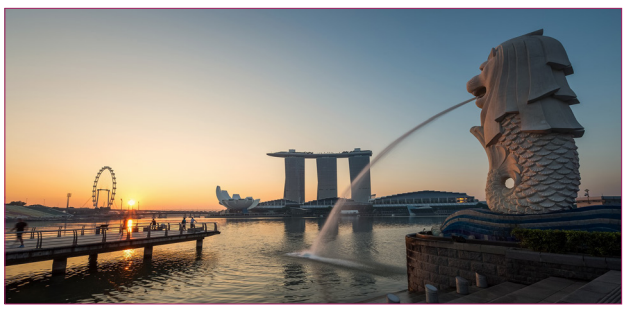
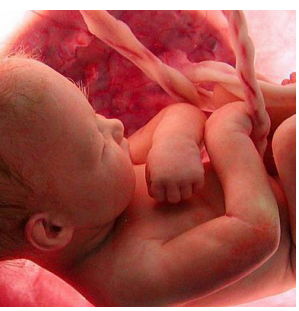
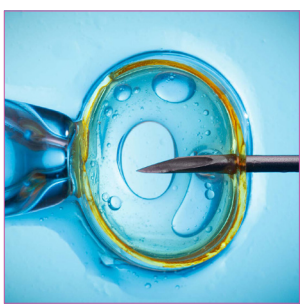
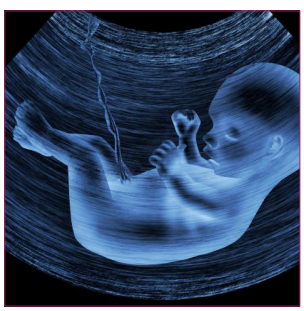
Keynote Forum
November 14, 2019

Gynecology 2019

4th International Conference on

Obstetrics and Gynecology

November 14-15, 2019 | Singapore

Sr Renee Mirkes, Res Rep Gynaecol Obstet, Volume:3
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Sr Renee Mirkes

Saint Paul VI Institute, USA

NaProTechnology: Healthcare women really need

NaPro Technology is a dynamic, universal women's health science developed by Dr Thomas W Hilgers and his colleagues at the Pope Paul VI Institute. Evolving over forty years of clinical research, Natural Procreative TECHNOLOGY (NPT or NaPro for short) applies a harmonized and prospective system of cyclic charting whose biofeedback is critical in helping women understand their health and fertility. One abiding hallmark distinguishes NPT's 45-year history: A woman's healthcare goals—the regulation of fertility or the identification and treatment of reproductive abnormalities—are realized in cooperation with her natural procreative cycle. Here I bring the defining concepts and accomplishments of NPT into dialogue with those of the Women's Health Movement (WHM), a major U.S. healthcare initiative that, since the 1960s, has continued to gain momentum in American mainstream medicine. Speaking for the former will be a representative group of female patients who will recount their experiences in taped soundbites taken from their personal testimony included in the book Women Healed. Personifying the latter are the initial architects and contemporary leaders of the WHM. What you are about to discover is how a comparative conversation between these two contemporary healthcare phenomena elegantly sets the power of NPT in bold relief. First, NaPro embodies all that is worthy in the WHM. Second, NaPro eclipses the best of what the WHM has to offer. And, third, NaPro excludes any Women's Health Movement proposal/practices that fail to realize health in either female patients or the culture.

Speaker Biography

Sister Renee Mirkes is a member of the Franciscan Sisters of Christian Charity, Manitowoc, WI. She serves as director of the Center for NaProEthics [the ethics division of the Saint Paul VI Institute, Omaha, NE] and was editor of its ethics publication, The NaProEthics Forum, from 1996 to 2002. In her current position, she deals with procreative and birth ethics through consultations, publications, and public speaking. To these commitments she brings experience in clinical ethics as well as broad experience in bioethics as a research fellow from 1987-1990 with the National Catholic Bioethics Center (formerly the Pope John Center: Houston, TX). She was appointed to the Nebraska Bioethics Advisory Commission by University of Nebraska President L. Dennis Smith in 2000. She is a founding member and serves on the board of Nebraska Coalition for Ethical Research. She has also been appointed chair of the Legislative Committee of the American Academy of Fertility Care Professionals and spearheads its website focus on protecting healthcare rights of conscience in reproductive medicine. She has published articles in The Journal of Philosophy and Medicine; Ethics & Medics; New Black friars; The Thomist; Linacre Quarterly; The American Catholic Philosophical Quarterly; Catholic Answer; Our Sunday Visitor; The NaProEthics Forum; National Catholic Bioethics Center Quarterly; Ethics and Medicine, and The Catholic Response.

