses at different stages of life

I hope you enjoy the academic bonanza that has been possible only due to the virtual platform of communication, used widely in this COVID pandemic and that has shrunk the world; excellent faculty and your participation. The programme is the culmination of enthusiasm and dedication of the organizing team of the conference and different workshops.

I am grateful to our Chief guest Mrs Ranee Thakar, the Senior Vice President for Global Health RCOG and our guests of honour Dr Bhaskar Pal, the Chair, AICC RCOG, Dr Hrishikesh Pai, the President elect, FOGSI and Dr Achla Batra, President AOGD to grace the occasion. I thank our patrons and advisors for their encouragement and messages for this souvenir.

Once again I thank you all for participating in the conference and making it a success.

I sincerely hope that we meet in person at the next possible opportunity. I wish you all a very happy, healthy and COVID free new year.

Dr Ranjana Sharma

Message from Organising Secretaries



Dr Shelly Arora
Organising Secretary



Dr Mamta Dagar
Organising Secretary

Dear Colleagues,

Welcome to AICC RCOG North Zone Annual Conference 2021!

On behalf of the All India Coordination Committee of Royal College of Obstetricians & Gynaecologists North Zone (**AICC RCOG NZ**), we are delighted to invite you to the AICC RCOG NZ Annual Conference 2021. It is the proud privilege of the Fellows and Members of the North Zone of AICC RCOG to organize this prestigious event virtually on 12th December 2021.

The theme of conference is **“Recent Updates in Obstetrics & Gynecology Practice”**. It will feature renowned International and National Faculty, who will deliberate on the latest developments and controversies that will impact our professional practice. The meticulously planned scientific program aims to provide an academic feast to attendees, via lectures, 2 keynotes addresses, case-based panel discussions, 8 Pre- and Post-Conference workshops, a public forum on Cervical & Breast Cancer, e-Posters, Paper Presentations, and mock test for MRCOG Part II aspirants.

It has been an accomplishing task by our scientific committee and editorial team to compile the abstracts for paper and poster presentations from all over India and bring out an abridged version of various speaker's presentations through this Souvenir.

We take this opportunity to express our sincere gratitude to all the esteemed International and National faculty members, organising and workshop committees who have devoted their precious time and tireless efforts in making this conference events successful.

Our special thanks to Dr Ranjana Sharma and Dr Anita Kaul for bestowing their trust upon us with the most demanding responsibilities of conference. We also thank our joint secretaries Dr Gayatri Juneja & Dr Pulkit Nandwani for all their help and support. Last but not the least, to our cherished editor Dr Chanchal Singh to bring out this exquisite piece of Souvenir issue.

We look forward to an exciting and interactive conference with you.

Warm Regards,

Dr Shelly Arora

Dr Mamta Dagar



Dr Ranee Thakar

MD, FRCOG
Senior VP for Global Health, RCOG

Wishing the North Zone every success with this meeting and many more to come. Your contribution to women's health is admirable

Dr Ranee Thakar



Dr Jyotsna Acharya

RCOG International Council
Representative for South Asia

Dear All,

It gives me great pleasure to write in the AICC North Zone souvenir.

I am awed by human resilience and how we adapt to any adversity by becoming stronger and more successful. One such example is the AICC RCOG North Zone virtual conference on "Recent Updates in Obstetrics and Gynaecology Practice". I am heartened to see so many world class speakers, all experts in their fields, able to share their work because of the ease of virtual meetings.

The North Zone AICC has been busy with pre and post conference workshops with a wide array of topics. Interesting are topics such as 'sexuality redefined for modern gynaecologist' and 'litigation, malpractice and communication. I am impressed by the public awareness programme on breast and cervical cancer. This is very much needed in this day and age.

I can see that a lot of hard work and diligence has been put in preparation for this annual conference. I am very much looking forward to participate and hope that you enjoy attending it.

Regards and best wishes,

Dr Jyotsna Acharya



Dr Bhaskar Pal
Chair, AICC RCOG

Dear colleagues

I am delighted to know the AICC RCOG North Zone is organizing their annual conference in December 2021. Academic pursuits have not slowed down, but rather accelerated, during the pandemic and the virtual platform has made knowledge more accessible and equitable.

The AICC RCOG, along with the four zonal representative committees, have had an eventful year with excellent academic activities and have worked together to improve the footprint of RCOG in India. Collaborative meetings have taken place with other national and regional organisations; we all work towards improving women's health and collaborative efforts make our actions more effective.

The dynamic team led by Dr Ranjana Sharma, Chair of AICC RCOG North Zone, has lined up an academic feast featuring a wide range of topics and eminent international and national speakers. The conference on December 12 is preceded and followed by a total of eight workshops, spaced out over days to help participants balance their work and attend the conference. The icing on the cake is the Public Awareness Forum which is an important initiative to improve healthcare.

I wish the conference a great success and am delighted to be a part of it.

Wishing you a happy and safe 2022.

Dr Bhaskar Pal



Dr Nirmala Agarwal
MBBS, DGO, MRCOG, FRCOG (UK)
Immediate Past Chairperson AICC RCOG NZ
Head of Department, Obstetrics & Gynaecology
Sant Parmanand Hospital, Civil Lines, Delhi 110054
Past Chair-person, Royal College of Obstetricians & Gynaecologists-North Zone, India

I have great pride in seeing our members and fellows are putting up a great show under the leadership of our able Chairperson Dr Ranjana Sharma, Co-Chairperson Dr Anita Kaul & Secretary Dr Shelly Arora in this year's Annual Conference of AICC RCOF North Zone & workshops.

Times have changed and I am glad to see we are moving with time.

The team has taken guidance from expert team of scientific committee to choose topics that are relevant in current day modern medicine. And the Theme: Recent Updates in Obstetrics & Gynecology Practice is very apt to current situation world over. The meticulously planned scientific program aims to provide an academic feast to attendees.

I wish organizers the very best and a successful conference.

Dr Nirmala Agarwal



Dr Urmil Sharma

Past Chairperson and Patron
AICCRCOG North Zone

My Precious Friends

I am very lucky and pleased to send my heartiest congratulation to AICC RCOG North Zone to conduct its Annual Conference on 12th December 2021.

A great success is achieved right from its birth. Our Chairman Dr Pratabh C. Reddy always admired how close our department is with each other and how we always achieved great success.

We were the first department in India to be recognized by Royal College of Obstetricians and gynecologists, London. Later other departments followed us like surgery, medicine. We have been hosting MRCOG exams for so many years with good results. After RCOG London, we are the first one to have our own office with full structure dedicated to RCOG activities like hosting examination, workshops as well as courses. I am very happy that people are still continuing to maintain our standards.

I congratulate from core of my heart Dr Ranjana Sharma, Dr Anita Kaul and the entire organizing team for their tireless efforts to organize the event virtually.

Dr Urmil Sharma



Dr (Prof) Kamal Buckshee

MD, FRCOG Ed, FAMS, FICOG
Former HOD ObGyn, AIIMS, New Delhi
Senior Consultant Indraprastha Apollo Hospital & Fortis La Femme

Dear Friends and Colleagues,

Warm greetings and best wishes for a Merry Christmas and Happy New Year. It is admiral to note that over the years AICC RCOG North Zone has played a pivotal role in sharing an excellent academic platform in the form of drills, evidence-based guidelines, updates, workshops and conferences to promote women's health. Right now, Experts / Pioneers and Masters in the field of Obstetrics and Gynaecology with their decades of wisdom, experience in research and innovation and practical experience will discuss on topics relevant to women's, maternal, fetal and neonatal health. What is new in the diagnosis , management and prevention from research and practice will also be highlighted.

Hopefully the recent knowledge gathered in Obstetrics and Gynaecology practice resonates well with consultants and residents alike in order to change, adopt and follow best and latest evidence based practices.

"Science and Updates are the saviours of health in a troubled world with Covid and Pollution".

Strong linkages between the known and the unknown lead to scientific discoveries which in turn promote true understanding and progress.

Heartiest Congratulations to the dynamic chairperson Dr. Ranjana Sharma and her marvellous team for showering current knowledge and updates to further advance women's health.

Dr. (Prof) Kamal Buckshee



Dr. PRATHAP C REDDY
Chairman, Apollo Hospitals

MESSAGE

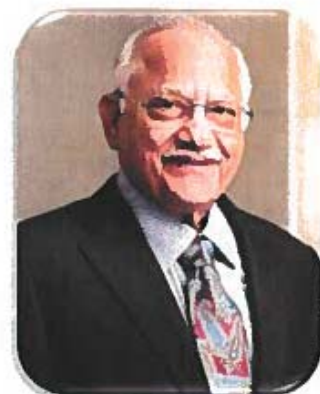
I am delighted to convey my best wishes for the Annual Conference of AICCRCOG North Zone scheduled for December 12th 2021, under the able leadership of Dr Ranjana Sharma and her colleagues pan-India.

Indraprastha Apollo Hospitals is proud to be associated with RCOG activities for the last 20 years, and has always been at the forefront in furthering clinical research and collaboration across all super specialties.

Times have changed. We have moved from physical to the virtual world, but that has not dampened the spirit of either the organising team, nor would it deter delegates from attending the conference, which has several reputed speakers both from India and abroad. I am sure the delegates will have a meaningful interaction and benefit from the deliberations during this conference.

I wish the AICCRCOG North Zone team great success.

DR PRATHAP C REDDY





Association of Obstetricians & Gynaecologists of Delhi (AOGD)



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Hon. Secretary
Dr Monika Gupta
M: +91-9312796171

MESSAGE



I am extremely delighted to learn that AICC-RCOG North Zone is hosting its Annual Conference on 12th December 2021 on a very pertinent theme of "Recent Updates in Obstetrics & Gynecology Practice".

In medicine learning never ends and with rapid advancements in the field of medicine it is important to update the knowledge if one doesn't want to be eliminated. Recent advances in the management are crucial for providing best possible care to patients and to reduce the disease burden in the society.

I am sure, the scientific program of the conference and 8 workshops will enlighten the delegates with the latest developments in the field of Obstetrics & Gynecology.

On behalf of the Association of Obstetricians and Gynaecologists of Delhi, I wish the conference a great success!

"It's not enough to be up to date; you have to be up to tomorrow."

— David Ben-Gurion

Achla

Dr Achla Batra
President AOGD

AOGD Secretariat

Room No-001, Ward 6, Department of Obst & Gynae, VMMC & Safdarjung Hospital, New Delhi-29,
Email: aogdsjh2021@gmail.com , Tel.: 011-26730487

