



SOGP NEWS & VIEWS



Vol. 26, Issue 4th, Jan - June, 2015 (Society of Obstetricians & Gynaecologists of Pakistan)

President SOGP

Prof. Tasneem Ashraf



I extend my warm Greetings to all of you from SOGP President's office Quetta. Many congratulations for Ramadan and upcoming Eid -ul Fitar.

Holy month of Ramadan is a great opportunity for us for moral Training and self discipline. Abu Hurayrah reported that the Prophet (peace and blessings be upon him) said

"Fasting is a shield; so when one of you is fasting he should neither indulge in obscene language nor should he raise his voice in anger. If someone attacks him or insults him, let him say: "I am fasting!"(Muslim)

Many events have occurred from the beginning of this year including celebration of international days i.e. cancers Day, mother's day, Women's day, Fistula day, Various academic activities, lectures and workshops all over Pakistan from the platform of SOGP. Similarly Workshops on Basic Laparoscopy, Hysteroscopy, Colposcopy and LHW EmOC training were conducted at Gynae Unit II of Bolan Medical Complex Hospital Quetta. Women health Summit May 2015 at Dubai and AOCOG 2015 at Kuching Malaysia were attend by delegates from all over Pakistan. AOFOG elections were held in General assembly at Kuching and our nominated doctors were selected as committee members for different committees.

A heat stroke crisis in Karachi is really alarming and I would like to give message to all our members to adopt necessary precaution to avoid the situation and help the pregnant ladies and newborn babies. SOGP is keenly focusing on women health issues related to abortions, Maternal mortality and cancers screening. We are trying to adopt WHO and FIGO guidelines for various gynecological conditions like abortion, its management by misoprostol and MVA rather than by the conventional curettage.

To achieve the women's health it is obvious that their caregivers must be continually be aware of the best practice recommendations in handling the various diseases of our specialty. Thus educating caregivers is our supreme responsibility and SOGP is playing a pivotal role in this regards through its members.

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 forth coming 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 columns 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:

Hope you are all fine. I am pleased to write this to all members that SOGP has been accredited by honorable PMDC for awarding CME hours according to PMDC rules. Society has been actively involved

in different National and International Academic and Social events including SAFOG, AOFOG Conferences and FIGO Regional meetings. The reports of these events have been included in the President's message.

The local chapters of the Society are being involved in all the national event and I am proud to announce the long awaited inauguration of Larkana Chapter which has been done, and you can see the photographs of the event. Secretariat is again requesting for the better communication from member to the office for more productive future activities. Your valuable suggestions and input is very important for us. All recent activities are included in the current issue, hope you will enjoy going through them.



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Upcoming National Events

SOGP in Collaboration with Pakistan Society of Clinical Oncology (PSCO) Oct, 2015.

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 National Conference 4-6 March, 2016 at Lahore organized by VP Punjab Prof. M. Tayyab.



Clinical Updates

Physician Recommends Immediate IUD Placement Postpartum.

The (5/20) reports on recommendations presented at the annual meeting of the American College of Obstetricians and Gynecologists which noted the multiple advantages to “immediate postpartum intrauterine device placement.” The IUD placement “is generally safe and effective for preventing rapid repeat pregnancy, according to Dr. Eve Espey” who presented the recommendations. Dr. Espey added, “I personally think that the postpartum IUD is the next big thing.” Nationally NCMNH is conducting awareness and training sessions at different hospitals all over Pakistan.

CDC: C-Sections May Increase Chance Of Complications For First-Time Mothers.

(5/21, Reinberg) reports that on Wednesday, statistician Sally Curtin at the U.S. Centers for Disease Control and Prevention’s National Center for Health Statistics, issued a report stating that women delivering their first child by cesarean section may have a greater chance “to need blood transfusions and be admitted to intensive care units than women who opt for a vaginal delivery.” Curtin added that following the first C-section, 90 percent of women will likely deliver their next child the same way. Moreover, Dr. Mark DeFrancesco, American College of Obstetricians and Gynecologists President, said, “Today’s report on maternal complications underscores the importance of efforts to avoid primary cesarean deliveries.”

Follicular Priming May Be Effective Strategy For Improving COH In Potential Low Responders During Assisted Reproduction.

