



SOGP NEWS & VIEWS



Vol. 27, Issue 5th, Jul - Dec, 2015 (Society of Obstetricians & Gynaecologists of Pakistan)

President SOGP

Prof. Tasneem Ashraf



Happy New Islamic Year, when we look back at the achievements throughout the year they are remarkable and I must congratulate all of you for all your hard work and dedication.

We have taken a long stride and are now at a position where we can really make a great difference and give something back to the society.

We have formed many committees which are addressing the most important issues and problems being faced by the women of Pakistan.

These committees now have a great responsibility on their shoulders and it's my firm belief that we will be able to fulfill the duties assigned to us.

We have to work hard to achieve our goals before the end of the tenure which is shortly due. I am requesting all of my colleagues to keep up with the good work and please submit your annual reports to the SOGP secretariat highlighting the work done by your respective committees.

We are continuously contacting the international societies and bodies and are expanding our network; I am delighted to invite you to become an International Associate member of the Royal College of Obstetricians and Gynecologists (RCOG).

Associate membership will help you to keep up to date on the O&G sector by providing you with relevant, high quality information to support you develop your skills and expertise in women's healthcare.

- RCOG International Associate membership benefits include:
- Access to the RCOG's specialist professional development (CPD) programme, so you can monitor and record your professional development and do the best for your patients
- You'll also receive news and information alerts to keep up to date on the latest in O&G
- Online tutorials and learning resources to aid professional development (Start OG)
- Membership magazine with case studies and news from around the world (online only)

Those who are interested in acquiring the membership please send a request to Ms. Ruth Mullan (Membership Development Manager Royal College of Obstetricians and Gynaecologists) rmullan@rcog.org.uk and copy to me at ashraftasneem55@gmail.com

Message Editor & Chief News & Views

Prof. Ghazala Mehmood



• The current issue carries a report by the President SOGP, Prof. Tasneem Ashraf. We have tried to fit in as much information as we could from the activities of the society.

• I foresee this newsletter becoming a vibrant and informative resource with a selection of latest updates of national and international interest. In future we would

like to include success stories and low cost interventions from our own setups, which have made the difference in the lives of mothers and newborns of Pakistan. In addition, we will frequently update you on forthcoming interesting and worthwhile meetings, workshops and conferences both at a national and international level. The ultimate aim of this newsletter is to support our fellow colleagues and young trainees in education, training and collaborative work. One of the special features that will be introduced to this newsletter for this purpose is a special column for Ob/Gynae community members, which will allow members to share their experiences.

• The editorial group would also like to thank its fellow readers for their support and would welcome any feedback or ideas that would allow this newsletter to become a good quality resource.

• In the end I would also like to extend a special thanks to SOGP, Dr. Haleema Yasmin & all chairperson of local chapters & members of editorial board Mrs. Rukhsana Zaki and Mr. Shahzad-Ur-Rehman for making the current issue possible.

Secretary General

Dr. Haleema Yasmin



Greeting from SOGP Office:

This news letter comes to you as news of SOGP in the last six months, with reports from different chapters & committees on the wonderful activities

done by them.

SOGP has been successful in conducting these academic activities & CMEs for all of our members not only in major but in peripheral areas as well. We want contributions for the newsletter as well as for the journal of SOGP from all members.

The contribution will keep the society more vibrant you are all requested to see the details of upcoming conference as well on the website: www.sogp.org Have a wonderful read & view through this newsletter.



SOGP Office Bearers

President

Prof. Tasneem Ashraf (Balochistan)

Vice President

Prof. Razia Korejo (Sindh)

Vice President

Prof. Muhammad Tayyab (Punjab)

Vice President

Prof. Aziz-Un-Nisa Abbasi (KPK)

Secretary General

Dr. Haleema Yasmin

Joint Secretary

Prof. Aisha Saddiqua

Treasurer

Dr. Shaheena Ishtiaq

Executive Members:

Prof. Ghazala Mahmud

Prof. Al-Fareed Zaffar

Prof. Roshan Ara Qazi

Dr. Shahida Shaikh

Prof. Lubna Hassan

Dr. Nighat Shah

SOGP News & Views Editorial Board

Editor In chief: Prof. Ghazala Mehmood

Members:

Prof. Sadaqat Jabeen

Prof. Shamsa Humyuan

Prof. Huma Quddsi

Dr. Samina Khalid

Dr. Samina Saleem

Dr. Shahida Shaikh

SOGP Secretariat:

Department Obst. & Gynae Ward-8 Jinnah Post Graduate Medical Center Rafique Shaheed Road, Karachi, Pakistan

Phone: +92-21-99205040 Email: sogpipmc@hotmail.com Website: www.sogp.org

SOGP Upcoming International Events

First International Conference of Obstetrics & Gynaecology at Liaquat University of Medical & Health Sciences Jamshoro Pakistan to be organised on 25th and 26th December, 2015. (Prof. Roshan Ara Qazi)

SOGP International Conference 11-13 March, 2016 at Lahore organized by VP Punjab Prof. M. Tayyab.