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Thomas Tang, Res Rep Gynaecol Obstet, Volume:3
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Thomas Tang

Belfast Health and Social Care Trust, UK

Update on the use of metformin in women with PCOS

To evaluate the effectiveness and safety of metformin in improving reproductive and metabolic outcomes for women with PCOS undergoing ovulation induction. We searched the following databases from inception to January 2017: Cochrane Gynecology and Fertility Group Specialized Register, CENTRAL, MEDLINE, Embase, PsycINFO and CINAHL. We searched registers of ongoing trials and reference lists from relevant studies. We assessed the interventions metformin, clomiphene citrate, metformin plus clomiphene citrate. We compared these with each other, placebo or no treatment. In total, 42 studies (4024 women) were included in the analysis. Our updated review suggests that metformin alone may be beneficial over placebo for live birth, although the evidence quality was low. When metformin was compared with clomiphene citrate, data for live birth were inconclusive, and our findings were limited by lack of evidence. Results differed by body mass index (BMI), emphasizing the importance of stratifying results by BMI. An improvement in clinical pregnancy and ovulation suggests that clomiphene citrate remains preferable to metformin for ovulation induction in obese women with PCOS. An improved clinical pregnancy and ovulation rate with metformin and clomiphene citrate versus clomiphene citrate alone suggests that combined therapy may be useful although we do not know whether this translates into increased live births. Women taking metformin alone or with combined therapy should be advised that there is no evidence of increased miscarriages, but gastrointestinal side effects are more likely.

Speaker Biography

Thomas Tang graduated from the University of Aberdeen and did most of his specialist training in the Yorkshire region. He was awarded a postgraduate degree of Doctor of Medicine by the University of Leeds in 2007; his research focused on fertility care for women with Polycystic Ovary Syndrome. He became a consultant in 2010 and joined the team in the Regional Fertility Centre, Belfast in 2012, offering a broad range of fertility treatments including ovulation induction and IVF/ICSI, as well as fertility preservation. He is also interested on postgraduate education and is currently an associate editor in the RCOG journal 'The Obstetrician and Gynecologist' as well as an honorary senior lecturer in the University of Leeds.

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Alia Adwan, Res Rep Gynaecol Obstet, Volume:3
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4th International Conference on
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Alia Adwan

Universal Hospital Al Ain, UAE

Female genital mutilation (The fatal tradition)

Female genital mutilation (FGM) is a procedure where the female genitals are deliberately cut, injured or changed, but where there's no medical reason for this to be done. It's very painful and can seriously harm the health of girls and women. It can also cause long-term problems with sex, childbirth and mental health. FGM is recognized internationally as a violation of the human rights of girls and women. UNICEF estimates that worldwide over 125 million women and girls have undergone FGM. It is a traditional cultural practice in 29 African countries. Outside Africa, FGM is also practiced in Yemen, Iraqi Kurdistan and parts of Indonesia and Malaysia. Far smaller numbers have been recorded in India, Pakistan, Sri Lanka, the United Arab Emirates, Oman, Peru and Colombia. According to the literature these women due to their traumatic experience which frequently occurs in childhood, require a challenging type of care so that to accomplish an improved childbirth outcome. A greater understanding of FGM will help health professionals to improve the health care provided and cease further alienation of the women involved. Increasing awareness by educating the communities involved through the Anti-FGM campaigns could help to challenge themselves against harmful practices. The purpose of this lecture is to outline the different types of FGM, the immediate complications, the long term consequences and the significance of the health professionals' role while dealing with excised women and to discuss in detail the systematic medical approach and the plan of care in pregnancy for women with FGM as well as to increase the awareness among health professionals and involved communities in the hope that the message in this lecture will help the international efforts to abolish this practice or at least diminish it to save as many women as we can from this fatal tradition and its harmful consequences.

