



MAATRIKA

NEWS LETTER FROM THE OBGY FAMILY

Vol XI- JULY – SEPTEMBER 2019



EDITORIALBOARD

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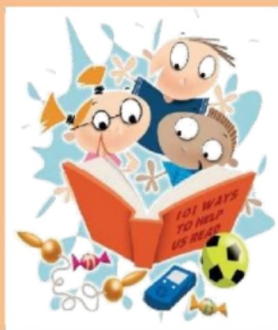
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Dear friends

It is an immense pleasure to bring forth the 11th issue of our newsletter MAATRIKA and we are glad to write this column.

Motherhood is a positive & fulfilling experience, though for some women it is associated with suffering, ill health and death. Maternal health is directly related to reproductive health which includes contraception and family planning.

Contraception prevents unwanted and unplanned pregnancy, reduces the number of abortions thus reducing many septic abortions, and thus improving maternal health & saves many lives.

Family planning is not just preventing conception, it is best way for couples to chart future, for women to control their own physical health & for countries to control population growth. The fact remains that family planning is an absolute necessity in 21st century.

We celebrate 26th September "THE WORLD CONTRACEPTION DAY" with a theme "ITS YOUR LIFE , ITS YOUR RESPONSIBILITY" for the year 2019.

It is our responsibility to encourage men & women to accept the methods of contraception, to explain all the possible methods to them & also help them choose the method most suitable for them. Let us give women the power to control their future & their reproductive health.

IT'S YOUR LIFE
IT'S YOUR FUTURE

26 September

World Contraception Day

QUIZ TIME!!!!

1. Identify the device?

- a. Nuvaring
- b. Gynefix
- c. Mirena
- d. Norplant



2. Fallopian tube peristalsis is affected in

- a. Turner's syndrome
- b. Noonansyndrome
- c. Kallmannsyndrome
- d. Kartagener's syndrome

3. PBAC Scoring is used in which of the following

- a. Menorrhagia
- b. Endometriosis
- c. Vesicovaginal fistula
- d. Myoma

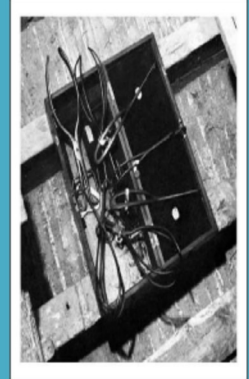
4. Percentage of water in Amniotic fluid .

- a. 84
- b. 51
- c. 98
- d. 92

5. Which of the following CTG patterns is indicative of fetal anemia?

- a. Early deceleration
- b. Late deceleration
- c. Variable deceleration
- d. Sinusoidal pattern

SCIENTIST



**PETER
CHAMBERLEN
(1560-1683)**

He is the elder son of William Chamberlen, a renowned surgeon. He along with his younger brother followed their father's profession becoming well known practitioners of midwifery.

He invented the obstetric forceps which marked a great technical advance in field of obstetrics.

For a long time both the brothers kept the instrument as a secret. The labouring woman was blindfolded so that she could not see "the secret". Only the Chamberlens were allowed in the locked room, from which the terrified relatives heard peculiar noises, ringing bells and other sinister sounds as the secret went to work.

The Forceps were of metal, fenestrated, and remarkably well formed. Each blade was straight but had a cranial curve for grasping the head. The edges of the blades were rounded. Each blade was separate to allow independent application. The lock was a fixed pivot on one blade which fitted into a hole in the other. In one pair there was merely a hole in each lock through which a cord could be passed and then wound round the shanks of the blades to fasten them together.

This invention marked the beginning of a new era in the field of operative obstetrics reducing the number of cesarean sections.



WABA | WORLD BREASTFEEDING WEEK 2019



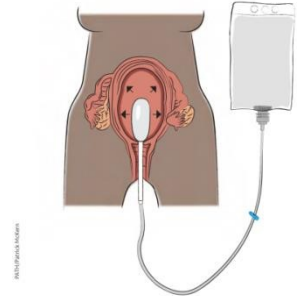
WHAT'S NEW



THE ELLAVI UTERINE BALLOON TAMPONADE (UBT)



FIGURE 1 The Ellavi UBT is a gravity-filled open system designed to apply optimal pressure to stop bleeding fast.