Programme at a Glance

Pre-Congress Workshop

Ovulation Induction and COS: Current Perspective

18th November 2021, 4:30-7:30 PM

Convenor: Dr Sohani Verma, Dr Sweta Gupta

Pre-Congress Workshop

Sexuality Redefined for Modern Gynaecologist

1st December 2021, 3:00-6:00 PM

Convenor: Dr Seema Sharma

Co-convenor: Dr Bhawna Khera, Dr Gayatri Juneja

Pre-Congress Public Awareness Forum

Cervical & Breast Cancer

8th December 2021, 4:00-5:00 PM

Convenor: Dr Nirmala Agarwal, Dr Arbinder Dang, Dr Sweta Balani

Pre-Congress Workshop

Optimizing Perinatal Outcome in High-Risk Pregnancy

9th December 2021, 2:00-5:00 PM

Convenor: Dr Jayasree Sundar, Dr Chanchal Singh

Co-convenor: Dr Jharna Behura, Dr Uma Pandey

Pre-Congress Workshop

Time to Prevent Complications in Cynae Endoscopy

10th December 2021, 2:00-5:00 PM

Convenor: Dr Usha M Kumar

Co-convenor: Dr Neema Sharma

Pre-Congress Workshop

Free Paper Presentation

11th December 2021

Pre-Congress Workshop

Litigation, Malpractice & Communication

11th December 2021, 2:00-5:00 PM

Convenor: Dr S.N. Basu

Co-convenor: Dr Rita Vyas Nagarkar

Annual Conference

Recent Updates in Obstetrics & Gynecology Practice

12th December 2021, 1:00-8:00 PM

Post-Congress Workshop

Ultrasound in Obstetrics

15th December 2021, 2:00-7:00 PM

Convenor: Dr Narendra Malhotra

Co-convenor: Dr Jyoti Gupta

Post-Congress Workshop

Fetal Medicine-Multiple Births

16th December 2021, 1:30-5:00 PM

Convenor: Dr Anita Kaul, Dr Saloni Arora

Post-Congress Workshop

Workshop on Cervical Cancer Screening, Colposcopy & Treatment Procedures

20th January 2022

Convenor: Dr Saritha Shamsunder

Co-convenor: Dr Mamta Dagar

Co-ordinator: Dr Archana Mishra

Scientific Programme 12th December, 2021

TIME		HALL A	HALL B
1:00 - 1:10 PM	WELCOME ADDRESS		
1:10 - 1:30 PM	Chairpersons	Dr Narendra Malhotra Dr Seema Thakur Dr Kaberi Banerjee Dr Chanchal Singh	Dr Reva Tripathi Dr Kiran Guleria Dr Ashok Kumar Dr Sweta Gupta
	Topic	Thrombophilia & Heparin use in miscarriage - is it time to stop?	PCOS- Long term consequences
	Speaker	Dr Hassan Shehata, UK	Dr Adam Balen, UK
1:30 - 1:40 PM	Audience Interaction		
1:40 - 2:00 PM	Chairpersons	Dr Jaideep Malhotra Dr Poonam Tara Dr Surveen Ghumman Dr Tanya Buckshee	Dr J B Sharma Dr Amita Jain Dr Sandhya Jain Dr Monika Gupta
	Topic	Preventing and Managing Miscarriage	POP with and without Urinary Incontinence: Choosing the right Surgery
	Speaker	Dr Arri Coomarasamy, UK	Dr Ajay Rane, Australia
2:00 - 2:10 PM	Audience Interaction		
2:10 - 2:30 PM	Chairpersons	Dr Uma Ram Dr S N Basu Dr Sushma Sinha Dr Sangeeta Gupta	Dr Sonia Malik Dr Mala Srivastava Dr Meeta Singh Dr Dinesh Kansal
	Topic	IOL at 39 weeks for Nulliparous women- How to Counsel?	The Current use of HRT: should more women use HRT?
	Speaker	Dr Tony Tan, Singapore	Dr Mary Ann Lumsden, UK
2:30 - 2:40 PM	Audience Interaction		
2:40 - 2:50 PM	Mobility Break		
2:50 - 3:20 PM	INAUGURATION Chief Guest Dr Ranee Thakar Guests of Honour Dr Urnil Sharma, Dr Bhaskar Pal, Dr Achla Batra, Dr Hrishikesh Pai		

3:20 - 3:50 PM	KEY NOTE ADDRESS		
	Chairpersons	Dr Ranjana Sharma, Dr U P Jha, Dr Alka Kriplani, Dr Suneeta Mittal	
	Topic	Management of women at increased risk for ovarian cancer - current status and future strategies	
	Speaker	Dr Usha Menon, UK	
3:50 - 4:00 PM	Audience Interaction		
4:00 - 4:10 PM	Mobility Break		
4:10 - 4:30 PM	Chairpersons	Dr Madhuri Patel Dr Madhu Goel Dr Indu Chawla Dr Jyotsna Suri	Dr MM Samsuzzoha Dr Priya Ganesh Dr Saritha Shamsunder Dr Pulkit Nandwani
	Topic	Assisted vaginal birth in the 21 st Century	Genomic applicability for identifying women at increased risk of gynaecological cancer
	Speaker	Dr Tim Draycott, UK	Dr Ranjit Manchanda, UK
4:30 - 4:40 PM	Audience Interaction		
4:40 - 5:00 PM	Chairpersons	Dr Nirmala Agarwal Dr Tamil Selvi Dr Jayasree Sundar Dr Arbinder Dang	Dr Jyotsna Acharya Dr Madhu Ahuja Dr Ragini Agarwal Dr Priyata Lal
	Topic	Obstetric Anal Sphincter Injuries (OASIs) - Diagnostic tips and principles of repair	Enhanced Recovery After Surgery (ERAS)
	Speaker	Dr Abdul Sultan, UK	Dr Suganya Sukumaran, UK
5:00 - 5:10 PM	Audience Interaction		
5:10 - 5:30 PM	Chairpersons	Dr Manju Puri Dr Parag Biniwale DR Jaydeep Tank Dr Shweta Gupta	Dr Asmita Rathore Dr Sanjay Sharma Dr Anita Sabharwal Dr Gayatri Juneja
	Topic	Delivery of the second twin	Indian Standard of Care for transgender Population: Gynaecologists' approach
	Speaker	Dr Julian Robinson, USA	Dr Mala Arora, India
5:30 - 5:40 PM	Audience Interaction		
5:40 - 5:50 PM	Mobility Break		

5:50 - 6:20 PM	KEY NOTE ADDRESS		
	Chairpersons	Dr Anita Kaul, Dr Sohani Verma, Dr Pratima Mittal, Dr Kamal Buckshee	
	Topic	Stillbirth: Prevention and improving Care	
	Speaker	Dr Alexander Heazell, UK	
6:20 - 6:30 PM	Audience Interaction		
6:30 - 7:30 PM	PANEL DISCUSSION		
	Topic	Advancing FetoMaternal Care: Managing Pregnancies in High Risk Situations	Adnexal Masses at different stages of life
	Experts	Dr Sandeep Guleria Dr Ratna Puri Dr Mohammad Asim Siddiqui	Dr Amita Suneja Dr Sandeep Mathur Dr Ekta Dhamija
	Moderators	Dr Anita Kaul Dr Mamta Dagar	Dr Ranjana Sharma Dr Seema Singhal
	Panelists	Dr Anjila Aneja Dr Uma Pandey Dr Neema Sharma Dr Jharna Behura Dr Jyoti Bhaskar Dr Akshatha Sharma	Dr Amita Maheshwari Dr Shalini Rajaram Dr Shelly Arora Dr Meena Naik Dr Vinita Jaggi Dr Sarika Gupta
7:30 - 7:40 PM	Audience Interaction		
7:40 - 7:50 PM	Vote of Thanks		

“Women’s health needs to be front and center – it often isn’t, but it needs to be.”
– Cynthia Nixon



Royal College of
Obstetricians &
Gynaecologists

India North
International Representative Committee

AICC RCOG North Zone Annual Conference 12th December, 2021

Theme
Recent Updates in
Obstetrics & Gynecology
Practice

**Abstract Submission closes
on 05th December 2021**



***RCOG Associate Membership for Non Members &
Annual Membership for RCOG Members**

Registration Free but compulsory to participate

AICC RCOG NZ Annual Conference Workshops

AICC RCOG NZ
Pre-Congress Workshop (Virtual) 2021
OI and COS: Current Perspective
Date: 18th November 2021, Thursday- 4:30 to 7:30 pm

Registration / Viewer's Link:
<https://bit.ly/NZAnnualConference2021>

Dr Ranjana Sharma
Chairperson, RCOG NZ

Dr Shelly Anora
Secretary, RCOG NZ

Dr Sohni Verma
Course Convenor

Dr Sweta Gupta
Course Convenor

TIME	TOPIC	SPEAKER/PANELIST
4:30 PM	Welcome	
4:35 PM	SESSION 1	
4:45 PM	Dr Ranjana Sharma, Dr S N Basu, Dr Shweta Gupta	
4:55 PM	Pharmacological agents for COS- Past, Present and Future	Dr K D Nayyar
5:00 PM	Update on OI	Dr Sohni Verma
5:15 PM	Q & A	
5:30 PM	SESSION 2	
5:35 PM	Dr Nirmala Agarwal, Dr Neena Malhotra, Dr Tanya Bakshi	
5:45 PM	COS monitoring in the era of telemedicine	Dr Kuldeep Jain
5:50 PM	COS Protocols in non-IVF	Dr Surveen Chumman
6:00 PM	COS in IVF treatment	Dr Sudha Prasad
6:20 PM	Q & A	
6:35 PM	SESSION 3	
6:45 PM	Panel discussion on Tailoring COS in special situations (DOB, endometriosis, PCOS, cancer survivors, post-transplant, post-bariatric surgery)	Moderators: Dr Sushma Sinha Dr Vishu Chaudhary Dr Sushma Sinha Dr Pratibha Malik Dr Harpreet Kaur Dr Puneet Kocher
7:25 PM	Vote of Thanks	

AICC RCOG NZ
Pre-Congress Workshop (Virtual) 2021
Sexuality Redefined for Modern Gynaecologist
Date: 1st December 2021, Wednesday- 3:00 to 6:00 pm

Registration / Viewer's Link:
<https://bit.ly/NZAnnualConference2021>

Dr Ranjana Sharma
Chairperson, RCOG NZ

Dr Shelly Anora
Secretary, RCOG NZ

Dr Seema Shrivastava
Convenor

Dr Shweta Sharma
Co-Convenor

Dr Gayatri Jumeja
Co-Convenor

TIME	TOPIC	SPEAKER
3:00 - 3:05 PM	SESSION 1	
3:05 - 3:15 PM	Role of Various Energy Based Devices in Enhancing Sexuality-Office Procedures	Dr Rupinder K Ruprai
3:15 - 3:25 PM	ER Laser and my Experience with Electromagnetic Chair	Dr Vidya Pancholya
3:25 - 3:35 PM	My experience with RF and HIFEM	Dr Sajal Ajmera
3:35 - 3:45 PM	Role of Diode and CO ₂ Laser	Dr Gayatri Jumeja
3:45 - 4:00 PM	Panel discussion on frequently asked questions	Moderator: Dr Rupinder K Ruprai
4:00 - 4:25 PM	SESSION 2	
4:25 - 4:30 PM	Vulvovaginal Rejuvenation	Dr Bhawna Khara
4:30 - 4:45 PM	Q & A	
4:45 - 5:00 PM	Vulval Hyperpigmentation: Management Options	Dr Yukt Wadhawan
5:00 - 6:00 PM	SESSION 3	
5:00 - 6:00 PM	Sexuality through Pregnancy, Surgery and Diseases- A Panel Discussion	Moderator: Dr Seema Sharma Dr Sunil Jindal Dr Padma Prasad Dr Purnam Mishra Dr Deepak Jurnani

AICC RCOG NZ
Pre-Congress Workshop (Virtual) 2021
"I ignored & paid for it heavily"
A hybrid AICC RCOG NZ Pre-Congress public awareness forum
on
Cervical & Breast Cancer
Under the aegis of Indian Society of Colposcopy & Cervical Pathology (ISCCP) and Bliss Foundation
Wednesday, 8th December 2021 | 4-5 pm
Relayed from Auditorium, Sant Parmanand Hospital

CHIEF GUEST
Padmashree Surender Sharma
Vice President, Sant Parmanand Hospital & Renowned Haryana Kavi

GUEST OF HONOUR
Mrs Vibha Jain
President & Chairperson of 'Friends of Parmanand Welfare Association'

PARTICIPATING FACULTY
Dr. Ranjana Sharma
Chairperson RCOG NZ

Dr. Leela Diganmurti
President ISCCP

Dr. Neeraj Bhatia
HOD AIMS New Delhi

Dr. Geetha Kadayaprath
Breast Oncosurgeon

Dr. Ragini Agarwal
Cosmetic Gynaecologist

ORGANISING COMMITTEE
Dr. Nirmala Agarwal
Chairperson

Dr. Arbindar Dang
Secretary

Dr. Sweta Balani
Secretary

HIGHLIGHTS
Expert opinion | True case discussion | Narration from cancer survivor
Followed by Refreshment

Meeting ID: 880 7264 0767
Passcode: 233714

Sponsored by Family & Friends of late Dr. Shekhar Agarwal Funds

AICC RCOG NZ
Pre-Congress Workshop (Virtual) 2021
Optimizing Perinatal Outcome in High-Risk Pregnancy
Date: 9th December 2021, Thursday- 2:00 to 5:00 pm

Registration / Viewer's Link:
<https://bit.ly/NZAnnualConference2021>

Dr Ranjana Sharma
Chairperson, RCOG NZ

Dr Shelly Anora
Secretary, RCOG NZ

Dr Jayeesha Shrivastava
Convenor

Dr Chanchal
Convenor

Dr Shama Behara
Co-convenor

Dr Uma Pandey
Co-convenor

Dr Anurag Kumar (JNK)
Speaker

Dr Prabha Sinha (JNK)
Speaker

TIME	TOPIC	SPEAKER
2:00 - 2:05 PM	Welcome Address	Dr Jayeesha Shrivastava
2:05 - 2:20 PM	Chairpersons: Dr Amisha Bhatore, Dr Anjali Anuja, Dr Manju Khemani	
2:20 - 2:40 PM	Decreased fetal movements: innocuous or alarming?	Dr Uma Pandey
2:40 - 2:55 PM	Amniotic fluid in assessment for fetal wellbeing: friend or foe?	Dr Shama Behara
2:55 - 3:05 PM	Q & A	
3:05 - 3:30 PM	Chairpersons: Dr Karmal Bhatore, Dr Ranjana Sharma, Dr Pranathi Reddy	
3:30 - 3:40 PM	Intrapartum Fetal Surveillance	Dr Prabha Sinha
3:40 - 3:50 PM	Newer techniques in Intrapartum Fetal Surveillance	Sir Anurag Kumar
3:50 - 3:55 PM	Q & A	
3:55 - 4:00 PM	Panel Discussion: Optimising perinatal outcome with the right surveillance	Moderators: Dr Jayeesha Shrivastava, Dr Chanchal
4:00 - 4:10 PM	Panelists: Dr Pratima Mittal, Dr Rinku Sen Gupta, Dr Mamta Mishra, Dr Harpreet Kaur Inder, Dr Shweta Gupta	
4:10 - 4:20 PM	Vote of Thanks	Dr Shama Behara