OBITUARY
PROF KHALIDA ADEEB KHANUM AKHTAR

Professor Khalida Adeeb Khanum Akhtar a leading Gynecologist and Obstetrician, an outstanding teacher, prolific writer, researcher, mentor, artist and above all an exceptional human being passed away on 16th Oct 2015. The cause of death was pneumonia leading to multi organ failure.

Prof. Khalida A.K. Akhtar proceeded to UK in 1969 for higher qualifications earned FRCS (Edin) and MRCOG London during her 15 months stay in UK.

She always kept herself updated in her profession by regularly studying journals, books, doing research, and writing, publishing and reading papers.

Became chief editor of the journal of Obs/Gynae putting in immense hard work, training and helping doctors in rewriting the articles.

She was a woman of substance and style.

MAY HER SOUL REST IN ETERNAL PEACE AMEN.

FOREVER IN our HEART, PRAYERS AND THOUGHTS.



OBITUARY
Prof.Naeem A Jafarey

SOGP with profound grief wants to convey our condolence to the family and friends of Prof.Naeem A Jafarey, a teacher, trainer and a wonderful person. Our thoughts and prayers are with Prof.Sadiqua Jafarey at this tragic time. May these words express our feelings of deepest and hurtful condolence for this honorable personality.

For the department of pathology at JPMC, it is worth mentioning the work of Prof.Naeem Jafarey, whose contribution extended beyond the excellent work in pathology department in BMSI. His keen interest in medical education led to his extended involvement with the Medical Education department of CPSP. Medical Education workshops were pioneered in CPSP by Prof.Naeem A Jafarey along with Prof.Fazl e Ilahi and Ms Nighat Huda. He continued to contribute in Medical.

Education and research from the platform of Ziauddin University Hospital in later past of his life.

At his departure from this mortal world we all are praying for his soul to rest in eternal peace.





Clinical Updates

Glimpses FROM I.J.G.O Editorial

The 2015 FIGO World Report on Women's Health is published at a special time in the history of health interventions. This year marks the end of the Millennium Development Goal (MDG) era and ushers us into the sphere of Universal Health Coverage (UHC).

(SDGs) post 2015 also emphasizes the need to preserve our achievements, while taking on new challenges. In the light of these global developments, the 2015 World Report focuses on the unfinished agenda of women's reproductive health. The MDG era achieved many successes and women's health was central to a number of the goals. With the move to build on these successes by targeting UHC, it is important to remember that successes in women's health over the years are not equivalent to the elimination of women's reproductive health problems. The 2015 World Report articles provide new perspectives on issues that are all too familiar. The Report is divided into three sections: maternal health, reproductive health, and leadership and management.

The papers in the first chapter stress the need for all health services to ensure that the results of maternal death reviews are acted upon using the new maternal death surveillance and response (MDSR) approach. The controversial issue of task sharing or task shifting to ensure adequate coverage of obstetric services is also addressed. Mobile health (mHealth) is a subject receiving much attention and one article looks at the use of mHealth in providing personalized care to pregnant women. Medical conditions in pregnancy, such as gestational diabetes, have always been an area of concern in maternal health. With the current emphasis on the prevention of noncommunicable diseases (NCDs), The complications of unsafe abortion and restriction of access to safe abortion services still need to be addressed through advocacy, policy change, and service provision. Family planning services have been clearly recognized as the link between women's reproductive health and maternal health. It is now accepted that family planning services that have unrestricted access and that provide the full range of modern contraceptive methods are crucial in the campaign against maternal mortality. FIGO continues to show its commitment to family planning and is currently involved in the postpartum intrauterine contraceptive device project, which will contribute to increasing the prevalence rate of modern contraceptive methods.

The rights of women and children must always be of concern in our health services. Obstetric fistulas lead to the exclusion of many women from society and are also located at the intersection of maternal health and women's reproductive health. Collaboration between FIGO and other global agencies is improving the capacity for surgical treatment of obstetric fistula.

The last section of the Report comprises two papers that highlight the importance of the role of professional societies and international agencies in ensuring that health targets are met. The need for effective local management in ensuring the success of interventions designed at a global level is also emphasized. The primary message of the 2015 World Report on Women's Health is that while we celebrate the successes of the MDG era, we must remember that there are some challenges that we could not overcome. We need to strategize to find new approaches or to persist with the proven interventions that we have been implementing.

Update on the diagnosis and management of gestational trophoblastic disease

Introduction Gestational trophoblastic disease (GTD) is a group of uncommon conditions associated with abnormal pregnancy. Histologically, it includes the benign partial and complete hydatidiform mole, invasive and metastatic mole, as well as the malignant choriocarcinoma, placental site trophoblastic tumor (PSTT), and epithelioid trophoblastic tumor (ETT). Molar pregnancies may develop persistent elevated serum human chorionic gonadotropin (hCG) levels after evacuation (complete mole 15% partial mole 0.1% with a chance of progression to choriocarcinoma that may require treatment. Together with the malignant forms of GTD these are grouped under gestational trophoblastic neoplasia (GTN)



FIGO criteria for diagnosis of postmolar gestational trophoblastic neoplasia.