Speaker Biography

Alia Adwan obtained her MD from Jordan University of Science & Technology - Jordan (2003), subsequently she did her post graduate training in O&G at King Abdullah University Hospital - Jordan (2004-2008) and then she obtained the Jordanian Board in O&G August same year from the Jordanian Medical council (JMC) Amman / Jordan. She is Full registered doctor with the General Medical Council (GMC - UK) since 2008. She is an active member of the Jordanian Society of Laparoscopic Surgeons (JSLS) since 2010. She pursued further training in Advanced Gynecological Endoscopic Surgery and Minimal Invasive Breast Surgery and Obtained her Diploma in October 2014 from PIUS Hospital - Oldenburg/Germany and in June 2016, she obtained her Fellowship in Advanced Gynecological Endoscopic Surgery And Minimal Invasive Breast Surgery from the same hospital, Accredited by The German Board of Medical Doctors. She has always been an active member of the scientific committees in all the hospitals she worked at, arranging and contributing in CME programs, Symposiums and Conferences. She is very keen in spreading the awareness of different female medical-related issues like breast cancer awareness, cervical cancer awareness and FGM awareness.

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Ana Mitrovic Jovanovic

University Clinic of Belgrade, Serbia

Vulvovaginal rejuvenation – SUI

Laser vulvovaginal rejuvenation is an option for vaginal atrophy and SUI. The close association between the lower urinary tract and female reproductive organs could explain the genitourinary syndrome of the menopause, but also the early ones of SUI after delivery and other gynecological operation during the reproductive ages. Stress urinary incontinence (SUI) is defined as involuntary urine loss that is provoked by increase in intra-abdominal pressure, usually during physical activity, and upon coughing, sneezing, laughing or when engaging in intercourse. Bladder control problems also affect younger people, especially women who have just given birth. In fact, one in four women over 18 years old experience episodes of leaking urine involuntarily. Even mild symptoms affect social, sexual, interpersonal and professional function. One of the contributing factors to stress incontinence in menopausal women is loss of the para-urethral vascular plexus that surrounds the proximal urethra. In the pre-menopausal state, this lush network of vessels serves as a “hydraulic sphincter” to augment other continence mechanisms. In the postmenopausal state, this vascular plexus becomes flat and ineffective. To solve this problem, we use for our patients Femi Lift Laser therapy and PRP therapy, but also HRT- hormonal replacement therapy, local or combined local and systemic. Sometimes it is not enough to perform laser or /and PRP. NE Collagenesis and remodeling of the connective tissue of the lamina propria is achieved in response to the controlled injury caused by the deep thermal effect after Femi lift therapy. Mature collagen fibers increase of collagen fiber strain neovascularization: new blood vessel formation, improved lubrication, normalize vaginal pH and flora. A strong, fast and effective results after laser procedure in the treatment of the SUI problems could not be seen after PRP only for this indication. Our experience shows that sometimes it is not enough to apply laser therapy only as well. Individual approach to patients with SUI problems is obligatory.

Speaker Biography

Ana Mitrovic Jovanovic was born in 1971 in Cetinje. She is currently employed at Gynecological Obstetrics Clinic "Narodni Front" in Belgrade. She is the chief of the daily hospital and an associate professor at the Faculty of Medicine in University of Belgrade on the subject Gynecology and Obstetrics. She did her Faculty of Medicine from University of Belgrade. She graduated with a BA in 1995 and obtained her master's thesis with great success on May 12, 1998 at the Faculty of Medicine in Belgrade. She did her PhD thesis at the Faculty of Medicine, Belgrade scientific field Human reproduction. She further specialized in fertility and sterility. She is the founder and president of the Reproductive Health Association and has been the member of many prestigious Gynecologic Associations. She has so far published over 150 scientific papers and co-authored 15 textbooks and monographs.