(5/19, Boyles) reports, “Follicular priming was an effective strategy for improving controlled ovarian stimulation (COH) outcomes in potential low responders during assisted reproduction, and different priming strategies appeared to be equally effective for enhancing oocyte retrieval, according to a” published online in the Journal of Clinical Endocrinology & Metabolism. Included in the study were “99 potential low responders undergoing treatment at a university-based IVF unit from June 2011 to June 2013,” 66 of whom “were confirmed as low responders.” Researchers reported “more pregnancies and live births in study participants who had a testosterone priming intervention, but the study was too small to confirm a treatment advantage with this strategy.” The other priming methods included oral contraceptive therapy and transdermal estradiol.

Contributed by Dr.Haleema Yasmin
Secretary General SOGP

A useful website where you can get free certification online courses:

Download free Training Manuals & Course materials:

Ipas University for MVA & MA courses:

www.ipasu.org

Link for animation video for VIA (visual inspection with acetic acid)

<http://www.healthphone.org/maf/cervical-cancer-screening-visual-inspection-of-the-cervix-using-acetic-acid.htm>

Glowm the Global library of women’s medicine (link: www.sogp.org)



President's Report (Balochistan)

I am pleased to write this to all members that SOGP has been accredited by honorable PMDC for awarding CME hours according to PMDC rules.

January 21, 2015: Handing over of Colposcopes

Two Colposcopes were donated by National Bank of Pakistan to the President SOGP and later on one was handed over to Gynecology Department Bolan Medical Complex Hospital and other to the Gynecology Department Sandeman Provincial Hospital by Prof Tasneem Ashraf.



February 4, 2015: International Cancer Day

- Delivered a lecture on Gynecological Cancer Screening which was attended by MS, Professors, Doctors, large number of Para Medical Staff and cancer patients.
- A walk was also organized which was accompanied by a large number of doctors, nurses, patients and other health workers.



March 5, 2015: TBA Safe Delivery Workshop

15 Days Training of Traditional Birth Attendants on Techniques of Safe Deliveries was conducted at BMCH Gynecology Unit II, 20 TBA's were trained.



May 3, 2015: Stage Play by SheemaKermani on Obstetric Fistula

Public Awareness Activity on the Occasion International Obstetric Fistula Day, SOGP Collaborated with UNFPA-PNFWH and assisted in organizing Stage Play by SheemaKermani and Team of Tehrik-e-Niswa, at Quetta Serena Hotel and was attended by 485 people.





May 8-9, 2015: First Women's Health Summit

President SOGP along with many delegates from Pakistan attended First Women's Health Summit at Dubai."



May 16, 2015 : PIMA Convention

A CME Program was conducted by PIMA in collaboration with SOGP, President SOGP presented a paper on "Calcium Deficiency and Osteoporosis in Women". Prof. Ayesha Siddiqua presented a paper on "Women Health Issues in Balochistan". Dr. AzraJameel talked on "Medical Ethics".



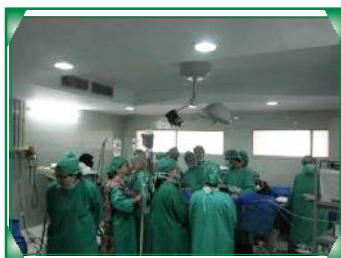
May 22, 2015: Press Conference

Press Conference on the Occasion of International Obstetric Fistula Day, for creation of awareness among the general public.



May 25-26, 2015: Basic Laparoscopy Workshop

Two Day Workshop on Laparoscopy &Hysteroscopy was organized by the President SOGP at Gynea Unit II BMCH Quetta. Prof. Asif Qureshi was the master trainer and 24 doctors attended the workshop.



June 3-6, 2015: AOCOG Kuching Malaysia

Many delegates from Pakistan attended Asia Oceania Congress of Obstetricians and Gynecologists at Kuching Malaysia. Prof. Tasneem Ashraf, President SOGP, attended the Council Meeting, General Assemble and participated in AOFOG Elections. She also presented three papers 1) Gestational Diabetes, 2) Management of Hepatitis B during Pregnancy 3) Mini Laparotomy Utero Suspension and an Electronic Poster was also displayed on "Aggressive Angiomyxoma during Pregnancy" in this congress.