AICC RCOG NZ
Pre-Congress Workshop (Virtual) 2021
Time to Prevent Complications in Gynae Endoscopy
Date: 10th December 2021, Friday- 2:00 to 5:00 pm

Registration / Viewer's Link:
<https://bit.ly/NZAnnualConference2021>

Dr Ranjana Sharma
Chairperson, RCOG NZ

Dr Shelly Anora
Secretary, RCOG NZ

Dr Usha H Kumar
Convenor

Dr Neena Sharma
Co-convenor

TIME	TOPIC	SPEAKER
2:00 - 2:10 PM	Inauguration & Lamp-Lighting	Chief Guest: Dr Sandeep Budhiraja
2:10 - 2:20 PM	Opening Oration	Dr Ranjana Sharma, RCOG Chairperson North Zone
2:20 - 2:30 PM	SESSION 1	
2:30 - 2:40 PM	Chairpersons: Dr Alka Kripalani, Dr Ranjana Sharma, Dr Achla Batra	
2:40 - 2:50 PM	Haemostasis in Gynae Endoscopy	Dr Shalish Puntambekar
2:50 - 3:00 PM	Prevention of Bleeding & Uterine Injuries	Dr Sugandha Naal
3:00 - 3:10 PM	Q & A	
3:10 - 3:20 PM	SESSION 2	
3:20 - 3:30 PM	Chairpersons: Dr Anurag Kumar, Dr Sushila Saini, Dr Pooja Thakral	
3:30 - 3:40 PM	Prevention of Bowel Complications	Dr Malvika Sahasrwal
3:40 - 3:50 PM	Safe Dissection in Gynae Endoscopy	Dr Dinesh Kamat
3:50 - 4:00 PM	Chairpersons: Dr Rajendra Senapati, Dr Mamta Mishra, Dr Pakhee Agarwal	
4:00 - 4:10 PM	Laparoscopic Adhesiolysis: Mahap	Dr Punika Bhargava
4:10 - 4:20 PM	Chairpersons: Dr Krishna Kumar, Dr Richa Sharma, Dr Mamta Dagar	
4:20 - 4:30 PM	Play Safe with Hysteroscope	Dr Seema Sharma
4:30 - 4:40 PM	Avoiding Complications at the time of Entry and Energy Sources in Laparoscopy	Dr Meena Malik
4:40 - 4:50 PM	Chairpersons: Dr Subash Malviya, Dr Kallu Kumar Roy, Dr Kavita Agarwal	
4:50 - 5:00 PM	Where we can go wrong?	Dr Usha H Kumar
5:00 - 5:10 PM	Chairpersons: Dr Sanjay Patel, Dr Anjali Anuja, Dr Jyoti Mishra	
5:10 - 5:20 PM	Prevention of Vascular Complications during Endoscopic Surgeries	Dr Fernando Heredia
5:20 - 5:30 PM	Q & A	
5:30 - 5:40 PM	Vote of Thanks	Dr Usha H Kumar

AICC RCOG NZ
Pre-Congress Workshop (Virtual) 2021
Litigation, Malpractice & Communication
Date: 11th December 2021, Saturday- 2:00 to 5:00 pm

Registration / Viewer's Link:
<https://bit.ly/NZAnnualConference2021>

Dr Ranjana Sharma
Chairperson, RCOG NZ

Dr Shelly Anora
Secretary, RCOG NZ

Dr S.N. Basu
Convenor

Dr Rita Vyas Nagarikar
Institute of Learning & Development, Hong Kong

TIME	TOPIC	SPEAKER
2:00 - 2:15 PM	Welcome & Introduction	
2:15 - 2:30 PM	SESSION 1	
2:30 - 2:40 PM	Chairpersons: Dr Sharda Jain, Dr Achla Batra, Dr Pratima Mittal	
2:40 - 2:50 PM	Defences in Litigation	Dr Geetendra Sharma
2:50 - 3:00 PM	Audience Interaction	
3:00 - 3:10 PM	SESSION 2	
3:10 - 3:20 PM	Chairpersons: Dr Sanjeevani Sharma, Dr Monika Gupta, Dr A.G. Radhika	
3:20 - 3:30 PM	Shared Decision making in Medical Practice	Dr Rita Vyas Nagarikar
3:30 - 3:40 PM	Role Plays	
3:40 - 3:50 PM	SESSION 3	
3:50 - 4:00 PM	Chairpersons: Dr Sushma Sinha, Dr Sunita Lamba, Dr Saritha Shamsunder	
4:00 - 4:10 PM	Communication Errors & Patient Safety	Dr S.N. Basu
4:10 - 4:20 PM	SESSION 4	
4:20 - 4:30 PM	Role Play Video	
4:30 - 4:40 PM	Discussion	
4:40 - 4:50 PM	Vote of Thanks	

AICC RCOG NZ
Post-Congress Workshop (Virtual) 2021
Ultrasound in Obstetrics
Date: 15th December 2021, Wednesday- 2:00 to 7:00 pm

Registration / Viewer's Link:
<https://bit.ly/NZAnnualConference2021>

Dr Ranjana Sharma
Chairperson, RCOG NZ

Dr Shelly Anora
Secretary, RCOG NZ

Dr Neena Malhotra
Convenor

Dr Jyoti Gupta
Co-convenor

TIME	TOPIC	SPEAKER
2:00 PM	Inauguration and Welcome Address	
2:05 - 2:15 PM	Chairpersons: Prof Dr Shahnaaz Tahir, Dr K Usha Band, Dr Roza Ojail, Dr Jaideep Malhotra	
2:15 - 2:30 PM	Knobology and optimising imaging	Technical person Mindray: Mrs Ying Jidanti, Product Manager WHS Mindray India
2:30 - 2:45 PM	Live demo of knobs and questions	Dr Vivek Kashyap
2:45 - 3:00 PM	The First Trimester Viability Scan And Threatened Miscarriage	Dr Ruchi Gupta
3:00 - 3:15 PM	Live demo and Q&A session	
3:15 - 3:30 PM	First Trimester Screening Ultrasound	
3:30 - 3:45 PM	Live demo and Q&A session	
3:45 - 3:55 PM	Tea/Coffee/Questions/Machine Demo	
3:55 - 4:10 PM	Chairpersons: Dr Pratima Mittal, Dr Ashish Bhatnagar, Dr Parul Sinha	
4:10 - 4:25 PM	Pre Natal Diagnosis: Ultrasound Techniques of CVS & Amniocentesis	Dr Deepika Datta
4:25 - 4:40 PM	Live demo and Q&A session	
4:40 - 4:55 PM	Anomaly Scan	Dr Jyoti Gupta
4:55 - 5:10 PM	Live demo and Q&A session	
5:10 - 5:25 PM	Growth Scan	Dr Anjali Chakravarti
5:25 - 5:40 PM	Live demo and Q&A session	
5:40 - 5:55 PM	Color Doppler Obs	Dr Neena Malhotra
5:55 - 6:10 PM	Live demo and Q&A session	
6:10 - 6:25 PM	3D-4D Scan	Dr Sonal Panchal
6:25 - 6:40 PM	Live demo and Q&A session	
6:40 - 6:55 PM	Interaction With Faculty	
6:55 - 7:00 PM	Vote of Thanks	Dr Shweta Gupta relayed LIVE/ Video recorded from Ujala Cytus Hospital, Agia

Academic Partner: **mindray**

AICC RCOG NZ
Post-Congress Workshop (Virtual) 2021
Fetal Medicine-Multiple Births
Date: 16th December 2021, Thursday- 1:30 to 5:00 pm

Registration / Viewer's Link:
<https://bit.ly/NZAnnualConference2021>

Dr Ranjana Sharma
Chairperson, RCOG NZ

Dr Shelly Anora
Secretary, RCOG NZ

Dr Anika Kaul
Organizing Chairperson

Dr Sakshi Anand
Organizing Secretary

TIME	TOPIC	SPEAKER
01:30 - 01:45 PM	Welcome	
01:45 - 02:00 PM	SESSION 1: Anemia/Polycythemia Screening	
02:00 - 02:15 PM	Chairpersons: Dr Seema Thakral, Dr Shilpi Sachdeva, Dr Neha Gupta	
02:15 - 02:30 PM	Anemia/polycythemia screening in twins and triplets (including video showing how to confirm anemia)	Dr Jyoti Gupta
02:30 - 02:45 PM	Triples pregnancy: expectant versus embryo reduction - What does the evidence say?	Dr Akshatha Sharma
02:45 - 03:00 PM	Role of cell free fetal DNA in twins - Where exactly are we?	Dr Chanchal Singh
03:00 - 03:15 PM	Prenatal diagnostic procedures in twins: CVS or Amnioc?	Dr Sakshi Anand
03:15 - 03:30 PM	Q & A Discussion / Quiz	
03:30 - 03:45 PM	SESSION 2: Preterm Birth	
03:45 - 04:00 PM	Chairpersons: Dr Sushma Sinha, Dr Anika Kaul, Dr Geeta Mediratta	
04:00 - 04:15 PM	Preterm screening in twins (including video showing how to measure cervical length)	Dr Smriti Prasad
04:15 - 04:30 PM	Let's Debate-Progesterone vs. Stitch (vaginal or abdominal) for preterm prevention	Dr Sweta Gupta
04:30 - 04:45 PM	Q & A Discussion / Quiz	
04:45 - 05:00 PM	SESSION 3	
05:00 - 05:15 PM	Panel on maternal and fetal complications in twins: case based discussion	Moderator: Dr Anika Kaul Panelists: Dr Anika Kaul Dr Anika Kaul Dr Anika Kaul Dr Anika Kaul
05:15 - 05:30 PM	Q & A	
05:30 - 05:45 PM	Vote of Thanks	

Academic Partner: **Cloud & Siblings**

AICC RCOG NZ
Post-Congress Workshop (Physical) 2021
Hands On Workshop on Cervical Cancer Screening, Colposcopy and Treatment Procedures
Date: 20th January 2022
Venue: Sardarjung Hospital

Registration Link:
https://bit.ly/AICC_RCOG_WKSPH_20JAN

Registration free but Mandatory

Only 25 seats available

Dr Ranjana Sharma
Chairperson, RCOG NZ

Dr Shelly Anora
Secretary, RCOG NZ

Dr Saritha Shrivastava
Convenor

Dr Mamta Dagar
Co-convenor

Dr Archana Mishra
Co-ordinator

Lectures and Videos on Screening, Colposcopy and Treatment Methods with Hands-On stations on models

Summary of Key Lectures at the Conference

Management of Women at Increased Risk for Ovarian Cancer - Current Status and Future Strategies

Usha Menon

MRC CTU at UCL, UK

Despite significant advances in treatment, ovarian cancer continues to be a disease with high case fatality ratios. This has led to global efforts to better identify women at increased risk through improved risk prediction algorithms that combine family history, results of genetic testing (high and moderate risk genes and polygenic risk scores) and lifestyle and reproductive factors as well as genetic testing of all women with invasive epithelial ovarian cancer.

High-risk women are best managed in a multidisciplinary team setting with input from multiple specialists. Management strategies are largely been limited to risk-reducing salpingo-oophorectomy (RRSO) in the late 30s-early 40s after completion of family. In premenopausal women, use of hormone replacement therapy is critical for long-term health benefits. Recent research has focussed on trying to limit the side effects of premature menopause by exploiting our growing understanding of the origins of high-grade serous ovarian cancer. Multiple trials are exploring the possibility of risk-reducing bilateral salpingectomy with delayed oophorectomy with the aim to assess impact on hormonal / ovarian function and in the longer term, estimate ovarian cancer risk reduction. Main concerns are about women not attending for the oophorectomy in due course.

Recommendations regarding screening vary given the limited evidence to support benefit. US and European guidelines state that TVS and serum CA125 starting at age 30–35 years may be considered following detailed discussions with the patient (ACOG 2021, RSNA 2019, ESMO 2016, Europe) while UK guidelines do not support screening (RCOG 2015, BGCS 2017, UK). In the pipeline are a number of novel ovarian and tubal cancer biomarkers - miRNA, exosomes, glycolipids and microbial DNA in the blood and tumour DNA (tDNA) both in blood and uterine samples. tDNA multi-cancer early detection (MCED) tests are currently being evaluated for pan cancer detection in multiple cohorts which include women at increased risk of ovarian cancer.