- When the plateau of hCG lasts for four measurements over a period of 3 weeks or longer; that is, days 1, 7, 14, 21.
- When there is a rise in hCG for three consecutive weekly measurements over at least a period of 2 weeks or more; days 1, 7, 14.
- When the hCG level remains elevated for 6 months or more.
- If there is a histologic diagnosis of choriocarcinoma.

Abbreviation: hCG, human chorionic gonadotropin.

FIGO staging and classification for gestational trophoblastic neoplasia.

Gestational trophoblastic tumors strictly confined to the uterine corpus

II Gestational trophoblastic tumors extending to the adnexae or to the vagina, but limited to the genital structures

III Gestational trophoblastic tumors extending to the lungs, with or without genital tract involvement

IV All other metastatic sites.

FIGO/WHO scoring system based on prognostic factors.

FIGO/WHO risk factor scoring with FIGO staging

	0	1	2	4
Age	<40	>40	-	-
Antecedent pregnancy	Mole	Abortion	Term	-
Interval from index pregnancy, months	<4	4-6	7-12	>12
Pretreatment hCG mIU/mL	<10 ³	>10 ³ -10 ⁴	>10 ⁴ -10 ⁵	>10 ⁵
Largest tumor size including uterus, cm	-	3-4	•5	-
Site of metastases including uterus	lung	Spleen, kidney	Gastrointestinal tract	Brain, liver
Number of metastases identified	-	1-4	5-8	>8
Previous failed chemotherapy	-	-	Single drug	Two or more drugs

Notes: To stage and allot a risk factor score, a patient's diagnosis is allocated to a Stage as represented by a Roman numeral I, II, III, or IV. This is then separated by a colon from the sum of all the actual risk factor scores expressed in Arabic numerals e.g. Stage II:4, Stage IV:9. This Stage and score will be allotted for each patient.

Single-agent chemotherapy regimens for low-risk gestational trophoblastic neoplasia

- MTX-FA 8-day regimen (50 mg MTX intramuscularly on days 1,3,5,7 with folinic acid 15 mg orally 24 h after MTX on days 2,4,6,8); repeat every 2 weeks.
- MTX 0.4 mg/kg (max. 25 mg) intravenously or intramuscularly for 5 days every 2 weeks.
- Actinomycin D pulse 1.25 mg/m2 intravenously every 2 weeks.
- Actinomycin D 0.5 mg intravenously for 5 days every 2 weeks
- Others: MTX 30-50 mg/m2 intramuscularly weekly, MTX 300 mg/m2 infusion every 2 weeks, 5-fluorouracil, etoposide.

Abbreviations: MTX-FA, methotrexate-folinic acid.

Adapted from I.J.G.O



Report of FIGO World Congress.

By Prof. Tasneem Ashraf, President SOGP

XXI FIGO world congress took place at Vancouver which is a coastal seaport city on the mainland of British Columbia, Canada.

Venue of the congress was convention centre which consisted of two parts East and West. All scientific programs opening and closing ceremonies took place in West part while many pre-congress Workshops and Welcome parties organised by various societies were arranged in Pan Pacific Hotel (East Part of Convention centre). More than 6,000 Gynecologists from all over the world participated including 25 delegates from Pakistan.



Pre congress workshops:

President SOGP attended 3 pre congress workshops organised by WHO in collaboration with FIGO. These included "WHO Guidelines on Family Planning / Contraception", "WHO Maternal Health Guidelines" and New Challenges in Maternal Fetal Health; Facing the Global NCD Epidemic: Diabetes and Pregnancy in Low Resource Countries.

It was declared at the end of workshop that FIGO support IADPSG/WHO/IDF position that all pregnant women should be tested for hyperglycaemia during pregnancy using one step procedure and adopts the WHO criteria 2013 for diagnosis of GDM. FIGO urged to all its member societies to ensure universal testing of all pregnant women for hyperglycaemia during pregnancy.

FIGO General Assembly: was held on 6th Oct 2015. Welcome address was given by the President of FIGO Dr S. Arulkumaran. Introduction of the High Table was also done by Dr S Arulkumaran. Roll call of International delegations was carried out by GS, Dr G C Di Renzo. Then distribution of FIGO Awards in Recognition of Women Obstetrician&Gynaecologists was carried out by FIGO president. Following 23 doctors from all over the world were awarded FIGO World Award including Prof Tasneem Ashraf from Pakistan:

Dr Safia Ahmed - Sudan , Professor Tasneem Ashraf - Pakistan
Dr Marie Bixo - Sweden , Dra Estela Conselo - Uruguay,
Professor Mary D'Alton - United States of America ,
Dr HemaDivakar - India , Professor Lynette Denny -
South Africa , Dr Noriko Fujita - Japan , Dr Xiomara
Gonazalz de Chirvella - Venezuela , Dr Hilma Mery Leon
Gamarra - Peru , Professor Rosiane Mattar - Brazil,
Professor Desiree Mostajo - Bolivia , Professor
Nubia Muñoz - Colombia , Professor Liliana Novac - Romania,
Dra Ramya Priyanwada Pathiraja -Sri Lanka , Professor
Zahida Quereshi - Kenya , Dr Swaraj Rajbhandari - Nepal,
Dr Rebecca M Ramos - Philippines,



Professor Latifa Shamsuddin - Bangladesh , Dr Mary Schramm - Australia and New Zealand , Professor Wiboolphan Thitadilok - Thailand , Professor Eing Mei Tsai - Taiwan and Dr Ambaye Wolde michael Geda - Ethiopia



Report of FIGO World Congress.