World Cancer day

The incidence of cervical cancer in Pakistan is lower than what is being reported in its neighbouring countries, Pakistan is still one of the world's top ten countries with the highest number of cervical cancer deaths, accounting for an estimated 20 deaths per day.

According to the World Health Organisation (WHO), one death every two minutes can be attributed to cervical cancer, making it the second leading cause of death worldwide among women after breast cancer. Approximately 80 per cent of these deaths occur in developing countries like Pakistan.

Due to limited awareness, Pakistani women suffer from many preventable ailments like cervical cancer, which is entirely preventable through vaccination and screening, both of which are available in the country.

According to a WHO study, the incidence of cervical cancer in Pakistan in 2008 was 13.6 per 100,000 compared to less than 9 per 100,000 in 2002, which shows that the country is moving from low-risk to moderate risk level, making it a danger zone where young girls are more at risk than before.

Keeping these facts in mind SOGP organized awareness seminars at world cancer day. It included seminars for doctors and nurses and a lecture for general public.



World Cancer day Larkana

World Cancer Day celebrated presentation on Ca cervix and Training on Pap Smear 4th Feb, 2015 at Shaikh Zyed Women Hospital Larkana





SOGP 6th Exective Committee Meeting

It was held on 14th February 2015 Saturday at Moven pick hotel Karachi

The following members attended the meeting

Prof Tasneem Ashraf

Prof.Razia Korejo

Prof.Mohammad Tayyeb

Prof Ghazala Mehmood

Prof.Ayesha Siddiqa

Dr Haleema Yasmin

Dr shahida sheikh

Dr shahina Zahoor

Following points were discussed.

- Discussion of the budget of 15th Biennial Conference.
- Representation of SOGP at different SAFOG sessions.
- SOGP Activity Calendar was finalized.
- Registration of SOGP for PMDC CME accreditation.
- National Annual Conference venue was finalized to br Lahore
- Finalizing the names and SOPs for academic board of SOGP were discussed but couldn't be finalized.
- SOGP based standard Management Protocols should be made for different obstetric emergencies.
- The training courses and workshops for mid career level Consultants was discussed
- Matters related to News & Views and JSOGP were discussed and a meeting of editorial board is awaited.





Misoprostol use for reproductive health indications

SOGP Panel Discussion .A panel discussion was held in collaboration with NCMNH and midwifery association of Pakistan.This was attended by vast number of members rich discussion was generated on important health issues like use of misoprostol by community health workers ,trainings on proper dosage regimens and indications, issues of supply and demand etc were discussed by all panelists and participants

The WHO just released the report of the 20th Expert Committee on the Selection and Use of Essential Medicines, and the application for the inclusion of misoprostol on the Model List of Essential Medicines (EML) for the additional indication of treating postpartum hemorrhage when oxytocin is not available or cannot be used safely, was accepted!

The report can be accessed and the 2015 EML through the links here: [Report of the 20th WHO Expert Committee on the Selection and Use of Essential Medicines](#); [2015 WHO Model list of Essential Medicines](#).





International Women's day

Like other countries and organizations of the world, SOGP observed International Women's Day 2015 to celebrate the health and social challenges and achievements of women, with a commitment to promote and protect their rights. The day was celebrated with the theme 'Make It Happen' as the theme declared by government of Pakistan. Sogp related programmes included a walk in different towns, press conference in quetta, a visit to darul aman at Larkana, CME at jpmc Karachi where teaching faculty of JPMC, AKUH, DUHS, BUMDC gave lectures on screening and early detection of ca breast and ca cervix.

A list of interested gynecologists who can provide advice on vaccination of ca cervix and on examination of breast and cervix was made and uploaded on the website.





International Women's day Larkana (Dar-ul-Aman)



Public Awareness

The chairperson of the committee prof roshan ara qazi with team members and many other gynecologists and hospital administrators who volunteered to participate had started "Serial National Public Awareness Programs on Women's Reproductive Health Issues" in local languages almost throughout the country from November 2014. The year wise calendar with tittles and dates was emailed to the SOGP president and secretariat for information and all the participating members.

The Literature in local language was taken from the book written by Prof. Roshan Ara Qazi "Keeping the mothers Healthy in Urdu, Sindhi and English" scanned and emailed to the members for distribution among the participants.