In summary, at present clinical management involves identification through cascade genetic testing and RRSO with use of HRT till age of natural menopause. Research is focused on improving risk prediction, limiting initial risk-reducing surgery to salpingectomy and exploring tDNA in uterine samples/blood as a screening tool.

Stillbirth Prevention and Improving Care

Alexander Heazell

MBChB(Hons) PhD FRCOG, Professor of Obstetrics, University of Manchester

There are approximately 2 million stillbirths each year; due to its size India has the single highest number of stillbirths per country. The death of a baby has significant, enduring consequences for parents and their wider family. This talk will consider the epidemiology and aetiology of stillbirth including recent studies to identify modifiable risk factors for stillbirth. The talk will consider how stillbirth might be prevented by improving various aspects of antenatal and intrapartum care. The talk will also review the importance of perinatal audit in identifying factors associated with stillbirth and how implementation of high-quality perinatal audit can be used to improve care leading to improvements in outcomes for women and their babies.

Tony Tan

Summary

Published population observational data shows optimal short, mid and long term outcomes for the singleton fetus for uncomplicated pregnancies when delivered at 39-41 weeks.

Whilst outcomes of induced labours are generally poorer than spontaneous labours based on observational

data, such data are not useful to assess if a strategy of inducing labour is better or worse than a strategy of expectant management till a later gestational age before considering inducing labour then.

Instead a recent randomised controlled trial comparing inducing labour at 39 weeks (compared to expectant management till 40 to 42 weeks) for low risk nulliparous women had better outcomes in terms of lower rates of Caesarean section and hypertensive disorders in pregnancy, and requirement for respiratory support in the first 72 hrs.

There is rationale for offering induction of labour for uncomplicated singleton pregnancies at 39 weeks for nulliparous women and 39-40 weeks for multiparous women.

Counselling of such options to nulliparous and multiparous women will be discussed during the talk.

Enhanced Recovery in Obstetrics & Gynaecology

Dr Suganya Sukumaran

Consultant O & G, Deputy Medical Director, Kettering General Hospital NHS Foundation Trust, UK

Enhanced recovery after surgery (ERAS) pathways provide a multidisciplinary, evidence-based approach to the care of surgical patients. They have been shown to decrease postoperative length of stay and cost in several surgical subspecialties, including gynecology, but have not been well-studied in obstetric patients who undergo cesarean delivery. ERAS protocols were first published for colorectal surgeries by Henrik Kehlet¹ in 1997. Enhanced recovery after surgery, a standardized, evidence-based, interdisciplinary protocol, has been successfully used in other surgical specialties including gynecology to improve quality of care and patient satisfaction while reducing overall health care costs through reduced length of stay.

Obstetrics

Caesarean section (CS) is one of the most common procedures performed in women of reproductive age group all over the world. Despite persistent concerns about high caesarean delivery rates internationally, there has been less attention on improving perioperative outcomes for the millions of women who will experience a cesarean delivery each year. However the challenge in obstetrics is its extension into postpartum and postoperative care. This requires a multidisciplinary involvement including midwives. But the young and fit obstetric patients could benefit greatly from protocols that optimize their return to physiological function and reduce surgical morbidity. The ERAS implementation can help in improving care for the high number of women undergoing cesarean deliveries, using evidence-based care bundles to prevent maternal morbidity and mortality, address disparities, and reduce costs; and limiting postoperative opioid prescribing in response to the opioid crisis. In a systematic review by Ilyas et al in 2019², showed that pre-operative education can empower patients to engage in their recovery and a high level of patient satisfaction. In a retrospective cohort study by Fay et al³, showed a reduction in length of hospital stay, reduction in hospital costs and improvement in patient satisfaction for both planned and unplanned caesarean section.

Gynaecology

ERAS in gynaecological surgery is not a new concept but a well established practice in gynaecological oncology. The collaborative Enhanced Recovery After Surgery Society guideline for optimal perioperative care for vulvar and vaginal surgeries was published in 2020⁴ with various aspects of care addressed from patient counselling to anaesthetics and postoperative care. Tanvi et al has shown an overall reduction in opioid usage by implementing ERAS protocol. Lee et al⁵ compared the outcomes in both laparoscopic and open gynaecological surgeries after implementing ERAS protocol and showed that the two groups were in general equally able to achieve the majority of the milestones despite differences in symptoms such as pain, nausea and confidence in mobilising and going home. Pre-operative education can empower patients to engage in their recovery. There is a high level of patient satisfaction in both groups. In a 1 year followup study by Nikodemski et al⁶, the patients who had the ERAS protocol implemented had reduction in drain usage, reduced need for opioids, and reduced need for intravenous fluids. In an Italian randomised controlled study, it was shown that the patients who were on the ERAS pathway compared to a conventional care showed a reduction in length of stay in the hospital irrespective

of the gynaecological disease. A decrease in the postoperative complications were noted in the ERAS group thereby increasing the patient satisfaction rate. There was a reduction in readmission rate in the ERAS group as a result of optimisation of preoperative, intraoperative and postoperative care.

Conclusion

Implementing ERAS pathways have shown a significant reduction in length of stay for both obstetric and gynaecology patients. The reduction of opioid usage, post operative complications, readmission rates, costs and improvement in patient satisfaction are added advantages. However few studies have shown difficulty in engaging patients which is a key element in a successful implementation of ERAS. Further studies are required to address this issue to ensure that the patients are assured the enhanced quality of life that ERAS will contribute to.

References

1. Kelhet H, Wilmore DW. Evidence-based surgical care and the evolution of fast-track surgery. *Ann Surg* 2008; 248:189-198.
2. Ilyas, S., Simmons, S. and Bampoe, S. (2019) 'Systematic review of enhanced recovery protocols for elective caesarean section versus conventional care', *The Australian & New Zealand journal of obstetrics & gynaecology*, 59(6), pp. 767–776. doi: 10.1111/ajo.13062.
3. Fay EE, Hitti JE, Delgado CM, et al. An enhanced recovery after surgery pathway for cesarean delivery decreases hospital stay and cost. *Am J Obstet Gynecol* 2019;221:349.e1-9.
4. Altman, A. D. et al. (2020) 'Guidelines for vulvar and vaginal surgery: Enhanced Recovery After Surgery Society recommendations', *American Journal of Obstetrics and Gynecology*, 223(4), pp. 475–485. doi: 10.1016/j.ajog.2020.07.039.
5. Lee, J., Asher, V., Nair, A. et al. Comparing the experience of enhanced recovery programme for gynaecological patients undergoing laparoscopic versus open gynaecological surgery: a prospective study. *Perioper Med* 7, 15 (2018). <https://doi.org/10.1186/s13741-018-0096-5>
6. Tomasz Nikodemski et al. (2017) 'Implementation of an enhanced recovery after surgery (ERAS) protocol in a gynaecology department – the follow-up at 1 year', *Contemporary Oncology*, 21(3), pp. 240–243. doi: 10.5114/wo.2017.69589.

"Communities and countries and ultimately the world are only as strong as the health of their women."

– Michelle Obama

Abstracts

Papers Presentation

Topic Category: Endoscopy

Assessment of Vaginal Vault Infiltration by Bupivacaine for Minimising Pain after Total Laparoscopic Hysterectomy: An RCT

Avir Sarkar

Objectives: Through this Randomized Controlled Trial, we assessed the effect of infiltration of vaginal vault with bupivacaine after TLH on post-operative pain and compared the same with patients who did not receive bupivacaine infiltration.

Methods: It was a prospective two-arm double blinded Randomized Controlled Trial with 1:1 randomization. Sample size was 60. Institute Ethics Committee approval was obtained prior to the commencement of the trial. Exclusion criteria consisted of chronic PID, presence of malignancy, history of previous multiple surgeries and contraindication to bupivacaine. Randomization was allocated using a computer-generated randomization programme. The randomization cards were sealed in sequential numbered envelopes. The principal surgeon opened the envelopes in the operation theatre prior to surgery. Group I was the intervention group who received bupivacaine infiltration at the vaginal vault. The vault was infiltrated with 10 ml 0.25% w/v bupivacaine using a fine tipped aspiration needle to a depth of 3-4 mm. Group II consisted of the control group who did not receive the proposed intervention.

The severity of incisional pain was noted using the Visual Analogue Scale (VAS) at 1,3,6,12 and 24 hours post surgery.

Results: The patients in the two arms were comparable in terms of age, parity, BMI and education, socio-economic status and past medical history. The mean values of VAS score after 1,3,6,12 and 24 hours after surgery were significantly less in the intervention arm ($p < 0.001$).

Conclusion: Infiltration of bupivacaine after vaginal vault closure in TLH is beneficial in reducing post-operative pain and need for additional opioid use.

A Novel Technique of Vagino-Hysteroscopy Using Alginate Gel Interface: A Proof of Concept Study

Kanika Kalra

Objective: To compare the feasibility of vagino-hysteroscopy using a novel bio-friendly device called Alginate Gel Interface (VAGI) with conventional vaginoscopic hysteroscopy (CVH).

Methods: In this proof of concept study, thirty women requiring diagnostic vagino-hysteroscopy were randomly allocated to two groups - Group I (VAGI) where alginate occluder was used at introitus to facilitate hydrodistension; Group II underwent hysteroscopy by no-touch technique. Primary outcome was feasibility, defined as

successful introduction of hysteroscope through cervical canal and visualization of uterine cavity. Secondary outcomes included operative time, hydrostatic pressures for optimum visualization, pain experienced by patient on VAS, maneuverability and surgeon satisfaction. Data analysis was done using Chi-square test and Fisher Exact Test for qualitative variables and Student's t-test for quantitative variables.

Results: VAGI was significantly more successful than CVH (80% vs 33.3%; RR 8, CI 1.45–8.93, $p = 0.025$). In Group I, optimum visualization was achieved at significantly lower pressures at all levels – vagina ($p = 0.034$), cervix ($p = 0.01$) and uterus ($p < 0.001$); in lesser time ($p = 0.007$) and with lower irrigation fluid spillage ($p < 0.001$). While pain and maneuverability did not differ between the two approaches, surgeon satisfaction was significantly higher for VAGI ($p = 0.009$). Subgroup analysis showed higher likelihood of success of VAGI across all subgroups but difference was statistically significant for women who were premenopausal ($p = 0.015$), <45 years ($p = 0.024$) and had history of vaginal birth ($p = 0.03$).

Conclusions: VAGI is more successful, quicker and provides optimum visualization at much lower hydrostatic pressures than CVH. Use of alginate is patient friendly and also yields higher surgeon satisfaction rate.

Category Applied For: Video Presentation
Topic Category: Gynaecology

Minimally Invasive Management of An Atypical Large Pelvic Epidermoid Cyst with Successful Outcome

Amita Jain

Objectives: Retroperitoneal epidermoid cysts are rare asymptomatic abdominal lesions and usually occur in middle-aged women. We present an unusual location of a large retroperitoneal cyst extending from the retrovesical region to the pelvic floor with extension into the gluteal region.

Methods: This 44-year-old woman presented with primary complaint of urinary retention. A large thin-walled cyst was incidentally detected on USG and CT scan. On diagnostic laparoscopy, no evident arising point could be identified. The lesion was adjacent to major pelvic blood vessels and muscles, thus making the possibility of complete cyst removal technically demanding and therefore, we chose this conservative approach and the cyst was drained vaginally.

Results: Histological analysis confirmed a benign epidermoid cyst and there is no recurrence to date.

Conclusions: Given the rare incidence of malignancy, a conservative approach may be optimal to reduce morbidity while removing a technically demanding unusually located retroperitoneal epidermoid cyst.

Pelvic Organ Prolapse- A Hidden Disease Affecting Sexual Function

Anupama Bahadur

Background: Pelvic organ prolapse (POP) influences many aspects of a women's life. It is a hidden disfigurement that makes a woman conscious in routine activities, affecting her idea of sexuality.

Aims: To elucidate the sexual profile of women living with pelvic organ prolapse.

Methods: Women undergoing surgery for pelvic organ prolapse were interviewed to evaluate their socio demographic profile with subsequent impact on sexual function. Self-reported issues related to sexual frequency were noted. The PISQ-12 questionnaire was used to assess sexual function.

Results: Among the 60 cases of POP, 75% belonged to hilly areas. The mean age group of the study population was 51.5 years. 75 % women reported being more conscious and facing difficulties in routine works whereas rest 25% had no issues in terms of body appearance as it was hidden underneath clothes. Difficulties faced during intercourse were mainly-pain during intercourse (70%), bleeding/discharge (46.67%), burning sensation (20%), unable to achieve orgasm (30%) and urinary leakage in 10%. Almost 68 % of women felt that sexual frequency was decreased in their husband also. The PISQ scores in women with first and second degree prolapse versus those with third degree and procidentia were 22.47 ± 6.72 and 21.43 ± 6.074 respectively.

