Message from the President & Secretary

Dear Colleague,

Happy Tamil new year.

We wish that this new year illuminates your life with lots of joy, happiness and success.

The last meeting by Dr. Hitesh bhatt (Mumbai) **and Dr. Chithra was well attended.**

Many of our members have attended Yuva Fogsi conducted in Coimbatore.

We all should strive to make childbirth safe. Continuously updating our knowledge through conferences and books, training our paramedical persons, creating and following protocols , using checklists are some of the ways.

We encourage you to share your knowledge and talent by writing in our bulletin.

With warm regards.

Dr. E.S. Usha MD., DGO.,
Fellow in fetal medicine
President EOGS

Dr. Sri Revathy Sadasivam MD (OG)., DNB (OG)., MICOG., MRCOG (UK)., Masters in Reproductive Medicine (UK)
Secretary EOGS

MEDICO LEGAL TIPS

- Laws are formed in the Parliment and Gazetted. Whenever a law appears in the Gazette everyone is presumed to know the law.
- Courts are interpreting the law. Courts cannot make law.
- To become fearless in our practice we should learn medicine and law.
- Medicolegal cases are increasing due to
  - Increasing awareness by media and internet
  - People have become less tolerant.
  - Change in doctor patient relationship.
  - Change in the expectation about the doctor.
- Negligence
  - Doing something which a prudent doctor will not do in a similar situation 'Act of commission'. Eg giving B positive blood to A positive person.
  - Not doing something which a prudent doctor will do in a similar situation 'Act of commission' Eg When a patient under local anaesthesia is desaturating not doing bag and mask or intubating or calling help of anesthetist.
- Delegence – absence of negligence. This has to be proved in the court for which documentation and presentation are important.
- Duty of care - when a patient comes to the doctor's chamber the duty of care starts.
- What is considered to be prudent practice?
  - If the particular treatment is given in a textbook.
  - If it is the practice in the nearby medical college.

- If it is accepted by peers.
- If it has appeared in indexed medical journal.

- Standard of care differs from a GP to a consultant and also depends on the place of treatment like PHCs or Tertiary care hospital.
- Standard of care at the time of the incidence is taken into account and not at the time of the trial. Clear documentation will help us to prove.
- If there are two school of thoughts about treatment for any condition any one can be chosen and this will not amount to negligence.
- If the course of treatment is accepted by a reasonable body of medical people even if some others in that particular art is having a different opinion this will not amount to negligence eg Vaginal hysterectomy Vs LAVH (proponents of Laparoscopy may suggest vaginal hysterectomy is not suited).
- Error of judgement is not negligence. But the reasons must be documented and suggested investigations should be recorded.
- Avoid telephonic consultations.
- Accidents are not considered negligence.
- If a complication is not foreseeable then it is not negligence.
- Contributory negligence – if the patient has contributed to the complication eg not following doctor's advice. Documentation is important to prove this.
- Criminal liability
  - when there is a gross negligence.
  - When there is an intention to cause damage.

- Gross negligence (eg)
  - leaving surgical mop inside.
  - Operating on wrong parts or wrong patients.
  - Removing body parts for illegitimate trade.
  - Wrong gases during anesthesia.
- Any complication listed in the text book may be considered as simple negligence and others as gross.

Avoiding medicolegal problems

- ✦ Communication with patient and relatives
- ✦ Informed consent;

- Doctor has to get informed consent before any treatment.
- It should be a free consent i.e without any misconception and without any undue pressure.
- Any person more than 18yrs with sound mind without the effect of any drug or anaesthesia can give consent.
- Consent can be given for lawful consideration and lawful objective only.
- Adequate information including nature of treatment, procedure, purpose, benefits, alternatives ,risks and adverse consequences of refusal should be given to the patient.
- No need to explain remote or theoretical risks involved.
- Procedure specific consent should be obtained.
- Consent should be signed by patient , doctor and two witnesses.
- For genetic material consent from both partners is needed.

- In genuine emergency if a procedure is done to save the life of a patient consent is not required.
- Consent for a diagnostic procedure cannot be considered aqequate for definitive surgery.
- Consent for both diagnostic and definitive surgery can be taken together.
- Common consent can be taken for a particulars procedure and an additional or further procedure that may become necessary during the course of surgery.
- Consent can be taken by any doctor.
- All the columns should be filled before getting the signature. Getting a signature in an empty sheet equals to forgery.

✦ Avoid telephonic consultations.
✦ Update medical knowledge.
✦ Donot criticise other doctors.
✦ Consider patient's suggestions.
✦ Donot give any assurance about results.
✦ Document everything. Write complete notes. Never alter any records. Good documents will be good defence.
✦ Records should be maintained for the length of the time prescribed by the law.
✦ Always examine a female patient in presence of a female nurse or relative.
✦ Always treat within your limits and involve other specialists.
✦ If a legal notice is served don't panic. Stay calm, get medical, legal and medicolegal help.