The topics covered were "Antenatal Care, Pregnancy Problems and Solutions, Postnatal Care, Lactation Management and Contraception.

The Programs were successfully conducted in the hospital OPDs and auditoriums and were attended by the patients, their relative men & women. The participants listened to the speakers with interest and interacted in the question and answer session.

This was part of the ongoing efforts of SOGP to raise mass awareness about health issues of women of nation. In Pakistan where there is minimal understanding of prevention & compliance and many myths and misconceptions continue to hamper proper management of different health problems the need is even greater to disseminate information that will help patients live well.





SOGP Larkana Chapter

The long awaited larkana chapter was announced. the graceful ceremony of oath taking was attended by members and senior gynaecologists of the town. it was followed by cake cutting ceremony and distribution of souvenirs by Professor Rafia Baloch and Dr Shahida Sheikh.





CME on infertility at larkana

Chair person of subfertility committee of SOGP dr shahin zafar gave a detailed account of this important reproductive health need and provided the participants an update on ovulation induction protocols, different ART methods and the importance of male factor problems in sub fertility cases.



Hands on workshop for EmONC at Larkara

The need of hands on training to attain skills to manage obstetric emergencies is recognized by all clinicians and academicians worldwide .this was the initiative behind the activity conducted at Sheikh Zaid hospital larkana. general practionars from the peripheral towns of larkana showed huge interest in these workstations which included skill traing in breech vaginal delivery ,shoulder dystocia ,massive obstetric haemorrhage,partograph and perineal tears suturing.





SOGP CME Antenatal, intrapartum and post natal Care

Although antenatal care coverage in our country is high, worrying gaps exist in terms of its quality and ability to prevent, diagnose or treat complications. Moreover, much less is known about the utilisation of postnatal care, by which we mean the care of mother and baby that begins one hour after the delivery until six weeks after childbirth. Improving maternal and newborn health requires strengthening of existing evidence-based interventions in antenatal care (ANC) and postnatal care (PNC). According to Demographic and Health Surveys very few women receive a postnatal visit within two days.

A seminar was arranged for general practioners to highlight the need of ante natal intrapartum and post partum care and to fill the existing gaps between tertiary care and primary referral centers.





International Mothers Day at CPSP Karachi

As being done in previous years SOGP arranged on International Mother's Day an event to share the data of Maternal Mortality & Morbidity from major public & put hospitals of Karachi it was well attended & the causes were discussed in detail by senior members. Delays in seeking health care were identified & recommendations made to improve maternal health situation.





International Mothers Day Larkana

The splended occasion of world's mother's day celebrated at Shaikh Zaid Women Hospital Larkana. Flowers, Sweets and gifts were distributed among the patients admitted in the ward by the chairperson Gynae/obs, Prof: Dr. FouziaKashif. Cake cutting ceremony was done by an old mother admitted in the ward. It was really a delightful occasion.



Rawalpindi Islamabad Chapter SOGP Meeting

The Chapter is holding regular Academic Meetings every two months in different hospitals of the Twin Cities. The meetings are attended by the PG students and the faculty members of various institutions of the Twin Cities. Two to Three important topics and case reports are presented in the forum for discussion.





Fistula Conference of Lahore





**NATIONAL CME ON SPASMODIC ABDOMINAL PAIN IN FEMALE POPULATION
KARACHI, MULTAN, HYDERABAD, ISLAMABAD, BAHAWALPUR, LAHORE,
FAISALABAD & PESHAWAR**