After that Triennial report was presented. Then consideration of amendments to Constitution and Ratification of the admission of new members were carried out.

Later on Venue for next FIGO World congress 2018 was finalized that is Rio de Janeiro in Brazil.

SAFOG Session: was also organised at the Occasion of XXI FIGO World congress. Theme of the session was “SAFOG Role Post M.D.G. 's and S.D.G's The South Asian Balance Sheet”. FIGO president Prof Arulkumarn chaired the session. Prof. Lata from Nepal talked about Gender equality & women's Rights. Prof. Tasneem Ashraf gave presentation on MDGs to SDGs regarding abortions in South Asia while Prof. Hamenta ,Prof. Shyam Desi(India), Prof. Farhana (Bangladesh) talked about Child Health, PPH, and contraception respectively. Gala Dinner, Evening for All and Closing Ceremony were attended by many of the participants, these events included many interesting programs and cultural show.





Report of Quetta Chapter

1. Congress of the European society of Gynecology was held at PRAGUE from 21 to 24 Oct 2015. About 40 Gynecologists attended this congress from all over Pakistan; it was very informative especially about post menopausal problems, premature labour and prenatal fetal diagnosis.
2. We got laparoscope for the first time in gynea deptt civil hospital. Inshallah our patients will get benefitted from laproscopy in future.
3. Urogyne symposium was organized at QTA Serena Hotel on 20 Oct 2015, where speakers were invited from Lahore & KPK, about 150 doctors attended it, Prof. Naila Ahsan & Prof. Aisha Siddiqua were Expert panelists while speakers were from Lahore & KPK.
- 4 World osteoporosis days was celebrated by Prof Lal Mohammad Kakar Orthopedic surgeon BMC and president Pakistan orthopedic association, Dr Hanana Assistant Professor Gyne 2 and Prof Lal Mohd Kakar & Prof Baqi presented papers on osteoporosis, Prof Aisha Siddiqua was guest of honour while Dr Hamid Achekzai provincial minister was chief guest. It was well attended by people from all over the town including lectures, students @ lowers.





Report of Faisalabad Chapter

Professor Fareed Zafar arranged a seminar in Punjab Medical College from the platform of SOGP Faisalabad. Prominent Speakers were Prof. Fareed Zafar, Dr Samina Khalid, Dr Tasneem Tahira. Postgraduate Trainees attended the lectures. it was arranged by courtesy of Bayer-Schering. A large number of Gynecologists attended the seminar

Prof Fareed Zafar, Senior Vice President Punjab delivered a lecture on Polycystic Ovarian Disease on 18th Aug Professor Fareed Zafar arranged a seminar in Punjab Medical College from the platform of SOGP Faisalabad.

Dr Samina Khalid, Chairperson SOGP Faisalabad Chapter delivered a lecture on " RECENT ADVANCES IN MANAGEMENT OF SPASMODIC PAIN" at Serena Hotel Faisalabad organized by Sanofi-Aventis. A large number of male and female practitioners attended the meeting.





CME Programme on 26th October in Abbottabad

Theme of the symposium was emerging trend in obstetrics & gynecology.

Medical science is ever evolving and Women's health issues have come a long way from when the patient was treated for only dire emergencies or end-stage disease to comprehensive counselling and treatment options for the whole range of related and definitive illnesses suffered spanning the prepubertal to the post menopausal age. This Program provided an insight into emerging trends and advances in Obstetrics and Gynecology and their impact on improving healthcare. Current clinical trends in obstetrics include:

- Increased genetic testing,
- The prevalence of obesity in teenage and adult women
- The steep rise in the number of caesarean deliveries,
- The ongoing debate of vaginal birth after caesarean (VBAC) delivery, and
- New light on causes of neonatal encephalopathy and cerebral palsy. Recent research on the causes of neonatal encephalopathy and cerebral palsy has found that "intrapartum hypoxia is uncommonly the sole cause of neonatal encephalopathy or cerebral palsy."

Prof Azizunnisa Abbasi Abbottabad.



SOGP arranged CME in 1st October, 2015 at Al Mizan Islamabad Poly-hydramnios & Role of Tranexamic Acid in Heavy Menstrual Bleeding

Speaker: Prof Fareesa Waqar

Polyhydramnios is defined as a pathological increase of amniotic fluid volume in pregnancy and is associated with increased perinatal morbidity and mortality. Common causes of polyhydramnios include gestational diabetes, fetal anomalies with disturbed fetal swallowing of amniotic fluid, fetal infections and other, rarer causes. The diagnosis is obtained by ultrasound. The prognosis of polyhydramnios depends on its cause and severity. Typical symptoms of polyhydramnios include maternal dyspnea, preterm labor, premature rupture of membranes (PPROM), abnormal fetal presentation, cord prolapse and postpartum hemorrhage. Due to its common etiology with gestational diabetes, polyhydramnios is often associated with fetal macrosomia. To prevent the above complications, there are two methods of prenatal treatment: amnioreduction and pharmacological treatment with non-steroidal anti-inflammatory drugs (NSAIDs). Participants discussed these concepts through interactive session.