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Hayat Elfil , Res Rep Gynaecol Obstet, Volume:3
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4th International Conference on
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Hayat Elfil

Hamad Medical Corporation, Qatar

Obstetric services in low income countries (Sudan as an example)

Medical services in general, and anesthetic services, in Sudan have been vulnerable to changes secondary to the socio-economic factors over the last few decades. This cross-state survey aims to identify the current set up of obstetric anesthesia services in 19 hospitals - representing all public hospitals in Khartoum State with maternity units- and audit them against internationally set standards. This is a cross-sectional descriptive non-interventional study. Questionnaires- based on the World Federation of Societies of Anesthesiologists (WFSA) Safe Anesthesia Standards- were distributed to Anesthetic departments' heads at the time of the study (first to fourteenth of May 2016) of 19 public hospitals. This is the total number of public hospitals delivering obstetric services in Khartoum State. All filled out questionnaires were returned (response rate 100%). Collected information/data provided were subsequently entered an Excel sheet and analyzed. Results were tabulated. There was a considerable variation in the capacity of the surveyed hospitals in terms of human resources, caseload and set up. Improper utilization of already deficient anesthesiologist in covering high load obstetrics services was also noticed. All the hospitals fell short of recommendations for minimum standards set by the World Federation of Societies of Anesthesiologists (WFSA). There is a vast gap between international set standards and the current set up of obstetric anesthesia in Khartoum State public hospitals. Necessary concerted efforts from governmental, non-governmental and professional bodies are warranted to improve obstetric anesthetic services in Khartoum State.

Speaker Biography

Hayat Elfil has completed her higher training in anesthesia in Ireland and obtained her Obstetric anesthesia fellowship from the National maternity hospital, Dublin, Ireland. She currently works as a consultant in obstetric anesthesia in the Women wellness research center, Doha, Qatar.

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S K Das, Res Rep Gynaecol Obstet, Volume:3
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S K Das

Swagat Hospital & Research Centre, India

Can ovarian hyper stimulation free clinic be a reality?

Ovarian hyper stimulation syndrome (OHSS) is an iatrogenic life-threatening condition in women's reproductive life, taking place during the process of inducing follicular development & ovulation, especially in ART practice. This iatrogenic complication may start in luteal phase and/or during early pregnancy after ovulation or ovulation induction. OHSS in generally associated with exogenous gonadotropin stimulation, occasionally it can be seen in Clomiphene/ Letrozole induced cycle. It is almost unknown in natural cycle. This condition is HCG dependent & therefore, OHSS happens in spontaneous pregnancies where there is supraphysiological concentration of HCG e.g. in multiple pregnancy and molar pregnancy or when there is FSH receptor mutation increasing its sensitivity to Trophoblastic HCG. OHSS consists of cystic ovarian enlargement, overproduction of ovarian hormones and vasoactive endothelial growth factor (VEGF) which is a potent angiogenic cytokine that stimulates follicular growth, corpus luteum function and ovarian angiogenesis. VEGF is responsible for capillary hyperpermeability & thus fluid shift from intravascular space to third space resulting in a wide range of clinical symptoms (abdominal discomfort, acute abdomen, respiratory distress etc.) and laboratory signs (low hematocrit, low serum albumin etc.) Understanding of the pathophysiology of OHSS is important to prevent & manage the same.

OHSS free clinic protocol aims at: -

1. Identifying primary risk factors (high level AMH, Age, AFC, previous OHSS, PCOS).

2. Selection of low risk stimulation protocols in ART.

3. Avoiding secondary risk factor (high peak E2, retrieval of more than 15 oocytes).

4. Stimulation protocol modification and avoiding HCG trigger.

5. Cancellation of cycle & freezing all embryos to transfer in other date (I.e., zero OHSS in fresh transfer).

6. In vitro maturation technique, which is promising.

Speaker Biography

S K Das is the Director of Swagat Hospital & Research Centre, Bongaigaon, Assam, India. He graduated (MBBS) from Guwahati University in 1987. He obtained his postgraduate (MD) from Guwahati University 1996, FICOG (India). He has over 10 publications. He has been faculty in various national & international conferences.