Choose one best

- Q.1 Ovarian teratomas**
a. Typically present in the 5th decade of life.
b. 50% of bilateral.
c. The presence of immature neural tissue is of prognostic significance.
d. AFP levels are typically elevated.
e. Are diagnosed by elevated Ca 125
- Q.2 Malignant melanoma of the vulva**
a. Diameter of the tumour is the most important prognostic factor
b. Depth of invasion is the most important prognostic factor
c. Carries a better prognosis compared to other cutaneous melanomas
d. Chemotherapy is recommended treatment
e. Is followed up by vulval biopsy
- Q.3 In women with early vulval cancer**
a. Radical vulvectomy carries a lower risk of local recurrence compared to wide local excision
b. Management by wide local excision should achieve surgical margins of at least 5mm
c. A depth of invasion of <1mm is associated with a 10% risk of nodal metastases
d. With lateral tumours <2mm in diameter, initial ipsilateral groin node dissection only is recommended
e. Management by (WLE) should achieve tumor free margins of at least 2mm
- Q.4 With respect to ovarian cysts in post-menopausal women**
a. 20% of post-menopausal women have abnormal ovarian morphology on
b. Colour-flow Doppler has been shown to be useful in differentiating malignant from benign ovarian cysts.
c. Cytology of aspirated ovarian cyst fluid has a high sensitivity in detecting malignant ovarian cysts.
d. MRI has been shown to be better than ultrasound in differentiating benign from malignant ovarian cysts.
e. Are mostly treatable by aspiration
- Q.5 Pseudomyxoma peritonei**
a. Is associated with bowel obstruction
b. Is associated with pleural effusion
c. Requires leakage from a parent cyst for the condition to develop
d. Does not occur in association with gastro-intestinal tumours
e. Is associated with intrauterine tumor
- Q.6 Oestrogen-secreting ovarian tumours include.**
a. Endometriomata
b. Dysgerminomas
c. Granulosa cell tumours
d. Serous cystadenoma
e. Germ cell tumor
- Q.7 Ovarian thecomas**
a. Are associated with Meig's syndrome
b. Are associated with virilisation
c. Typically produce oestrogen
d. Characteristically have a high degree of cellular atypia
e. Secrete FSH mostly
- Q.8 With respect to epithelial ovarian cancer in the UK**
a. It causes more deaths than any other genital tract cancer.
b. There is an association with prolonged use of the COCP
c. 5 year survival is higher with serous compared to mucinous adenocarcinomas
d. Second look laparotomy is associated with improved 5 year survival
e. Mostly present in stage I
- Q.9 A healthy 34 years old woman is referred for contraceptive advice, her mother died from pulmonary embolism at the age of 60 years her BMI is 22 kg/m² she is a regular 28 days cycle with normal menstrual loss. Her BP is 120/80 mmHg. Choose the contraceptive option that should not be used.**
a. Coartem
b. Combined oral contraceptive pills
c. Male condom
d. All options may be used
e. Injectable progesterone
- Q.10 A 30 years old woman under IVF treatment during which two embryos were replaced, u/s scan at 6 weeks of gestation showed a monochorionic diamniotic twin pregnancy she will like a screen test part down syndrome**
a. Integrated test.
b. Nuchal translucency
c. Amniocentesis
d. Chorionic villous sampling
e. Second trimester serum marker screening

Key answers are on page number 21.

Contributed by Dr. Fouzia Kashif representative of News&views Larkana Chapter.



FIGO Workshop

FIGO Initiative for Prevention of Unsafeabortion:

Different workshops were conducted at Karachi, Quetta, Multan, Peshawar on MVA & Family planning counseling & method adoption after PAC Services.

FIGO Regional meeting conducted at Colombo were Pakistan plan of action was presented.

Regional co coordinator Dr. Shahida Zaidi convened the sessions. Focal person

Dr. Haleema presented the progress in Pakistan plan of action.

Data collection from different centers was shared.



FIGO Regional Meeting at Colombo





FIGO Young people workshop

In 2009 FIGO commissioned a review of its adolescent sexual and reproductive health (ASRH) activities which highlighted the important role the Federation could play by engaging more deeply and strategically in ASRH initiatives. FIGO noted the urgent need to strengthen the credible voice of obstetricians and gynaecologists in support of increasing young women's access to contraceptive and safe abortion services. In the subsequent years FIGO has conducted regional workshops which have brought together obstetricians and youth in Africa, Asia, Latin America and Europe. These workshops provided space for obstetricians and gynaecologists to meet with young people and discuss important issues, generate practical and innovative strategies for improving ASRH whilst strengthening the capacity of obstetricians and gynaecologists to advocate and provide better sexual and reproductive care for young people.