SOGP arranged CME in different Cities in Pakistan in collaboration with Sanofi Avents from Oct - December, 2015

- This seminar involved general Practitioners of different towns. Concept of spasmodic abdominal pain was discussed with help of case studies.
 - Reported prevalence's of abdominal cramping and pain is in the range of 10-46% among general population across different age groups.
 - The prevalence is higher in women than in men
 - There are more than 53 million diagnosed patients of abdominal pain in Pakistan every Year.
- Regarding Acute Pelvic Pain in the emergency assessment of women of reproductive age it is important to exclude:
- Ectopic pregnancy
 - Acute PID
 - Ovarian cyst
 - Endometriosis

The seminar on Recent advances in Management of Spasmodic Abdominal Pain in Female Population had following Speakers.

Prof. Shagufta Tahir (Sahiwal), Dr. Haleema Yasmin, Dr. Shahina Zahoor (Karachi), Dr. Sadia Shamsher (Banu KPK), Dr. Samina Khalid (Gujrawala), Prof. Naheed Fatima (DG Khan), Prof. Fareeda Wagan (Nawab Shah), Prof. Tasneem Ashraf (Quetta), Prof. Aziz un Nisa Abbasi (Jehlum, Mardan)





SOGP arranged CME in different hospitals in Karachi in collaboration with Hilton Pharma

Role of 1 Gm Tranexamic Acid in Heavy Menstrual Bleeding According To RCOG Guidelines.

Speakers for these seminars were

Prof. Razia Korejo, Dr. Haleema Yasmin, Dr. Shahina Zahoor, Prof. Asifa Ghazi, Prof. Sadiyah Ahsan Pal, Prof. Sonia Naqvi, Dr. Lubna Pal, Dr. Sumbul Sohail, Dr. Aisha Khatoon, Dr. Farah Naz, Dr. Yasmin Wajahat

Following concepts were discussed with the participants

Heavy menstrual bleeding (HMB) should be recognised as having a major impact on a woman's quality of life, and any intervention should aim to improve this rather than focusing on menstrual blood loss.

For clinical purposes, HMB should be defined as excessive menstrual blood loss which interferes with the woman's physical, emotional, social and material quality of life, and which can occur alone or in combination with other symptoms. Any interventions should aim to improve quality of life measures.

Pharmaceutical treatment should be considered where no structural or histological abnormality is present, or for fibroids less than 3 cm in diameter which are causing no distortion of the uterine cavity.

If hormonal treatments are not acceptable to the woman, then either tranexamic acid or NSAIDs can be used.





SOGP arranged CME in Karachi, Lahore, and Islamabad in collaboration with Galaxy Pharma Physiology, Immunology & Prevention of Preterm Birth

Prof. Gian Carlo Di Renzo

Our Honorary Speaker for these sessions was World Authority in Prevention of Preterm Birth, PROF. GIAN CARLO DI RENZO, M.D, PH.D, FRCOG (Hons), FACOG (Hons), General Secretary of FIGO, Founder & Editor in Chief - Journal of Maternal-Fetal & Neo Natal Medicine.

Preterm birth is defined as birth before the completion of 37 weeks of gestation. The frequency of preterm birth in the United States increased from 10.7% in 1992 to 12.3% in 2003. Preterm births can be categorized as those undertaken because of a specific indication or as spontaneous preterm births. Indicated preterm births occur when a health care provider delivers a baby because of medical or obstetrical complications that jeopardize the health of the mother or the fetus. Spontaneous preterm births occur as a consequence of spontaneous preterm labor or preterm rupture of fetal membranes before the onset of labor. The lecture focused on the therapeutic strategies for the prevention and treatment of spontaneous preterm labor and delivery.





SOGP-PMA CME on 6th Oct, 2015 Interactive Session Management of intersex/Trangender/ True Hermaphrodites

Dr. Aziz Abdullah, Dr. Asif Aslam, Dr. Nighat Shah, Ms. Sapna & Dr. Shershah Syed

The sensitive topic of trans gender was discussed with empathy. Members of transgender also shared their experience and emotions on the subject. A video made by students of Habib University was also shared with the audience. The birth of an intersex child prompts a long-term management strategy that involves myriad professionals working with the family. There has been progress in diagnosis, surgical techniques, understanding psychosocial issues, and recognizing and accepting the place of patient advocacy.



SOGP-PMA CME on 14th Oct, 2015 Importance of specific Examinations

Dr. Shershah Syed, Dr. Asif Qureshi & Dr. Sajida Qureshi Presented at the session.

It is said that over 80% of diagnoses are made on history alone, a further 5-10% on examination and the remainder on investigation. Whether this adage is true or not may be open to debate but it is clear that history and examination skills remain at the very core of clinical practice. Your manner, & physical position with regards to the patient's (this may not be within your control), and your body language all contribute to the outcome of the consultation. The doctor should have a protocol for each system Just remember one thing. Whether the patient is a patient in real life, or a patient in an exam, they are a human being. A person. At some point, they'll be you.