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Shahinaz H El-Shorbagy, Res Rep Gynaecol Obstet, Volume:3
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Shahinaz H El-Shorbagy

Tanta University, Egypt

Comparison of the predictive value of antral follicle count, anti-müllerian hormone and follicle-stimulating hormone in women following GnRH-antagonist protocol for intracytoplasmic sperm injection

Prediction of ovarian response is one of the prerequisites for women undergoing intracytoplasmic sperm injection (ICSI) treatment prior to the first controlled ovarian stimulation (COS) cycle. Predictive factors may be variable in patients pre-treated with oral contraceptives (OC) for scheduling purposes. To evaluate antral follicle count (AFC), anti-Mullerian hormone (AMH) and basal follicle stimulating hormone (FSH) for predicting ovarian responses in patients under controlled ovarian hyperstimulation randomized to receive either oral contraceptives (OC) or no treatment (non-OC) prior to their first controlled ovarian stimulation (COS) cycle. One hundred infertile women randomized to receive OC treatment or no treatment, prior to their first COS cycle; were stimulated with Gonadotropin Releasing Hormone (GnRH) antagonist protocol. During the early follicular phase (day2) of the two subsequent cycles (cycle A & cycle B) sonographic (AFC, ovarian volume) and endocrine data (AMH, basal FSH) were recorded. Transvaginal ultrasound was performed for all patients to monitor the ovarian response. Total number of oocytes retrieved, and number of generated embryos were recorded, and patients were categorized according to retrieved oocytes as poor (oocytes <5), normal (oocytes 5–12) or high responders (oocytes >12). AFC, AMH and basal FSH were lower in users than in non-users of hormonal contraception. Poor responders showed a smaller number of oocytes retrieved and had lower AFC and AMH but higher basal FSH levels was recorded in both groups (OC and non-OC). The better predictive value of AMH or AFC, as a single test or in combination will prevent cycle cancellations due to too low or too high ovarian response. AMH in OC group was not affected by OC pre-treatment and is superior to other parameters, while AFC is superior to AMH and basal FSH in non-OC group.

Speaker Biography

Shahinaz H El-Shorbagy is currently working as the professor of Obstetrics and Gynecology at the Tanta University, Egypt. She obtained her Fellowship of Gynecology and Infertility from Birmingham University, UK. She is also a consultant of IVF and Infertility and the Medical Director of Ommoma IVF Centre, Egypt.

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Hardip Kaur Dhillon, Res Rep Gynaecol Obstet, Volume:3
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Hardip Kaur Dhillon

Monash University, Malaysia

Urinary incontinence among Malaysian women in Selangor: "Oh God.... Why This!"

Numerous international studies had documented cross-cultural differences in the attitude and perception of women with UI, but local studies lacked documented evidence on how the Malaysian women with urinary incontinence experienced this phenomena and what impact it had on her or her spouses' quality of life. This phenomenological study applied a purposive sampling method to recruit 10 female volunteers with UI from the validated, standardized Monash Malay version Women Health questionnaire survey. In-depth interviews using audio aid were used to collect the data. Saturation was achieved after 10 interviews. Some insights from the experiential phenomena of UI were "I gained body weight and use to sit for long hours at work, I noticed my panties was wet." "I will control the urge to urinate if I am engrossed at work especially when working at the computer, then I notice I had leaked urine." "When I watch television or am doing something, I feel the need to urinate, I always don't make it to the toilet in time." "If I cough, sneeze loudly then I will have urine leak." The impact of UI on their quality of life (QoL) was described as "I don't feel like going out. In the beginning it was terrible. Sometimes in frustration I would say "Oh God! Why this?" "For me when I cannot run, exercise and dance, that was bad for me. I felt I can't carry on." [She had tears in her eyes]. Even today, urinary symptoms are hidden hence the term "silent epidemic". Within the cultural context, most Malaysian women continue to be shy to discuss their bodily function openly with others including their spouses. In terms of etiquette, some middle-aged women still considered it ill-mannered to raise uro-gynecological health issues unless questioned directly during medical consultation.

Speaker Biography

Hardip Kaur Dhillon completed her PhD at Monash University. She is an academician and a researcher at Jeffrey Cheah School of Medicine and Health Sciences (JCSoMHS), Monash University, Malaysia. She teaches in both undergraduate and postgraduate programs; some of her favorite subjects, to name a few, are health enhancement program, bioethics in medical and nursing research and community-based health practice. Her main research interests are problem-based learning and reflective journaling in medical and nursing education. Also, women health-related issues; especially menopause and female urinary incontinence among Malaysian women. She has published her research in national and international journals including a book entitled 'The menopausal experience of Kelantanese women' (2010) Saarbrucken, Germany.

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