Conclusion: Sexual function remains greatly affected with both husband and wife losing interest in sex due to associated pain and discharge. This study emphasises the need to assess sexual profile in women with POP with a message that there is a definite scope of improvement in this regard.

Female Sexual Dysfunction: Knowledge, Common Practices and Barriers in The Management by The Medical Professional Across The Country

Asmita

Objective: To understand practices being followed and barriers encountered by the medical professionals in management of female sexual dysfunction.

Methods: Web Based cross-sectional study using snow ball sampling method. Well-structured, self-administered questionnaire distributed through social media platform. Respondents knowledge, practices and barriers in managing patients with female sexual dysfunction was assessed.

Results: Total 108 medical professionals participated. Majority 95.1% had not received any training for screening FSD. Only 11.1% of the respondents were screening the patients for FSD routinely. Most (78%) were comfortable starting the conversation and 51.1% of the respondents were confident in making diagnosis of FSD. Loss of interest (37.8%), dyspareunia (30.5%), vaginal dryness, lack of lubrication (15.9%) and anorgasmia (6.1%). Relationship issues (87.8%), childhood abuse (78%), Psychiatric disorders (68.3%), childbirth and breastfeeding (58.5%), Pregnancy (50%) and

psychotropic disorders (47.6%) were thought to be commonly associated with FSD. Cognitive behaviour therapy (62.2%), Exercise and meditation (56.1%), healthy diet (46.1%), Tricyclic anti-depressants (32.9%), selective serotonin reuptake inhibitors (39%) were considered as the treatment options While 9.1% said there is no effective treatment for FSD. Lack of enough knowledge about the subjects was the most common barrier in evaluation of the patients with female sexual dysfunction in our study.

Conclusion: Female sexual dysfunction is one of the common but still under-reported disorder due to stigma, taboos and lack of training to the medical professions. Raising awareness and introducing formal training programs in medical curriculum goes a long way in managing FSD.

Correlation of Ki67 Biomarker with PAP Test and Histopathology in High Grade Cervical Lesion

Meena Parihar

Objectives: To correlate Ki67 proliferative index with Pap test and histopathology in high grade cervical lesion (HSIL and ASC-H).

Methods: 30 cases of women with high grade lesion on PAP test (ASC-H and HSIL) were included in the study. Detailed history and examination including general physical examination, per abdomen, per speculum examination was done.

all women with abnormal PAP report were subjected to colposcopic examination and guided biopsy sent it for histopathological examination and for immunohistochemistry for ki67. final correlation between PAP test, Histopathology and Immunohistochemistry was done

Results: Women were enrolled according to their abnormal Pap report including ASC-H and HSIL. It was seen that majority of cases (80%) were having HSIL while only 6 cases had (20%) ASC-H on Pap report. Out of 24 cases of HSIL majority of the cases had ki67 index more than 30%, only 2 cases had ki67 index between 5-30% and out of 6 cases of ASC-H 3 cases had ki67 index between 5-30% and 3 had ki67 index more than 30%.

None of the patient had index less than 5%.

Conclusion: Immunohistochemical staining with ki67 is adjuvant for diagnosis for high grade cervical intraepithelial neoplasia but it is not routinely recommended.

Although histopathology remains the gold standard for the diagnosis for squamous intraepithelial lesion of the cervix, immunohistochemistry can be helpful in limited tissue biopsies. in many cases ki67 proliferation index is a predictor for lesions to progress from low grade to high grade.

Immuno: staining is independent of tissue size and expressed even in small tissues.

Effectiveness of Tibolone in Relieving Postmenopausal Symptoms in Indian Women

Meghana Reddy

Objective: To observe the effectiveness of Tibolone in relieving post menopausal symptoms in Indian women.

Methods: It was a prospective observational study done at a tertiary care teaching hospital in New Delhi from November 2019 to September 2021. 53 women presenting with moderate to severe intensity of menopausal symptoms as assessed by measuring menopausal rating score (MRS >8) were enrolled and were given Tibolone 2.5 mg daily for 3 months. Improvement in symptoms were seen at 1 month and 3 months. Side effects were also noted.

Results: Marked improvement was seen in overall symptoms with reduction of scores in psychological, somatic and genitourinary symptoms. The psychological symptoms score reduced from 8.92 ± 1.959 to 2.905 ± 1.042 , the somatic symptoms score decreased from 8.33 ± 2.299 to 3.4 ± 1.167 and genitourinary symptoms score decreased from 3.64 ± 1.42 to 2.150 ± 0.948 after 3 months of treatment with Tibolone. Only 3 patients (5.6%) experienced vaginal spotting with no major side effects.

Conclusions: Tibolone is highly effective and well accepted drug to reduce moderate to severe menopausal symptoms, especially psychological symptoms including depression.

Association of Clinical, Hormonal and Biochemical Parameters with Quality of Life in Young Women with Polycystic Ovary Syndrome

Nitisha Verma

Objectives

Primary: To study Quality of Life (QoL) in women with PCOS, using Polycystic Ovary Syndrome questionnaire (PCOSQ).

Secondary: To study the association of QoL with clinical, hormonal and biochemical parameters.

Methods: Analytical cross sectional observational study. Conducted from November 2019 to October 2021. Sixty young women, 15-25 years of age with PCOS were included in the study. Socio-demographic data, menstrual and obstetric history was taken. Clinical, biochemical and hormonal parameters were assessed for every patient. Quality of life was assessed using the PCOSQ, which contained 5 domains. Statistical analysis was carried out to find the association between clinical, hormonal and biochemical parameters and quality of life.

Results: The lowest score for quality of life in the PCOSQ questionnaire was of the menstrual problems domain, followed by emotions, body hair, weight, infertility. Educational status showed a statistically significant association with the emotion domain, higher BMI showed a significant association with the emotion and weight domain, waist to hip ratio showed a significant association with the weight domain, mFG score showed a significant association with the body hair domain of PCOSQ. Serum testosterone showed a significant association with the body hair domain. No significant association was found between OGTT or lipid profile and HRQoL domains.

Conclusions: PCOS may lead to a psychological impact on a woman's life. The need to look perfect can cause depression and anxiety. Early medical care should be sought if the diagnosis of PCOS is suspected. Appropriate management strategies are needed to improve QoL in these women.

Spectrum of Ovarian Tumors with Preoperative Differentiation Using Four Different Rmis at Atertiary Care Centre in Uttarakhand

Rajlaxmi Mundhra

Background: Absence of any screening test and late presentation associated with malignant ovarian masses is a matter of concern. There is an utmost need to correctly characterize these masses preoperatively for better management.

Objective: The objective of this study was to identify the various histopathological pattern of ovarian masses in different age groups and to evaluate the diagnostic ability of 4 different risk-of-malignancy index in presurgical differentiation of benign and malignant adnexal masses.

Material and Methods: Women presenting with ovarian masses were evaluated preoperatively with detailed history, examination, imaging, and tumour markers. Risk of malignancy index (RMI1-4) was calculated for all patients. Evaluation of the diagnostic utility of 4 different RMIs for preoperative identification of malignancy was based on the increment of the area under the receiver operating characteristic curve (AuROC). Histopathologic diagnosis was used as the gold standard test.

Results: 121 patients fulfilling the eligibility criteria were enrolled in this study. Benign tumors constituted 61 out of 121 cases (50.4%), followed by malignant tumors and borderline tumors constituting 49 cases (40.49%) and 11 cases (9.09%) respectively. Mature cystic teratoma and serous cystadenocarcinoma were most common benign tumor (41%) and malignant ovarian tumor (46.9%). The AuROC for RMI1-4 was 0.874, 0.788, 0.812, and 0.823 respectively. RMI1 had significantly better diagnostic performance (81%) as compared to other three RMIs.

Conclusion: Mature cystic teratoma and serous cystadenocarcinoma were the most common benign and malignant ovarian masses. The RMI method is a simple and cost-effective technique in preoperative differentiation of ovarian masses.

Rational Use of Antibiotics for Elective Surgical Procedures: A Quality Improvement Journey

Shilpi Nain

Objective: Rational use of antibiotics is imperative to thwart antimicrobial resistance. The Quality Improvement (QI) initiative was conceptualised to implement 'ICMR antimicrobial use guidelines' for prescribing Surgical Antimicrobial Prophylaxis as a single dose antibiotic (SSAP) (within fifteen to sixty minutes) before incision to low-risk patients undergoing elective surgeries with an aim to increase the percentage of patients receiving SSAP from a baseline of 2% to 60% within six months.

Methods: After root cause analysis, we formulated the departmental antimicrobial policy, spread awareness and sensitised doctors and nursing officers regarding antimicrobial resistance and asepsis through lectures, group discussions and workshops. We initiated SSAP policy for elective major surgeries and formed an antimicrobial stewardship team to ensure

adherence to policy and follow processes and outcomes. The Point Of Care Quality Improvement (POCQI) methodology was used. Percentage of patients receiving SSAP out of all low-risk women undergoing elective surgery was the process indicator and percentage of patients developing surgical site infection (SSI) of all patients receiving SSAP was the outcome indicator. The impact of various interventions on these indicators was followed over time with run charts.

Results: SSAP increased from a baseline 2.1% to 67.7% within 6 months of initiation of this QI initiative and has since been sustained at 80-90% for more than 2 years without any increase in SSI rate.

Conclusion: QI methods can rapidly improve the acceptance and adherence to evidence-based guidelines in a busy public healthcare setting to prevent injudicious use of antibiotics.

Study of Menstrual Disorders in Adolescent Girls and Their Association with Depression Especially During The Covid Pandemic

Surabhi

Introduction: Adolescence is the transitional period of physical, psychological and social maturation from childhood to an adult and is characterized by immense hormonal changes. 75% of girls experience some problems associated with menstruation, of which mental health problems like depression are frequently ignored and not evaluated.

Objectives

1. To study the prevalence of various menstrual disorders in adolescents, aged 10-19 yrs.
2. To assess the association of menstrual disorders with depression, stress and anxiety in such patients, especially during the covid pandemic.

Methods: A cross-sectional study was conducted on 310 healthy menstruating females aged 10-19 years who were selected through two-step random sampling. They completed a questionnaire concerning demographic characteristics, menstruation, Depression, Anxiety, and Stress Scale of 21 questions (DASS-21), and menstruation signs in three phases of their menstruation. Data was analysed by the statistical tests of Pearson correlation coefficient, Student's t-test, one-way analysis of variance (ANOVA), and regression through SPSS version 14.

Results: About 44.3% of the menstruating adolescent subjects had anxiety, 45.5% had depression, and 47.2% had stress.

In addition, Pearson correlation coefficient test showed a significant positive correlation between dysmenorrhea and depression, anxiety, and stress ($P < 0.05$).

Conclusion: Dysmenorrhea is a very common problem among female students, and they experience a number of depressive symptoms associated with dysmenorrhea, with the increased intensity of pain in occurrence of dysmenorrhea.

Cervical Cancer Screening in HIV Seropositive Women: Is PAP Smear Enough?

Swati Agrawal

Objectives: Comparison of the role of routine Colposcopy with Pap test at initial visit for screening of pre-invasive lesions of cervix in HIV seropositive women; as Pap test has been reported to have high false negative rates in these high risk women.

Methods: A cross sectional study of 120 HIV seropositive women aged between age 25 to 50 years were screened for PIL of cervix by PAP test and Colposcopy simultaneously. Colposcopy directed biopsy was taken if swede score was ≥ 5 and the results were compared with Pap report as well as the Histopathology findings.

Results: Out of the 120 women screened abnormal colposcopy was found in 22 women (18.3%) out of which 12 (54.54%) were positive for PIL of cervix (2- Squamous cell Carcinoma, 5-HSIL and 5-LSIL) on biopsy. Abnormal Pap test were found in 6 women (5%) and all had abnormal colposcopy and histopathological findings suggestive of PIL as well. There were 6 women with PIL of cervix who would have been missed if only PAP test were to be used as the screening modality.

Conclusion: Colposcopy was found to superior in detection of PIL of cervix in HIV seropositive women. Therefore, the authors conclude that colposcopy should be the preferred screening modality in these women if facilities permit.

Topic Category: Reproductive Medicine

Dehydroepiandrosterone (DHEA) as An Adjuvant to Progesterone for Improving The Live Birthrate in Women with Low Serum Testosterone Undergoing Frozen Embryo Transfer

Apeksha Sahu

Objective: To evaluate the role of Dehydroepiandrosterone (DHEA) as an adjuvant to progesterone supplementation in frozen embryo transfer (FET) cycle, in women with diminished ovarian reserve and low serum testosterone, for improving live birth rate.