SOGP arranged CME in P.C Hotel Karachi in collaboration with Excel Healthcare 7th November, 2015 “Sterility to Fertility”

Speakers were: Prof. Fareed Zafar, Prof. Shama Munim

Prof. Fareed Zafar delivered a talk on indications for use of letrozole in reproductive health & he discussed following concept.

Letrozole has been used for ovarian stimulation by fertility doctors since 2001 because it has fewer side-effects than clomiphene. The anti-estrogen action of letrozole has been shown to be useful in pretreatment for termination of pregnancy, in combination with misoprostol. It can be used in place of mifepristone, which is expensive and unavailable in many countries. Letrozole is sometimes used as a treatment for gynecomastia, although it is probably most effective at this if caught in an early stage (such as in users of anabolic steroids).

Prof. Shama Munim discussed the evidence based management of twin pregnancy.

The incidence of multiple births has risen in the last 30 years. In 2009, 16 women per 1000 giving birth in England and Wales had multiple births compared with 10 per 1000 in 1980. This rising multiple birth rate is due mainly to increasing use of assisted reproduction techniques, including in vitro fertilisation (IVF). Multiple pregnancy is associated with higher risks for the mother and babies. Women with multiple pregnancies have an increased risk of miscarriage, anaemia, hypertensive disorders, haemorrhage, operative delivery and postnatal illness. The overall stillbirth rate in multiple pregnancies is higher than in singleton pregnancies because of the increased risk of complications, women with multiple pregnancies need more monitoring and increased contact with healthcare professionals during their pregnancy.



SOGP arranged CME in Marriott hotel Karachi in collaboration with Concept Fertility Centre 2015

Andrology and male reproductive Health Current trends

Speakers were: Dr. Stephen Adams, Prof. Aziz Abdullah, Dr. Mohammad Amjad Noor

Male reproductive function, trends in physiology, biochemistry and investigative andrology were discussed





PSCO Gynaecology Conference (Sunday 11th Oct, 2015)

Dr. Aliya Aziz, Dr. Ikram Burney, Dr. Nasir

The Role of Sentinel node dissection & biopsy was discussed

Prof. Aftab Munir, Prof. Khalida Nasreen & Dr. Shaheen Zafar were the panelists.

The last 15 years have witnessed numerous studies of the sentinel lymph node biopsy technique in patients with gynecological cancers, including endometrial, vulvar, and cervical cancers. Despite this activity, sentinel lymph node biopsy has not replaced lymphadenectomy as the standard for surgical management of patients with such cancers. Vulvar cancer was the first and most promising gynecological site for the sentinel lymph node biopsy strategy. The cervix is an excellent target for the sentinel lymph node mapping strategy. The cervix is a midline structure with complex lymphatic drainage to multiple pelvic, common iliac, and low para-aortic sites. Cervical tumors are visible to the naked eye and easy to inject, and all the potential drainage sites can be accessed through a single incision. Several intraoperative lymphatic mapping techniques have been reported for endometrial cancer, including the use of cervical, fundal, and hysteroscopic injections, the latter of which is the most promising in terms of sentinel lymph node identification. However, this technique can be quite cumbersome and has not progressed much beyond the feasibility-testing stage.





SOGP arranged CME in Collaboration with Jinnah Postgraduate Medical Centre Karachi EmONC 3rd December, 2015

Emergency Obstetric Care is a vital component for any obstetrics unit. By applying evidence based interventions, the quality of care in such scenarios can be improved. The said workshop served the purpose for improving skills and knowledge of the participants. For obstetricians and midwives practicing in developing countries, maternal mortality is not about statistics. It is about women: women who have names, women who have faces. Faces which we have seen in the throes of agony, distress and despair. Faces which continue to live in our memories and continue to haunt our dreams. Not simply because these are women in the prime of their lives who die at a time of expectation and joy; not simply because a maternal death is one of the most terrible ways to die but above all because almost every maternal death is an event that could have been avoided, and should never have been allowed to happen.

Quality improvement is the effort to improve the level of performance of a key process. It involves measuring the level of current performance, finding ways to improve that performance, and implementing new and better methods and this to avoid morbidities and mortalities.





Upcoming International Conferences

Mini 6th Congress of the Asia Pacific Initiative on Reproduction (ASPIRE 2016) which will take place in Jakarta, Indonesia from 8-10 April 2016.

For further information please refer to our website: <http://aspire2016.org/>.

14th Congress-2nd Global Conference of the European Society of Contraception and Reproductive Health
Contraception from molecular biology to social science and politics

Basel, Switzerland, 4-7 may 2016

www.esrh.eu/events/esc-events/2016

The 4th International Congress on Cardiac Problems in Pregnancy (CPP2016)

27 Feb - 1 March 2016 LAS VEGAS, Nevada, USA

Web: www.cppcongress.com

All India Congress Obstetrics & Gynecology 13-17 Jan, 2016

Conference Secretariat:

Tel: 0562 - 2600133 | E-mail - info@aicog2016agra.com

website : www.aicog2016agra.com & aicog2016agra.com

Greetings from Asia Safe Abortion Partnership !

IWAC call for abstracts

The international Congress on Women's Health and Unsafe Abortion is back !