Building on its experience delivering regional workshops through the Global Initiative on the Prevention of Unsafe Abortion, FIGO designed a project which aimed to bring together obstetricians/gynaecologists with members of reproductive health and advocacy groups to generate practical and innovative strategies for improving ASRH. By bringing representatives from these two groups together to share experiences and ideas, it was anticipated that they would be able to work together as part of a more joined-up approach to improving sexual and reproductive healthcare for young people, while also strengthening the capacity of obstetricians/gynaecologists to be advocates in this area. By joining this 'Young People, Contraception and Abortion' workshop to the FIGO Unsafe Abortion workshop also meant that more delegates had the opportunity to participate in both forums - further increasing opportunities for learning and cooperation. This project was funded by Marie Stopes International under their portfolio 'Preventing Maternal Deaths from Unwanted Pregnancies' (PMDUP).





3rd Biennial SAFOMS Conferance - 2015 (Dhaka)



10th SAFOG International Conferance - 2015 (Nepal)



Keys :

Q.1 C	Q.2 B	Q.3 D	Q.4 A	Q.5 A
Q.6 C	Q.7 A	Q.8 A	Q.9 D	Q.10 B



FIGO MVA PAC Workshop at Kohi Goth

Workshop was held on 16th June, 2015 at Kohi Goth Women Hospital District Malir. The participants were doctors, LHV's & LHW's total number of participants was 30. The Program started with registration and topics which were covered were Abortion an overview of related health situation, uterine evacuation Methods, MVA instrument facts and figures, Medication abortion, Infection prevention, Counseling and contraception and procedure check list and model practice. The training was followed by certificate distributions and lunch for all participants and facilitators.





Upcoming International Conferences

NES A Days 2015 September 18-20; Berlin, Germany

www.comtecmed.com/nesa/2015 NESADays2015@cmtecmed.com

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.escrh.eu/events/esc-events/2016

3rd WORLD CONGRESS ON OVULATION INDUCTION & OVARIAN STIMULATION PROTOCOLS

September 2-5, 2015 Sheraton New York Times Square Hotel New York, New York USA

Tel: +91 9821618106 (WOOSP Conference Secretariat)

Email: goral@woosp.in (WOOSP Conference Secretariat)

12th World congress of Perinatal Medicine

MADRID Spain 3rd-6th November, 2015

Web: www.wcpm2015.com

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

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

Web: www.cppcongress.com

11th Asia Pacific Congress in Maternal Fetal Medicine

27 - 29 November 2015 Sheraton Grande Taipei Hotel - Taiwan

Web: www.apcmfm.hk

The 22nd World Congress on Controversies in Obstetrics, Gynaecology & Infertility (COGI)

Budapest, Hungary, September 17-20, 2015

www.congressmed.com/cogi

XXI FIGO World Congress of Gynaecology and Obstetrics

4-9 October 2015

visit: www.figo2015.org

24th International Scientific Conference of OGSB

to be held on 26-27th November 2015 at Cox's Bazar, Bangladesh.

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



Upcoming International Conferences

4th Asian Conference on Endometriosis

November 19-21, 2015 Jordan-Kempinski Hotel Dead Sea

12th MEDUOG CONGRESS

11th-13th December 2015

Goulandris Natural History Museum, Kifisia, Athens

Woosp 2015

3rd World Congress on Ovulation Induction & Ovarian Stimulation Protocols

3rd-6th September, 2015 Sovoy Resort & Spo, Seychelles

Web: www.woosp.in

10 SICOG 2015 Main Conference

22-24 Aug 2015 Raffles City Convention Centre

Registration opens until 14 Jul 2015 at www.sicog2015.com - be early!

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!



Society of Obstetricians & Gynaecologists of Pakistan

SOGP Annual Calendar Of Events 2015

Date & Months	Events	Programs
4th January 2015	CME at all chapters Screening	Awareness about Cervical Cancer
4th February 2015	World Cancer Day	Workshop on VIA, Colposcopy & HPV testing
14-15 February 2015	Joint Session with SIRM	6th Executive Committee Meeting
8 March 2015	International Women Day	Seminar by SOGP with Stakeholders (Topic to be Decided)
7th April 2015	World Health Day	Workshop on Gynecological Endoscopy at all chapters
1st Week of May, 2015 23rd May, 2015	Mothers Day Fistula Day	Maternal Mortality & Morbidity reports at all Chapters Workshop on prevention of genital fistula & basic fistula repair
June, 2015	CME	Workshop on EmONC at the all chapters
July, 2015	SOGP Course	Approval for topics & Curriculum of course by Academic Board and SOGP Executive Committee to be done.
August, 2015	World Breast Feeding Day	Workshop for Midwives & House Officers
September, 2015	CME	Medical Disorders of pregnancy needs
15th October, 2015	International Day of Rural Women	Identifying the contraception for our women (Public Awareness Seminar)
November, 2015	Annual Conference	SOGP National Conference at Lahore
1st December, 2015	World Aids Day	Walk by SOGP with stake holders