Design: Prospective observational cohort study

Setting: Tertiary care fertility unit

Patient(s): All women undergoing FET with hormone replacement therapy (HRT) who have low serum testosterone and any of the following criteria- age ≥ 35 years or AMH value less than 1.1 ng/ml or AFC less than 7 (ie. potential poor ovarian reserve patients).

Intervention(s): During the FET cycle, the intervention group received DHEA 25 mg twice a day for 15 days from the day of starting progesterone supplementation while control group comprised of the patients who opted out and only conventional

luteal phase support (LPS) without DHEA supplementation was given.

Outcome Measure: Primary outcome measure was live birth rate (LBR) per embryo transfer cycle and secondary outcome measures were pregnancy rate, clinical pregnancy rate (CPR) and miscarriage rate (MA) per embryo transfer cycle.

Results: The reproductive outcome measures in terms of LBR (38.8% vs 16.3%; $p < 0.05$), pregnancy rate (49.5% vs 28.5%; $p < 0.05$) and CPR (43.2% vs 24.4%; $p < 0.05$) were significantly better in the DHEA group. The miscarriage rate was comparable between both the groups (10.52% vs 12.2%, $p > 0.05$).

Conclusion: This novel therapeutic strategy of enhancement of decidualization by DHEA in FET cycles could increase the take-home baby rate in women who are poor responders with low serum androgens.

Relation of Serum AMH Level with Outcome of Ovulation Induction in Women with Polycystic Ovarian Syndrome

Divya Kanwar

Objective: To study the relation between serum AMH level and ovulation in women with polycystic ovarian syndrome undergoing ovulation induction with clomiphene citrate.

Methods: A Prospective Observational Study was conducted in Lady Hardinge Medical college and SSKH, from November 2019 to March 2021. 60 infertile women aged between 20-35 years with PCOS based on Rotterdam's criteria were selected and given clomiphene citrate and concurrently Serum AMH levels were compared between the group who ovulated and those who did not ovulate with clomiphene citrate.

Results: Serum AMH levels in both groups was estimated and Mean serum levels in both groups were compared and found to be significantly higher in the non ovulating group ($p = < 0.0001$) compared to those who ovulated.

Conclusion: Serum AMH levels were found to be significantly higher in the group who did not ovulate as compared to those who did not ovulate in our study, suggesting a likely role of AMH in the predicting the response of ovulation induction in women with PCOS.

Does PAPP-A in IVF Cycles Correlate with Birth Weight?

Geovin Ranji G, K M Kundavi

Introduction: Pregnancy-associated plasma protein A (PAPP-A) is routinely used for Down syndrome screening in the first trimester of pregnancy, and its value < 0.4 MOM is associated with low birth weight. Babies born following frozen embryo transfer (FET) are said to have an increased birth weight.

Aim of the Study: To find if PAPP-A levels during first trimester screening (FTS) correlate with birth weight in Frozen Embryo Transfer (FET) and fresh Embryo Transfer (ET).

Type of Study: Retrospective cohort study Inclusion criteria:

Women who became pregnant following embryo transfers in our unit, who underwent FTS with us and delivered with us

Exclusion criteria: Spontaneous conceptions

Those who were lost for follow up before FTS or delivery

Study Period: January 2016- December 2018

Place of Study: Madras medical mission

Methodology: Women who became pregnant in our unit following fresh and frozen embryo transfers were followed up. Their PAPP-A value during FTS were noted, they were followed up until delivery and birth weight noted. Values tabulated and analysed. Stata version 14 was used for statistical analysis, p value < 0.05 was taken as significant

Results: 151 pregnant women were eligible for the study. 112 conceived through frozen embryo transfer while 39 conceived by fresh embryo transfer. The mean birth weight was 2534 g in frozen cycles and 2694g in Fresh cycles. The mean PAPP-A was 1.53 and 1.28 in frozen and fresh cycles respectively.

Comparison of Letrozole Alone with Letrozole and HCG on Pregnancy Rate in PCOS Women with Anovulatory Infertility: A Randomised Controlled Trial

Neeraj

Aim: To study whether adding HCG to letrozole for ovulation induction increases the pregnancy rate in anovulatory infertile PCOS women.

Objectives

Primary: To compare the pregnancy rate in both groups.

Secondary: To compare the D21serum progesterone levels and luteal phase length.

Methodology: 75 Women were randomly divided using random number table generator into: Group (L) and Group(L+H). T.Letrozole 2.5 mg /day orally starting on D3 of menstrual cycle for 5 consecutive days given to both groups and Group (L+H) also received 5000 IU of HCG injection i.m at a follicle size of > 18 mm and pregnancy rates were compared in these two groups.

Result: In our study, the pregnancy rate in Group (L) was 33.3% and (L+H) was 36.6% and there was no statistically significant difference in pregnancy outcome of both the groups ($p = 0.788$). Also, there was no significant difference in the progesterone levels (D21) and luteal phase length in two groups.

Conclusion: Adding HCG to letrozole ovulation induction does not appear to improve pregnancy rates in anovulatory infertile PCOS women in natural intercourse advised cycles. Thus, either intercourse on alternate days from Day 12 of the cycle or timed intercourse after HCG injection would not result in significant difference. Moreover it will increase the cost of treatment and stress and number of visits to the hospital of the patient.

E-posters Presentation

Topic Category: Endoscopy

Role of Laparoscopy as A Diagnostic and Therapeutic Tool in Management of Chronic Pelvic Pain

Preeti

Objectives: The study aims at evaluating the role of laparoscopy as a diagnostic and therapeutic tool in management of women with chronic pelvic pain.

Methods: This Retrospective study was conducted in Department of Obstetrics and Gynaecology in Kasturba Hospital, Delhi. Medical records of 50 women with Chronic Pelvic pain of greater than 6 months duration, who underwent laparoscopy were evaluated.

Results: Laparoscopy revealed adhesions as most common pathology in 17 (34%) patients. Sharp adhesiolysis was done in all cases. Endometriosis was identified in 14 (28%) cases. 3 out of these (6%) had only endometrioma and 1 (2%) had only endometriotic spots, 10 (20%) had both. Cystectomy of endometrioma was done in 4 (8%), deroofing and fulguration of cyst in 9 (18%) and ablation of endometriotic spots in 11 (22%). Tubalpathologies like hydrosalpinx and T-O mass suggestive of Chronic PID was diagnosed in 12(24%) salpingostomy could be performed on 4 of them. Fibroids were present in 6 (12%) patients. Genital Kochs' was diagnosed with culture of AFB from peritoneal fluid aspirated laparoscopically in 3 (6%) patients. Ovarian cysts were identified in 5 (10%) patients among whom dermoid cyst in 2(4%), simple ovarian cyst in 2 (4%) and paraovarian cyst in 1(2%). Cystectomy was done in all 5 patients. 13(26%) patients had no abnormality detected.

Conclusion: Laparoscopy is gold standard in management of chronic pelvic pain. It not only help in diagnosis but also treats them simultaneously with minimally invasive techniques and avoid the morbidity of laparotomy.

Cystic Variant of Adenomyosis At Perimenopause: A Surgical Approach

Tanvir tanvir

Objectives: To understand the clinical features and treatment of cystic Adenomyosis at peri menopause

Methods: We present two cases at peri menopause with adenomyotic cyst using slides, images and videos.

Results

Case 1 was a 40 year old woman reported with complains of severe dysmenorrhea since 2 years, with a VAS of pain of 8. A transvaginal ultrasound showed an anterior wall myometrial cyst of 3.7 x 3.6 x 3.6 cm. Type A1 intramural cystic adenoma. She was managed by laparoscopic cyst excision and her histopathology reported as adenomyotic cyst. Follow up VAS of pain at 3 years is 2.

Case 2 was a 52-year-old woman with complaints of severe dysmenorrhoea+ menorrhagia, as seen on the visual analog score (VAS) of the pain of 8 persisting for one year. There was no response to oral progesterone therapy. A transvaginal ultrasound revealed

diffuse adenomyosis with a posterior solitary cystic myometrial lesion indenting the endometrial cavity. A hysteroscopic resection with a 22 Fr resectoscope was performed under general anesthesia. On resection of a 2 x 2 cm cyst with a bipolar loop electrode, chocolate-colored fluid spilled out, and cyst wall is seen. This is classified as Type A1 sub mucous cystic adenoma. Histopathology confirmed the diagnosis. 2 years post-surgery VAS of pain is < 2.

Conclusion: Cystic adenomyosis is invariably associated with pelvic pain and dysmenorrhoea. The size and location of the lesion and the expertise of the surgeon are the two major determinants of the surgical route.

Topic Category: Gynaecology

Case Report: A Rare Case of Ruptured Ovarian Ectopic Pregnancy

Bhagyashree Dewangan

Introduction: Ovarian ectopic pregnancy is rare, accounts for 3% of all ectopic pregnancies and ends with rupture. Major risk factors include history of PID, Infertility, IUD(intrauterine device),ARTprocedures.

Case: We report a case of 30 year old gravida 2 with 9 weeks of gestation with complaints of pain abdomen and bleeding per vaginum for 5 days. She was married for 10 years, had one 4 years old male child. Present pregnancy was spontaneous conception and there was no history of any treatment taken for infertility or IUD use. UPT was positive and TVS showed a well defined gestation sac with fetal pole without cardiac activity corresponding to 8 weeks in left ovary, right hydrosalpinx (3.5cc) and minimal fluid in POD with normal upper abdomen sonogram. Patient soon developed tachycardia, hypotension, abdominal distension and tenderness. B-hCG was >15000mIU/ML, Hb-6.6. Patient was taken for emergency laparotomy in view of Ruptured Left Ectopic Pregnancy. Intraoperatively, hemoperitoneum of 500cc drained, Left tubo-ovarian rupture seen. Right sided hydrosalpinx present and right ovary was polycystic. Left sided Salphingo-oophorectomy done. Histopathological examination confirmed the presence of trophoblastic villi in ovarian tissue and intact tube. Postop period was uneventful and patient was discharged satisfactorily.

Conclusion: Patients with high risks factors for development of ectopic pregnancy like PID, infertility as in our case should be screened early in 1st trimester to avoid complications, invasive procedures and prevent future infertility.

Strategy For Cervical Cancer Prevention in Jharkhand

Indrani Dutta

Objectives

1. To offer screening for cancer cervix to women in 30-50 yrs age.
2. To create awareness about cancer cervix for women.

Methods: visual inspection of uterine cervix by application of 3-5% acetic acid to all patients visiting organised camp, followed by

sending positive cases to community health centre to colposcopy, biopsy and cryotherapy if needed.

Results: 6 patients found VIA positive, 4 taken for cryotherapy, 2 sent for biopsy.

Conclusion: Screening of Cancer cervix can prevent morbidity and mortality associated with cancer cervix.

Establishing The Practice of Clinical Breast Examination by Physicians in All Women Attending Gynecology Clinic: A Quality Improvement Initiative

Nilanchali Singh

Background: While the American Cancer Society does not recommend CBE (clinical breast examination) or self-examination as part of a routine breast cancer screening; in developing countries, the practice is still extremely relevant. While attending OPDs, it was gathered that the patients are not informed and aware of breast cancer screening.

Objective: We aimed to establish the practice of CBE of all women (including antenatal women) attending the gynecological OPD irrespective of their chief complaint and counselling women regarding early detection of breast cancer by SBE, from existing 0% to 75% in 12 weeks' duration.

Methodology: The study was conducted in All India Institute of medical sciences, New Delhi, Obstetrics and gynecology department from January, 2021 to April, 2021. A quality improvement (QI) team was formed, problems were analyzed using fish bone chart, regular reminders were given to doctors about performing CBE and teaching women SBE, printed pamphlets were pasted in the examination room, which read "Breast examination in every woman may be her only opportunity to breast cancer screening". Everyday reminder was given by the team to all the physicians attending the clinic.

Result: After three PDSA (Plan-Do-Study-Act) cycles, the percentage of adequately counseled women were increased from 0% to above 90% over a period of 12 weeks which was more than our target of 75%. This practice persisted even after 6 months of initiation of the interventions.

Conclusion: Simple steps of QI methodology can be used to fill up the lacunae in our existing breast cancer screening approach.