<http://www.womenhealth.or.th/iwac/2016/welcome.php>

It will be organized in Bangkok, Thailand from 26th -29th January 2016.

The Call for Abstracts is now open and the deadline in 15th September 2015.

For more details and to submit online, check it out

here <http://www.womenhealth.or.th/iwac/2016/content.php?slug=abstract>

The last date for early registration is also 15th September 2015.

We encourage all of you to submit suitable abstracts and we hope to meet many of you there!

Next FIGO World congress 2018 is Rio de Janeiro in Brazil.



Dear Members,

These contacts of SOGP are continuously being posted but we don't get any response from these addresses. Kindly contact SOGP and send us yours recent e-mails and addresses and cell numbers.

Member Name	City	Member Name	City	Member Name	City
Dr Riffat Sultana	Karachi	Dr.Hina Ishaq	Karachi	Dr.Razia Hasan	Karachi
Dr.Naimat Muneer	Karachi	Dr. Charmaine Gill	Karachi	Dr.Rashida Ghaffar	Karachi
Dr.Aziza Kapadia	Karachi	Dr.Bilquis Hashim	Karachi	Dr.Rashid Fatima Iqbal	Karachi
Dr.Sadia Muhammad	Karachi	Dr Nelofar Saleem	Karachi	Dr.Razia Mushtaq	Karachi
Dr.Kaneez Fatima	Karachi	Dr.Farhat Rashid	Multan	Dr.Rozina Mustufa	Karachi
Dr.Shahnaz Aijaz Akhtar	Karachi	Dr.Kausar Perveen	Multan	Dr.Razia Rasheed	Karachi
Dr.Arjumand Rabbani	Karachi	Dr.Ghullam Fatima Durani	D.I.Khan	Dr.Hina Baloch	Karachi
Dr.Ayesha Haq	Karachi	Dr.Ghullam Sarwar Raiz	Bahawalpur	Dr.Rafia Saleem Ansari	Karachi
Dr.Rana Tabassum	Karachi	Dr.Khursheed Khattak	Abbotabad	Dr.Qudsia Umer	Karachi
Dr.Samina Majid Tai	Karachi	Prof.Nazakat Begum	Abbotabad	Dr.Qamar Imam	Karachi
Dr.Anila Naz	Karachi	Dr.Mumtaz Khalid	Hyderabad	Dr.Qudsia Altaf Khanum	Karachi
Dr.Nabila Sultan	Karachi	Dr.Irshad Majeed Abro	Hyderabad	Prof.Qamar Shah	Karachi
Dr.Amtul Fatima Ahmed	Karachi	Dr.Nasreen Jatoi	Hyderabad	Dr.Peter Brillie	Karachi
Dr.Ahmer Ali Shah	Karachi	Dr.Yasmeen Memon	Hyderabad	Dr.Perveen Kanji	Karachi
Dr.Areefa Waheed	Karachi	Dr.Malka Sultana Laghari	Hyderabad	Dr.Nagina Fatima	Karachi
Dr.Aisha Syed Wali	Karachi	Dr.Uzma Sohail	Quetta	Dr.Mary Aftab	Karachi
Dr.Asma Munir	Karachi	Dr.Rubina Yousuf	Quetta	Dr.Mussrat Sohail	Karachi
Dr.Afia Ansar	Karachi	Dr.Wajiha Ajmal	Peshawar	Dr.Mona A.Shariq	Karachi
Dr.Aliya Iqbal Ali Khan	Karachi	Dr.Sultana Azmat Birlas	Peshawar	Dr.Amna Begum	Larkhana
Dr.Bilquis Manzoor	Karachi	Dr.Ummi Habiba	Peshawar	Dr.Musrat Zahoor	Karachi
Dr.Azra Saeed Awan	Rawalpindi	Dr.Nazia Tauseef	Islamabad	Dr.Khairunissa	Karachi
Dr.Abid Kazim Ali	Karachi	Dr.Khatija Kubra Ahmed	Islamabad	Dr.Kausar Nazir	Karachi
Dr.Zakia Khero	Karachi	Dr.Amna Kazi	Islamabad	Dr.Nafeesa Malik	Abbotabad
Dr.Zaibunisa Qazi	Karachi	Dr.Riffat Shaheen	Islamabad	Dr.Tasneem Kousar	Larkhana
Dr.Yasmeen Hafiz	Karachi	Dr.Ayesha Rafay	Islamabad	Dr.Irum	Nawabshah
Dr.Yasmeen Mukhtar Abasi	Karachi	Dr.Saadia	Islamabad	Dr.Saira Perveen Memon	Nawabshah
Dr.Yasmeen Gulzar	Karachi	Dr.Mehmooda Masood	Rawalpindi	Dr.Bushra Iftikhar	Peshawar
Dr.Waseem Begum	Karachi	Dr.Brig Wajiha Hasan	Rawalpindi	Dr.Sadia Arif	Kharian
Dr.Tabassum Shoaib	Karachi	Dr.Razia Nasar	Rawalpindi	Dr.Lachmi	Hyderabad
Dr.Tehmina Burki	Karachi	Dr.Rabea-Al-Hassan	Rawalpindi	Dr.Asia Khalid	
Dr.Tasneem Sajida Hussain	Karachi	Dr.Sabahat Makhdoom	Rawalpindi	Dr.Azra Ahmed	Multan
Dr.Tahmeena Ali	Karachi	Dr.Rabel Soomro	Shikarpur	Dr.Nigar Fatima Quershi	Peshawar
Dr.Tehmina Riaz	Karachi	Dr.Uzma Iqbal	Rawalpindi	Dr.Asma Ishfaq	
Dr.Tehmina Aman	Karachi	Dr.Amreen Ashraf	Rawalpindi	Dr.Asifa Mehmood	Karachi
Dr.Shagufta Shujjat	Karachi	Dr.Shahela Ramzan	Rawalpindi	Dr.Akhtar Bashir	
Dr.Samina Gul	Karachi	Dr.Hina Rafiq Sheikh	Rawalpindi	Dr.Jehan Ara	Rawalpindi
Dr.Taqueer Anwar	Karachi	Prof. Mohd Aslam	Lahore	Dr.Nigar Fatima	Peshawar
Dr.Sarwat Fatima	Karachi	Dr.Zarqa Naureen	Lahore	Dr.Maliha Naz Goundal	Islamabad
Dr.Salman Kadwai	Karachi	Dr.Fozia Ali Bhatti	Lahore	Dr.Saima Sabir	Peshawar
Dr.Shameem M.Jhumra	Karachi	Dr.Rahat Jabeen	Peshawar	Dr.Nayyar Jamil	Dera Ismail Khan
Dr.Samina Mazhar	Karachi	Dr.Neelofar Saleem	Islamabad	Dr.Khurshid Bettani	Dera Ismail Khan
Dr.Shazia Jabbar	Karachi	Dr.Shamsa Parveen	Rawalpindi	Dr.Abgeone	Dera Ismail Khan
Dr.Akhtar Bano Durrani	Quetta	Dr.Kausar Shafqat	Islamabad	Dr.saba Ayub	Dera Ismail Khan
Dr.Shah Jehan	Karachi	Dr.Shehla Zahid	Rawalpindi	Dr.Shazia Chohan	Rawalpindi
Dr.Sher Bano Ayub	Karachi	Dr.Faiza Shafi	Wah	Dr.Ammarah Mukhtar	Lahore
Dr.Saeeda Malik	Karachi	Dr.Zartaj Hayat	Islamabad	Dr.Samina Kamal	Karachi
Dr.Sultana Baig Haider	Karachi	Dr.Shamaila Shamaun	Karachi	Dr.Saeeda Siddiqui	Karachi
Dr.Saeeda Ashraf	Karachi	Dr.Rabia Ali	Karachi	Dr.Shamim Akhtar	Karachi
Dr.Shamsunnia M.Y.Kherati	Karachi	Dr.Shazia Fazal	Karachi	Dr.Sarwat K.Rasheed	Karachi
Dr.Safia Ahmed	Karachi	Dr.Shazia Saeed	Bahawalpur	Dr.Seema Mumtaz	Karachi
Dr.Salma Mohsin	Karachi	Dr.Samina Ikram	Gujranwala	Dr.Shamshad M.S.Bhutto	Karachi
Dr.Shaheryar	Karachi	Dr.Zahida Perveen	Abbotabad	Dr.Shamim Malik	Karachi
Dr.Shaista A.Siddiqui	Karachi	Dr.Chandra Madhu Das	Hyderabad	Dr.Razia Akabani	Karachi
Dr.Faiza Rais Khan	Karachi	Dr.Parveen Azim	Peshawar	Dr.Kishwar Rehman	Karachi
Dr.Erum Laghari	Hyderabad	Dr.Tehniyat Ishaq.Khattak	Peshawar	Dr.Koonj Noorani	Karachi