A low-cost UBT designed specifically for treatment of PPH

- PPH is globally the single most common cause of maternal mortality. It is dangerous, life threatening, and can lead to long-lasting health effects, including severe anemia.
- First-line treatment for PPH include uterine massage and administration of oxytocics. When these treatments don't work, a uterine balloon can be inserted into the uterus which can be filled with water that exerts pressure until the bleeding stops. These devices work rapidly and effectively (stopping the bleeding in 5 to 15 minutes).
- **In 2017, WHO's "Managing Complications in Pregnancy and Childbirth" manual was updated to include use of uterine balloon tamponade as an important tool for treatment of severe PPH.**
- Even though UBT was being used since many a year in developed countries, it couldn't be used in developing countries as it is too expensive.
- ***The first low-cost UBT designed specifically for treatment of PPH, ELLAVI UBT is designed and manufactured in Africa.***
- Designed for the management of severe PPH in low- and middle-income countries, the Ellavi is an easy-to-use, inexpensive, effective and accessible UBT.

Advantages include:

- ✓ High safety and efficacy when standard treatment fails or is unavailable.
- ✓ Open system allows the uterus to contract and retract to arrest the bleeding.
- ✓ Designed to the shape of the uterus.
- ✓ Fully assembled and high quality medical device system.
- ✓ Can be inserted, filled, and begin working in less than a minute
- ✓ Gravity filled: enables hands-free care.



INTERESTING CASE IN THE DEPARTMENT

TUBAL ABORTION

A 30yr old G3P1L1A1 with chief complaint of 1 month 4 days of amenorrhoea & with lower abdominal pain since 1 week.

AT THE TIME OF ADMISSION

History of presenting illness:

Lower abdominal pain mostly on right inguinal region radiating to right leg , dragging type of pain. Associated with history of spotting per vaginum since 10 days.

OBSTETRIC HISTORY :

1st Pregnancy -conceived on infertility treatment 7 yrs after marriage.

Mch/NVD at preterm/B.wt -1.45kg/5 yrs /A&H

2nd Pregnancy -conceived spontaneously 2yrs after last child birth.Diagnosed as Tubal ectopic & laparoscopic salpingectomy done.

3rd pregnancy—Present pregnancy

conceived spontaneously 3yrs after last child birth. Confirmed by UPT at 1st month of gestational age.

MENSTRUAL HISTORY :

AOM : 11 years

4-5days/ 28-30days/regular/normal flow/no clots/no pain.

LMP: 17/7/2019 ;EDD: 22/4/2020

POG:7 WKS 5 DAYS

MARITAL HISTORY:

Marital life-11 yrs;Non consanguinous marriage.

PAST HISTORY :

Not a K/C/O of D.M/ HTN/Thyroid/Cardiac/Renal/PTB/Asthma/Epilepsy.

Laparoscopic surgery for tubal ectopic on leftside 2 yrs back

H/O blood transfusion 2 yrs back; No reactions.

O/E :

At the time of admission her vitals are stable.

Gynaecological examination :

Per abdomen:

Soft

Tenderness present in RIF.

Rigidity+ ; Guarding+

External Genitalia: Healthy

Per speculum : Spotting +

USG : 4X3 cm heteroechoic lesion with internal vascularity likely arising from the right ovary.

Free fluid with internal echoes noted in POD. S/O ruptured ectopic.

Peritoneal aspiration was performed under ultrasound guidance which revealed hemoperitoneum .

MANAGEMENT:

Emergency laparotomy done.

OT findings:

Hemoperitoneum present. Right tubal ectopic present. Bleeding through the fimbrial end seen which implies process of tubal abortion. The Products of Conception are milked out of the fallopian tube & sent for HPE & proceeded with Right Salpingectomy.



Her postoperative period was good.

HPE :Products of conception – ectopic pregnancy

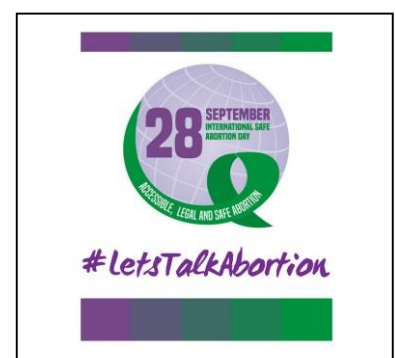
DISCUSSION :

- Ectopic Pregnancy is one of the most important emergency in Obstetrics & Gynaecology;
- Most common site being fallopian tube accounting for 80-90% of cases.
- The incidence of ectopic pregnancy is on rise due to increased incidence of pelvic infection and increasing trends towards tuboplasty and advancing maternal age.
- The fate of tubal ectopic can be either tubal rupture/ tubal abortion (complete or incomplete) or resorption.
- In cases of tubal abortion , blood trickles from fimbrial end and gets collected in POD.
- In cases of incomplete tubal abortion , there is continued blood loss through fimbria into peritoneal cavity which may lead to hemodynamic instability.