Ovarian Ligament Plication as A Treatment for Patient with Elongated Ovarian Ligament with Recurrent Abdominal Pain in The Absence of Ovarian Torsion

Priyanka Das, K K Roy, Rakhi Rai, Rinchen Zangmo
Deepika Kashyap, Ashmita Saha, Anshul Kulshreshtha

Elongated ovarian ligament can lead to adnexal torsion. Several cases of ovarian torsion have been reported where ovarian ligament was elongated and ovarian detorsion and ovarian ligament plication was done. In our case, a young girl presented with recurrent left lower abdominal pain especially after exercise with normal ovaries on ultrasound. Laparoscopy was performed in view of recurrent pelvic pain and found elongated left ovarian ligament with normal ovaries. Considering the possibility of

recurrent torsion and detorsion of ovary due to elongated left ovarian ligament, left ovarian ligament plication was done. Patient remained pain-free till 1 year of follow up. No such case has been reported in literature where ovarian ligament was performed in the absence of torsion. Hence to conclude, elongated ovarian ligament could be a cause of recurrent pelvic pain due to possible torsion and a simple easy procedure of ovarian ligament plication can help in relieving pain.

Conclusion: Ovarian ligament plication may help to relieve the pain abdomen in the absence of ovarian cyst or any other cause of recurrent abdominal pain considering a possibility of spontaneous torsion and detorsion due to elongated ovarian ligament.

Assessment of Menstrual Pattern in Women Post COVID-19 Vaccination: An Observational Study

Rinkal Goyal

Objectives: Women all over the world are receiving covid-19 vaccine and commonly reported side effects include sore arm, fever, fatigue and myalgia. Changes to menstrual pattern and unexpected vaginal bleeding are not listed and no study was available in literature assessing menstrual pattern post vaccination. The study aims to assess the alteration in menstrual pattern in women in subsequent 1 month post covid-19 vaccination. It also compares the different vaccine brands available in market in India.

Methods: Questionnaire was distributed online to women in reproductive age of 18-45 years who were partially/fully vaccinated against covid-19. They were asked to fill a self-prepared proforma and The Menstrual Bleeding Questionnaire (MBQ) after proper informed consent. Data of 198 responses were retrieved into excel sheet out of which 98 responses were excluded based on exclusion criteria. Descriptive tables were generated and scoring and categorization was done.

Results: Mean age of the participants was 22 years, majority of them were students. Out of 100 participants, number of participants vaccinated with Covishield, Covaxin and Sputnik-V were 73%, 26% and 1% respectively. 5% described their bleeding as heavy, 31% reported blood clots, 36% reported moderate to severe pain. Quality of life was affected in 76% of women and 63% could not completely predict the start date of their cycle.

Conclusions: Two in 3 women could not predict the start of their periods suggesting some menstrual irregularity. Menstruation affected quality of life in majority of women. Larger studies with more sample size and follow up are needed to fully understand post vaccination menstrual changes.

Hidradenitis Supportiva and Sexual Health: A Case Report

Samridhi Juneja

Introduction: Hidradenitis Supportiva is a chronic debilitating condition. Primarily coming under the dermatological domain, often needing surgical intervention. It is an under diagnosed and under researched condition, affecting almost 1 million people worldwide each year and having a female predilection, often starting post puberty and rarely continuing post menopause. It is commonly referred to as acne inversa and is progressive in its course causing nodules, cysts and even abscesses that can further

cause tunneling under the skin. Excruciatingly painful, leads to considerable damage and scarring of the skin. Mainly seen in parts of the body with an abundance of apocrine glands, affecting the physical, mental and sexual well being of the patient, in most cases making coitus incredibly painful. Sexual health continues to be a neglected aspect of our lives, with Hidradenitis a disease so under researched, sexual health often becomes the least of the practitioners pursuits, forgetting sexual gratification is one of the primal needs of humans.

Case Description: In this e-poster we report a case of the progression of hidradenitis Supportiva in a 25 year old female, and the implications of the disease on her sexual health.

Discussion: this case report discusses the neglect associated with sexual health and chronic illnesses like HS.

A Rare Presentation of Symptomatic Extrapelvic Caesarean Scar Site Endometriosis in Pregnancy

Seema Sheokand

Background: One of the most frequent extrapelvic location of endometriosis is the abdominal wall, where it mostly occurs in previous surgical scars. There is a great variability in clinical presentation which can lead to diagnostic delays that can be detrimental to the patient's wellbeing and quality of life. Here we report an uncommon case of caesarean section scar endometriosis.

Case: A 29-year-old, G3P2L1 with previous two lower segment caesarean sections (Pfannenstiel incision), was referred to our centre at 35+1 weeks period of gestation with subcutaneous abdominal nodules, which exhibited catamenial enlargement, pain and cyclical brownish discharge from suture line. On physical examination, there were two non-tender, subcutaneous nodular lesions of 40*20 mm and 20*20 mm size located under the incision scar. Caesarean section was done at term. Intraoperatively, these endometriotic nodules had well defined margins and were excised. Extensive, intrapelvic adhesions were present. Postoperative period was uneventful, and the patient is under close follow-up for any recurrence. **Discussion:** Pfannenstiel incision carries a higher risk of caesarean scar endometriosis, compared to a vertical midline incision. Thorough cleaning at the completion of caesarean is strongly recommended as a preventive measure. Both medical (hormone suppression) and surgical treatment options are available, based on the patient's preference and clinical presentation. However, medical management may not be completely effective in all cases and carries a risk of recurrence after treatment cessation.

Topic Category: Reproductive Medicine

Contraceptive Trends and How COVID-19 Changed It in a Tertiary Care Centre

Jyoti Khatri

Objectives: To assess the contraception preferences and acceptance in all the females of reproductive age group and studying the change in contraceptive usage trends.

Methods: A Cross sectional study was conducted for All the reproductive age females attending the Obstetrics and

gynaecology department. Their sociodemographic profile, contraceptive preferences and acceptance was assessed.

Results: We observed that the burden of contraception largely falls on the female partner, higher age of women, number of living children, age at last child birth had statistically significant association with usage of contraceptives. Positive association was established in between better availability of telecommunication and a role of telemedicine in improving family planning services is noted. Improvised telecommunication during the pandemic had a positive association with access to contraceptives.

Conclusion: In this study, we observed that large gaps remain in meeting family-planning needs. The projected increase in the number of women with need for family planning will create challenges to expand family-planning services fast enough to fulfil the growing need. Contraceptive prevalence rate seem to have risen.

Reproductive Outcome of Ovulation Induction in Patients with Hypogonadotropic Hypogonadism

Richa Vatsa

Objective: Ovulation induction in patients with hypogonadotropic hypogonadism (HH) is a challenge to the treating physician. To reach the threshold level of FSH, longer duration of stimulation is required in some cases to prevent multiple pregnancy and eliminate the risk of ovarian hyperstimulation syndrome. In this study we evaluated the duration of stimulation, cycle outcome, pregnancy outcome, multiple pregnancy rate in ovulation induction cycles in patients with HH.

Methods: Over the period of 5 years, we had 36 patients with HH, out of which 22 patients underwent 49 cycles of ovulation induction. We present a retrospective study of these 22 patients.

Results: In the 22 patients of HH who underwent 49 cycles of ovulation induction with gonadotropins, mean age of the patients was 27.04 years. All except 2 patients ovulated, cycle was aborted in these patients. Mean dose of gonadotropis required to induce ovulation was 3753.64 IU, with maximum dose of 19725 IU and minimum dose of 1200 IU. Mean duration of stimulation was 19.87 days (maximum of 89 days and minimum of 8 days). Out of these 16 pregnancies occurred in 14 patients, most (56.25%) conceived in first cycle. The pregnancy rate per cycle was 32% and per patient was 72%. Pregnancy loss occurred in 2 patients (12.5% of all pregnancies) and multiple pregnancy also in 2 patients (12.5% of all pregnancies).

Conclusion: Outcome ovulation induction in terms of pregnancy is good in patients with HH patients. Some may need prolonged duration of stimulation.

Ectopic Pregnancy In Art: Single Centre Experience Over 5 Years

Shweta Gupta

Objectives: Ectopic pregnancy (EP) is the leading cause of maternal morbidity & mortality during the first trimester and In vitro fertilization-embryo transfer (IVF-ET) is one of the major risk factors. The current study was undertaken to establish the risk factors for ectopic pregnancy in ART cycles at a tertiary level IVF centre.

Methods: A retrospective cohort study was carried out between January 1, 2016 through 31, December 2020. A total of 971 fresh cycles and 1067 frozen thawed (FET) cycles occurred. Main outcomes measured were incidence of EP, clinical pregnancy rate (CPR), and rate of EP per embryo transfer in both groups.

Results: For fresh IVF-ET cycles, 405 clinical pregnancies and 30 ectopic pregnancies and for FET cycles, 663 clinical pregnancies and 14 ectopic pregnancies were noted. The CPR in FET cycles was significantly higher than fresh cycles ($p < 0.05$). The incidence of an EP per embryo transfer was 3.08% for the fresh group and 1.31% for the FET group which was statistically significant ($p < 0.05$). Majority of patients with ectopic pregnancies had tubal factor infertility (55% vs. 60%). There was a statistically significant difference in EP when day 3 embryos were transferred ($p < 0.05$) compared to blastocyst transfer.

Conclusion: Frozen thawed ET is associated with statistically significant lower rates of ectopic pregnancy compared with fresh cycle which is mainly associated with ovarian stimulation and tubal factor infertility. Freeze all strategy followed by FET & Blastocyst transfer would dramatically decrease the incidence of ectopic pregnancies in ART.

Unmet Need for Family Planning and Its Determinants Among HIV Positive Women

Vaishali Kothari

Women living with HIV, have the right to choose the timing, spacing, and number of their births and access to family planning services. However, many of them due to unmet needs of Family planning experience high rates of unintended pregnancy and abortion. To assess the various factors and to find out the unmet need for family planning among HIV positive women of reproductive age group.

Method: This was a cross-sectional descriptive study design conducted among HIV+ women attending ART/PMTCT clinics. Data were collected using a questionnaire-containing socio-demographic details, obstetric-history, treatment information, contraceptive usage, and their fertility desires. Data analysis was performed using MS Excel and the SPSS version 20.0 using frequencies, Chi-squared test, and multiple logistic regression. The prevalence of unmet need for family planning was found to be 18%. Those being illiterate (OR = 2.69; 95% CI: 1.69, 4.26), failure to discuss FP with partner (OR = 3.38; 95% CI: 2.20, 5.18), no access to family planning information (OR = 4.70; 95% CI: 2.83, 7.81), intention to have more children (OR: 0.09, 95% CI (0.03, 0.23) and having no experience of contraception use (OR: 0.43, 95% CI (0.21, 0.90) were found to be a significant predictors of unmet need. The prevalence of unmet need for family planning was found to be 18%. There is need to improve access and integrate family planning counselling and services with ART/PMTCT clinics so that the unmet need could be addressed and that HIV positive women could also safely achieve their reproductive intentions, reduce risk of MTCT and the number of infants who might acquire HIV.

Successful Management of Treatment Resistant Thin Endometrium by Stimulated Frozen Embryo Transfer Regimens - Case Series

Y Annapurna Bhavya

Introduction: Successful implantation requires high quality embryo, receptive endometrium, and synchronization between endometrium and embryo. Significant decline in pregnancy rates are noted if Endometrial thickness (EMT) is below 8 mm in fresh transfers and below 7 mm in the frozen transfer (FER) cycles. The incidence ranges between 1-2% in IVF cycles & remains a challenge with only slight enhancements attained with the currently available treatment. Exogenous mild ovarian stimulation instead of direct estrogen supplementation has been proposed to increase the endogenous estrogen and enhance endometrial thickness and receptivity. We report 3 cases with recurrent thin endometrium <5mm who underwent stimulated FER with SERM/ Gonadotropin, all developed good endometrial thickness and subsequent pregnancy.

Case Series

1. Mrs.X, 30 yr, Unexplained infertility. FER deferred twice in view of thin endometrium. Stimulated FER with Letrozole was planned resulting in EMT of 8mm and a subsequent live birth.
2. Mrs. M, 38 yrs for egg donation program in view of POF with treatment resistant thin endometrium was given Tamoxifene (SERM) as a part of stimulated FER resulting in good endometrial thickness of 9mm and pregnancy.
3. Mrs.V, 32 yrs, with treatment resistant thin endometrium treated with low dose gonadotropin resulting in good endometrial thickness and pregnancy

Conclusion: This case series suggests that some patients who have poor endometrial development from exogenous estrogen alone may benefit from exogenous gonadotropins, Tamoxifene, Letrozole in FER pointing potential benefit of endogenous estrogen. These data suggest this treatment should be evaluated in a prospective controlled fashion.

"If you invest in a girl or a woman, you're investing in everyone else."