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- Old and young³
- With severe and non severe incontinence⁴
- Dry and Wet OAB⁵
- Incontinence of mixed origin⁶
- In patients with comorbid condition⁷
- In men with OAB and other LUTS⁸

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- Treatment efficacy is maintained in the long-term for up to 12 months of therapy.⁹
- Symptom relief is obtained with minimal adverse effect.¹²

1. U.S. Pharmacopeia, Inc. Anticholinergics. In: The Pharmacopeia of the United States, 28th ed. Washington, DC: U.S. Pharmacopeia, Inc.; 2005. p. 1000. 2. U.S. Pharmacopeia, Inc. Anticholinergics. In: The Pharmacopeia of the United States, 28th ed. Washington, DC: U.S. Pharmacopeia, Inc.; 2005. p. 1000. 3. U.S. Pharmacopeia, Inc. Anticholinergics. In: The Pharmacopeia of the United States, 28th ed. Washington, DC: U.S. Pharmacopeia, Inc.; 2005. p. 1000. 4. U.S. Pharmacopeia, Inc. Anticholinergics. In: The Pharmacopeia of the United States, 28th ed. Washington, DC: U.S. Pharmacopeia, Inc.; 2005. p. 1000. 5. U.S. Pharmacopeia, Inc. Anticholinergics. In: The Pharmacopeia of the United States, 28th ed. Washington, DC: U.S. Pharmacopeia, Inc.; 2005. p. 1000. 6. U.S. Pharmacopeia, Inc. Anticholinergics. In: The Pharmacopeia of the United States, 28th ed. Washington, DC: U.S. Pharmacopeia, Inc.; 2005. p. 1000. 7. U.S. Pharmacopeia, Inc. Anticholinergics. In: The Pharmacopeia of the United States, 28th ed. Washington, DC: U.S. Pharmacopeia, Inc.; 2005. p. 1000. 8. U.S. Pharmacopeia, Inc. Anticholinergics. In: The Pharmacopeia of the United States, 28th ed. Washington, DC: U.S. Pharmacopeia, Inc.; 2005. p. 1000. 9. U.S. Pharmacopeia, Inc. Anticholinergics. In: The Pharmacopeia of the United States, 28th ed. Washington, DC: U.S. Pharmacopeia, Inc.; 2005. p. 1000. 10. U.S. Pharmacopeia, Inc. Anticholinergics. In: The Pharmacopeia of the United States, 28th ed. Washington, DC: U.S. Pharmacopeia, Inc.; 2005. p. 1000. 11. U.S. Pharmacopeia, Inc. Anticholinergics. In: The Pharmacopeia of the United States, 28th ed. Washington, DC: U.S. Pharmacopeia, Inc.; 2005. p. 1000. 12. U.S. Pharmacopeia, Inc. Anticholinergics. In: The Pharmacopeia of the United States, 28th ed. Washington, DC: U.S. Pharmacopeia, Inc.; 2005. p. 1000.