Investigations to be done UPT, Serum beta HCG, USG, Laparoscopy, Culdocentesis.

Management is mainly surgical either by salpingotomy, salpingostomy, salpingectomy.

QUIZ ANSWERS: 1.B, 2.D, 3. A, 4.C, 5.D



ACADEMIC FEAST

INTERDEPARTMENTAL MEET

GUEST LECTURE

JULY



TOPIC: Pain Management
Dr.S.Venateswara rao
Prof.&HOD ,Department of Anaesthesia



TOPIC: Management of ovarian carcinoma –
Dr.Kiran kumar. M
Medical oncologist, ASRAMS

AUGUST



TOPIC:-Immunotherapy in Obstetrics
Dr.RaviChitra, Associate prof.
Department of Microbiology.



TOPIC: Medical management of fibroids
Dr. Ramadevi
Senior consultant vijayawada

SEPTEMBER



TOPIC: Anatomy of pelvic ureter
Dr.Priyadarshini, Associate professor.
Department of Anatomy.



CAP PRESENTATION
DR. NIRUPA. Y - SCIENTIST OF THE DAY –
DR. IAN DONALD.
The pioneer of Obstetric Ultrasound

APCOG - JULY

STATE CONFERENCE



Cultural activity by the PGs at APCOG



DR.K. Vandana, HOD given lecture at APCOG
Topic: Stress Urinary Incontinence



OBGY family at APCOG

CELEBRATIONS IN THE DEPARTMENT

TEACHERS DAY



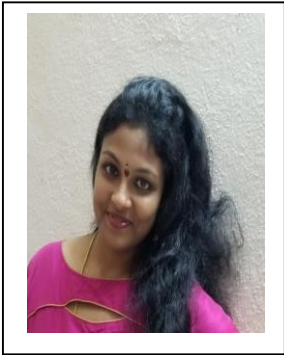
INDEPENDENCE DAY



FRESHERS DAY CELEBRATIONS



HAPPY BIRTHDAY!



NEW MEMBERS



DR. BALA TRIPURA SUNDARI
Professor



DR. USHA
Senior Medical Officer

8 TIPS FOR SPOUSES OF WOMEN GOING THROUGH MENOPAUSE



WHAT CAN YOU DO?

LET HER SET THE TOOM TEMP

Rather than have her deal with her hot flashes in a warm location, let her set the temperature in your home to where it is more comfortable for her



SUPPORT GOOD NUTRITION

Women in menopause need good nutrition, with quality calories found in whole foods to support healthy weight and lots of vitamin D, and calcium to support bone health



ENCOURAGE HER TO EXERCISE

Exercise is vital during menopause, especially aerobic, support her by joining her in walking, running, cycling and fitness classes, which will help both of your health



DECREASE STRESS

Stress makes menopausal symptoms worse, particularly those related to mood and depression, find ways to reduce her stress, suggest Yoga and meditation and do it with her to improve quality of life during menopause



TELL HER SHE'S BEAUTIFUL

Menopausal women often suffer from self-image problems when weight gain, hormonal changes and new wrinkles are common so remind her that she's still beautiful and show her she is still desirable to you

RESPECT THAT SHE MAY HAVE ISSUES WITH INTERCOURSE

This is a time that calls for patience, as a decrease in libido and vaginal dryness is common in menopause



RECOGNIZE THAT HER BONES MIGHT BE FRAGILE FROM OSTEOPOROSIS

She may be particularly prone to osteoporotic falls and fractures, to help reduce falls, declutter the house, pull up frayed carpeting, and removing throw rugs



RECOGNIZE AND SUPPORT HER DURING MOOD SWINGS

Hormonal changes often cause erratic mood swings, don't make a big deal out of them, remain her rock to help her in her time of need instead of adding more stress by fighting

LivingWithMenopause.org

The Seven Stages of Menopause



Itchy



Bitchy



Sweaty



Sleepy



Bloated



Forgetful



Psycho