- Melinda Gates

Current Team IRC India, North



Dr Ranjana Sharma
Chairperson



Dr Anita Kaul
Vice Chairperson,
Co-opted Fellow Representative



Dr Shelly Arora
Secretary,
Member Representative



Dr (Prof) Asmita Rathore
Fellow Representative



Dr (Prof) Uma Pandey
Fellow Representative



Dr Poonam Tara
Fellow Representative



Dr Anjila Aneja
Treasurer,
Co-opted Fellow Representative



Dr Jyoti Bhaskar
Member Representative



Dr Chanchal
Member Representative



Dr Sweta Gupta
Co-opted Member
Representative

Overview of North Zone Activities

1st January, 2021 – 12th December, 2021

Legal Status- Society

Registered Charity since 2013
u/s12A- DEL- RR 22975 – 05062013/1847 dated 05/06/13
u/s80G- DEL- RE 25104 – 03122013/3892 Dated 03/12/2013

Secretariat: Hostel Complex, Indraprastha Apollo Hospitals, New Delhi - 110076
Academic Centre & Library
B-235 CR Park, New Delhi-110019
rcognz2017@gmail.com

Handover Meeting - 22nd January, 2021



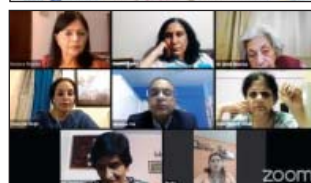
Amid Covid pandemic while we were waiting for our jobs in January, we met and official handover from previous team was done, we started our journey on already laid beautiful path with lots of guidance and tips by DR Nirmala and her team.

February Webinar



Webinar Topic: Connotations of Pelvic Pain in association with FEPPA
Date: 10th February, 2021 | **Time:** 5:00 - 7:15 PM

In our first month, we conducted webinar on Connotation of pelvic pain in association with FEPPA. And webinar on RM with RCOG IRC and remarkable chairperson DR Bhaskar Pal, covering evidence based practical points on investigating RM, APLA and progesterone support in RPL



Webinar Topic: Recurrent Miscarriage
Date: 24th February, 2021 | **Time:** 7:00 - 8:30 PM

May Webinar



Webinar Topic: Intra Hepatic Cholestasis of Pregnancy (IHCP): Management Challenges
- By Prof. Catherine Williamson

Date: 30th May, 2021
Time: 4:00 - 5:00 PM

1037 Registrations
6 countries

In May we had the opportunity to listen and interact with Prof Catherine Williamson, who is lead clinical scientist of trials on Intrahepatic cholestasis of Pregnancy. It was a huge success with >1000 registrations from 6 different countries

June Webinars

S. No.	Webinar Details
1	Webinar Topic: Heat Stable Carbetocin: The New Panacea for Post Partum Hemorrhage Date: 04.06.2021 Time: 3:00-5:00 PM
2	Webinar Topic: Fertility Conclave Date: 06.06.2021 Time: 4:00-6:00 PM
3	Webinar Topic: An Update on Contraception Date: 23.06.2021 Time: 4:00-6:00 PM
4	Webinar Topic: Contraception – World Population Day Date: 29.06.2021 Time: 5:00-6:30 PM
5	Webinar Topic: Hypertensive Disorders in Pregnancy Date: 30.06.2021 Time: 4:00-6:00 PM
6	Webinar Topic: Non-invasive Newer Modalities for Treatment of Vaginal Laxity and Urinary Incontinence Date: 30.06.2021 Time: 6:30-7:30 PM

Webinars in June kept us busy.

We started with Heat stable carbetocin and emphasised WHO guidelines for improving health outcome. This was followed by Opportunity to hear Dr Anil Gudi from UK in our fertility Conclave, he spoke on Random start of COS

We celebrated World Population Day by 2 webinars on Contraception in association with AOGD & DGF North

Doctor day eve was celebrated with new modalities for treatment of vaginal laxity in a/w BTL

E- Release of the first E-Newsletter of AICC RCOG NZ - July 2021



We released our 1st newsletter in July which provided concise information on covid in pregnancy and showcased hidden talents of our NZ members. Special thanks to our editor Dr Chanchal for bringing out this beautiful piece.

September Webinar



Webinar Topic: Workshop on Ovum Pick Up & Embryo Transfer
Date: 19.09.2021 & 26.09.21
Time: 9:00 AM - 2:00 PM

1855 Registrations
1500 live

In Sept we had an interesting workshop on Ovum pick up and embryo transfer, sharing relevant hands on tips from renowned faculty in the field.

It was well appreciated by delegates with >1800 Registrations and 1500 Live viewers at one time.

August webinars



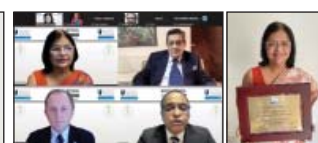
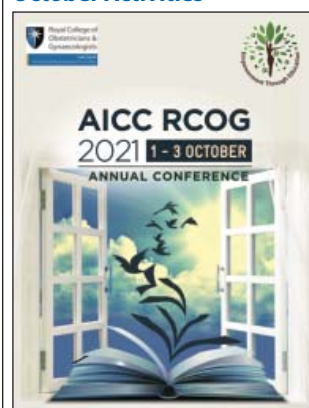
Webinar Topic: Panel Discussion: Breast feeding
Date: 04th August, 2021 | **Time:** 3:30 PM onwards

In August we celebrated BF week with Panel discussion on BF. In a/w AOGD.

We conducted our webinar on Advances in Sexual health and discussed topics which were never taught but are important in today's clinical practice.

Webinar Topic: Advances in Sexual Health
Date: 14th August, 2021 | **Time:** 4:00 - 6:00 PM

October Activities



North Zone Oration titled "Late Bhai mohan Singh & DR RP Soonawala Oration"
 Delivered by **Dr Eddie Morris** (President RCOG UK)
 On "The role of RCOG in Maternal Safety"

Awards Categories

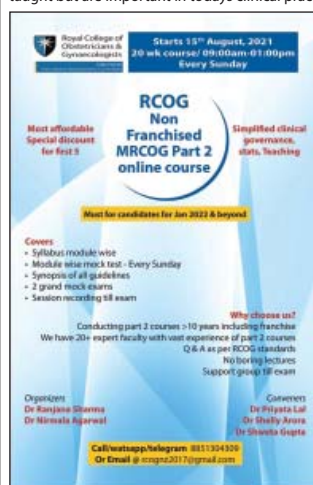
1. Dr Shiela Mehra endoscopy awards
2. Dr Nirmala Agarwal reproductive medicine prize
3. Dr Ranjana Sharma Urogynaecology prize
4. Animal Prize for fetal Medicine & Genetics
5. Dr Urmil Sharma Award for holistic approach in OBGYN
6. Srimati Krishna Nadda Memorial Award – Miscellaneous category for PG gynae
7. Dr Mohinder Kochhar award for Best free paper – Misc group for senior gynae
8. Dr S K Ghai Bhandari award: Preventive care in OBGYN
9. Dr Urvasi Jha gynae prize



Award ceremony program to honour the North Zone prize winners of **Paper Presentations** from 34th AICC RCOG National Annual Conference held on 1-3 Oct 2021
Date: 15.10.21
Time: 4:00 PM - 5:30 PM

North zone senior members had introduced 9 awards for excellence in free communication paper and posters in different categories. Since 2008 winners are awarded every year during AICC RCOG Annual national conference.

This year we felicitated these winners virtually on 15th Oct with prize money and certificate.



MRCOG Part 2 online course over 20 weeks
Date: 15.08.2021 - Ongoing
Time: 9:00 AM - 1:00 PM

Thanks to Dr Shelly Arora, Secretary, AICC RCOG NZ & Dr Shweta Gupta

16 candidates
More than 20 faculty from NZ involved
Module wise revision + 2 Mock Test (over 20 weeks)

Covid restricted our physical MRCOG courses, so we were thrilled to start our online Part 2 Revision course extended over 20 weeks, with 2 mock test.

My special thanks to my co convenors Dr Shweta and Dr priyeta for making it a success.

November Activities



Editor: **Dr Chanchal**

Our second newsletter is released in Nov 2021. these glimpses of inside of enewsletter shows hard work by our members and our editor dr chanchal



MRCOG Exam Related Activities

S. No	Date	Academic Activities/Events
1	26.02.2021	MTI interviews for Indian candidates Dr Ranjana Sharma, Dr Anita Kaul
2	27 & 28.05.21	MRCOG Part 3 Exam (Virtual) Dr Ranjana Sharma, Dr J B Sharma, Dr Sweta Gupta
3	15.08.2021	MRCOG Part 2 Course on a weekly bases spread over 20 weeks started on 15.08.21 Organiser: Dr Ranjana Sharma & Dr Nirmala Agarwal Convenor: Dr Shelly Arora, Dr Shweta Gupta, Dr Priyeta Lal
4	10.11.2021	MRCOG Part 3 Exam (Virtual) Dr Ranjana Sharma, Dr JB Sharma

Apart from webinars, we were involved with MRCOG Exam Related activities like MTI interviews, MRCOG Part3 exam as examiners in May and Nov
Our part 2 course is still ongoing since August

Honours



Dr Neerja Batla
Fellow Ad Eundem



Dr Pratima Mittal
Fellow Honoris Causa

We take this opportunity to congratulate Dr Neerja Batla & Dr Pratima Mittal who have been awarded prestigious fellowship ad eundem and honoris causa respectively by RCOG this year, in recognition to their contribution in advancement of obs and gynae and women's health care services.

Admin Meetings

Virtual	Date	Meeting
1.	11.01.21	Dr Bhaskar Pal and all the AICC RCOG chairs
2.	14.01.21	AICC RCOG NZ EC meeting
3.	26.02.2021	MTI Meeting
4.	11.03.2021	Dr Bhaskar Pal: AICC RCOG Chairs
5.	12.03.2021	AICC RCOG IRC
6.	20.04.2021	Dr Bhaskar Pal: AICC RCOG chairs
7.	04.05.2021	MRCOG Part 3 Briefing
8.	22.05.2021	Dr Jyotsna Acharya: Collaborative framework
9.	11.06.2021	Annual IRC +Liasion Group (World Congress)
10.	23.06.2021	IRC + AICC RCOG Chairs Meeting
11.	16.07.2021	AICC RCOG + Rachael housego
12.	27.07.2021	IRC South Zone
13.	29.07.2021	AICC RCOG North Zone EC Meeting
14.	01.09.21	Dr Bhaskar Pal: AICC RCOG chairs
15.	3.10.21	AICC RCOG Annual Conference Meetings
16.	15.10.21	AICC RCOG North Zone GBM meeting



Conference Related Meetings

Weekly meetings with Workshop committee & abstract committee
Daily conference calls with core organizing team members

Jeruselema Dance Preparation

34th AICC RCOG Annual Conference



RCOG NZ is not only about academics, we are like family, whose members come together to have fun
Jus like we get together for Jeruselema dance preparation 34th AICC RCOG Annual Conference



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Mirza F, et al. Dydrogesterone use in early pregnancy. Gynecol Endocrinol. 2016;32(2):97-106. † Schindler AE. Progestational effects of dydrogesterone in vitro, in vivo and on the human endometrium. Maturitas. 2009;65(1):S3-S11. * Novel - Estradiol hemihydrate first time in India. + Safer - As compared to conjugated equine estrogens. Smith NL, et al Lower risk of cardiovascular events in postmenopausal women taking oral estradiol compared with oral conjugated equine estrogens. JAMA Intern MED. 2014;174(1):25-31. * As Prescribing Information of Solfe, version 1; Dated: 25th July 2013

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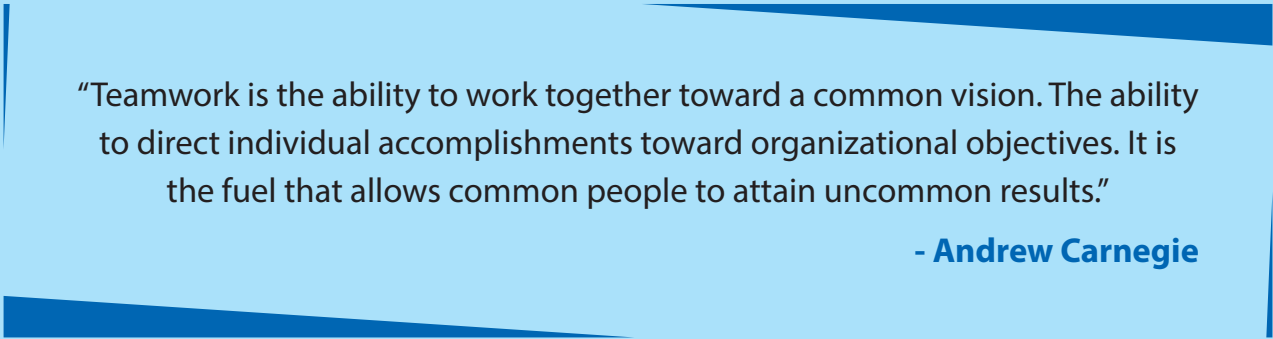
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- **Andrew Carnegie**

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