SOGP Secretariat:

Dept of Obstetrics and Gynecology, Ward-8, Jinnah Postgraduate Medical Centre,
Rafiquee Shaheed Road, Karachi

Phone: +92-21-99205040

Fax no: +92-21-99205040

sogpjpmc@hotmail.com

www.sogp.org



SOGP 16th BIENNIAL INTERNATIONAL CONFERENCE 2016 11 - 13 MARCH, 2016 At PC LAHORE

- Pre-conference Workshops at all chapters of SOGP & in major hospitals of Lahore.
- Invited Talks by eminent national & international speakers
- AOFOG, SAFOG, FIGO & RCOG Sessions
- Council meeting, Executive meeting, General Body Meeting of SOGP
- Presentations of sub committee reports

Conference Theme: “Improving Women’s Health, let’s join hands”
 Conference Secretariat: drmtayyab@gmail.com
 Chief Organizer: V.P Punjab Prof. Muhammad Tayyab
 Venue: Pearl Continental Lahore
 Last Date for Abstract Submission: 1st Feb, 2016
 Registration:

Early Bird	15th Jan, 2016
Regular Till	28th Feb, 2016
Late After	28th Feb, 2016

Registration Fee

Rs.

Consultant	8000	Resident	4000
Accompanying Person	3000	Pharma Delegates	4000
Foreign Delegates	500US\$	Accompanying Person	200 US\$