PRESCRIBING INFORMATION SUMMARY: DESCRIPTION DETRUSITOL SR capsule & DETRUSITOL SR tablets contain tolterodine. The active moiety, tolterodine, is a muscarinic receptor antagonist. **INDICATION:** DETRUSITOL SR capsule & DETRUSITOL SR tablets are indicated for the treatment of overactive bladder with symptoms of urinary urgency, frequency, and/or urge incontinence. **POSOLIO AND METHOD OF ADMINISTRATION:** General: DETRUSITOL SR capsule & DETRUSITOL SR tablets can be taken with or without food and must be swallowed whole. Adults (including Elderly): Recommended total daily dose is 4 mg, once daily for DETRUSITOL SR capsule and 2 mg, twice daily for DETRUSITOL SR tablets. The total daily dose may be reduced to 2 mg, once daily, based on individual tolerability. Children: Safety and effectiveness in children have not been established. In Impaired Renal Function: Recommended total daily dose is 2 mg, once daily. In Impaired Hepatic Function: Recommended total daily dose is 2 mg, once daily. With potent CYP3A4 inhibitors: Recommended total daily dose is 2 mg, once daily for patients receiving concomitant ketoconazole or other potent CYP3A4 inhibitors. **CONTRAINDICATIONS:** TOLTERODINE is contraindicated in patients with urinary retention, uncontrolled narrow angle glaucoma, known hypersensitivity to tolterodine or excipients, severe ulcerative colitis, toxic megacolon and myasthenia gravis. **WARNING & PRECAUTIONS:** Tolterodine should be used with caution in patients at risk for urinary retention, decreased gastrointestinal motility, patients with impaired renal and hepatic functions. In a study of the effect of tolterodine immediate-release tablets on the QT interval, the effect on the QT interval appeared greater for 8 mg/day two times the therapeutic dose than for 4 mg/day and was more pronounced in CYP2D6 poor metabolizers than extensive metabolizers. The effect of Tolterodine 8 mg/day was not as large as that observed after four days of therapeutic dosing with the active control moxifloxacin. However, the confidence intervals overlapped. **CYP3A4 Inhibitors:** The recommended total daily dose of Tolterodine is 2 mg for patients on concomitant medication with potent CYP3A4 inhibitors, such as itraconazole, voriconazole, posaconazole, isavuconazole, and clarithromycin. **INTERACTION WITH OTHER MEDICAL PRODUCT AND OTHER FORMS OF INTERACTION:** Pharmacokinetic interactions are possible with other drugs metabolized by or inhibition cytochrome P450 2D6 (CYP2D6) or CYP3A4. Concomitant treatment with fluoxetine does not result in a clinically significant interaction. **PREGNANCY AND LACTATION:** There are no studies in pregnant women. Therefore, tolterodine should be used during pregnancy only if the potential benefit to the mother justifies the potential risk to the fetus. Use of tolterodine during lactation should be avoided since no data on excretion into breast milk in humans are available. **ADVERSE EFFECTS:** DETRUSITOL SR & DETRUSITOL SR may cause mild-to-moderate anticholinergic effects, including dry mouth, dyspepsia, and reduced lacrimation. Clinical Trials: Adverse events considered potentially drug-related, from studies of DETRUSITOL SR & DETRUSITOL SR. Infections and Infestations: sinusitis. Immune System Disorders: allergic reactions. Psychiatric Disorders: confusion. Nervous System Disorders: dizziness, headache, somnolence. Eye Disorders: abnormal vision (including abnormal accommodation), dry eyes. Ear & Labyrinth Disorders: vertigo, vestibular disorder. Flushed skin. GI Disorders: dry mouth, abdominal pain, constipation, dyspepsia, flatulence, gastroesophageal reflux, ileal & urinary disorders: dysuria, urinary retention. General Disorders & Administration Site Conditions: fatigue, post-marketing surveillance. Immune System Disorders: anaphylactic reactions. Psychiatric Disorders: disorientation, hallucinations, nervous system disorders: memory impairment. Cardiac Disorders: tachycardia, palpitations. GI Disorders: diarrhea, skin & subcutaneous tissue disorders: urticaria, angioedema. General Disorders & Administration Site Conditions: peripheral edema. Cases of aggravation of symptoms of dementia (e.g. confusion, disorientation, delirium) have been reported after tolterodine therapy was initiated in patients taking cholinesterase inhibitors for the treatment of dementia. **OVERDOSAGE:** The highest dose of tolterodine tartrate given to human volunteers was 128 mg, as single dose. The most severe adverse events observed were observed were observed were accommodation disturbances & miosis. Over dosage with tolterodine tartrate can potentially result in severe central antimuscarinic effects & should be treated accordingly. In the event of DETRUSITOL SR & DETRUSITOL SR overdose, standard supportive measure for managing QT prolongations should be adopted. **STORAGE:** DETRUSITOL SR 4 mg: Store at controlled room temperature 15-30°C. Avoid exposure to heat, sunlight & moisture. DETRUSITOL SR 2mg: Store at a temperature of 20°C to 25°C. How SUPPLIED: DETRUSITOL SR 4 mg: bottle of 30's DETRUSITOL SR 2mg: bottle of 28's.



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