From Dr. Hitesh bhatt's (Mumbai) talk on 17/03/19 @ Erode.

Model Consent form for Gynaecologic Surgery

Name: .....

Address: .....

Date of birth/Age: ..... Sex: M /F

Diagnosis.....

Procedure .....

Risks of the procedure:

There are risks and complications with this procedure. They include but are not limited to the following. General risks:

- Infection requiring antibiotics and further treatment
- Allergic reaction from medicines or by blood transfusion
- Bleeding requiring a return to the operating room.
- Increased risk in obese people of wound infection, chest infection, heart and lung complications, and thrombosis.
- DVT –blood clot in leg veins.
- Cardiac arrest & Death as a result of this procedure is possible.

Specific Risks:

There are some risks/ complications, which may happen specifically with this type of surgery.

They Include but are not limited to the following

.....

.....

.Risks of not having this procedure:.....

Anaesthetic:.....

I request Dr. .....to perform upon me the above mentioned procedure.

I acknowledge that the doctor has explained :

- My medical condition and the proposed procedure, including additional treatment if the doctor finds something unexpected. I understand the risks, including the risks that are specific to me. I consent to tackle/operate/remove any additional abnormal pathology encountered during surgery.
- The anaesthetic required for this procedure. I understand the risks, including the risks that are specific to me.
- Other relevant procedure/ treatment options and their associated risks.
- My prognosis and the risks of not having the procedure.
- That no guarantee has been made that the procedure will improve my condition even though it has been carried out with due professional care.
- The procedure may include a blood transfusion
- A doctor other than the Consultant may conduct the procedure. I understand this could be a doctor undergoing further training.

Name of Patient: .....

Signature:..... Date:.....

Signature of Doctor: Signature of witness:

THROMBOCYTOPENIA IN PREGNANCY

Thrombocytopenia is defined as a platelet count below 1,50,000 per microL. In uncomplicated pregnancies, platelet counts remain within the normal range.

The frequency of thrombocytopenia at delivery is 5 -7 per cent.

LIST OF CAUSES

1. Gestational thrombocytopenia GT 59%.
2. Severe preeclampsia / HELLP syndrome 22%.
3. ITP Immune thrombocytopenia 11%.
4. Other causes 8%.
   - i) TTP Thrombotic thrombocytopenic purpura.
   - ii) cTMA - Complement mediated thrombotic microangiopathy.
   - iii) shiga toxin mediated HUS – haemolytic uremic syndrome.
   - iv) APLA, SLE.
   - v) DIC.
   - vi) Medications.
   - vii) Cancer.
   - viii) Infections – HIV, HCV.
   - ix) AFLP acute fatty liver of pregnancy.
   - x) Deficiency of vitamin B12, Copper or folate.
   - xi) Inherited platelet disorders.
   - xii) Von Wille Brand disease.

GESTATIONAL THROMBOCYTOPENIA

GT is a benign, self limited condition. It can occur during first trimester, but becomes more common as gestation progresses.

Characteristics of Gestational thrombocytopenia.

i) Mild thrombocytopenia (>80,000 per microL, typically 1,00,000 to 1,50,000 per microL).

ii) No increased bleeding/ bruising.

iii) No associated abnormalities on CBC.

iv) No fetal or neonatal thrombocytopenia.

v) GT resolves post partum, but in some women, it may take more than 6 weeks for the platelet count to normalise.

ITP

It is an autoimmune condition in which antiplatelet antibodies interfere with platelet production and cause destruction of antibodies. However, tests for anti platelet antibodies are neither sensitive nor specific. The diagnosis of ITP is based only on the exclusion of other causes of thrombocytopenia.

C-TMA Thrombotic Microangiopathy

This includes a number of conditions in which platelet microthrombi form in small vessels and lead to organ damage.

The only defining feature of the TMA syndromes is MAHA microangiopathic haemolytic anemia (presence of schistocytes on peripheral blood smear). Severe acute kidney injury can occur in C-TMA. Neurological symptoms ranging from mild headache to seizures may be present.

EVALUATION OF A CASE OF THROMBOCYTOPENIA

No laboratory tests for GT and ITP. They are diagnoses of exclusion.

Platelet count >80,000 – GT more likely.

Platelet count <80,000 – ITP more likely.

Complete blood count – to assess for cytopenias, leukopenia/ leukocytosis.

Peripheral blood smear – to detect schistocytes.

PT, APTT.

Serum fibrinogen, D- dimer (if fibrinogen is low).

LDH, Liver function test, Renal function test.

Blood sugar – hypoglycaemia in AFLP.

Proteinuria – in preeclampsia, HELLP.

MANAGEMENT

FREQUENCY OF PLATELET MONITORING

1. In severely ill patients, eg., HELLP – monitor platelet count every 6 hours.
2. Daily monitoring for patients who are hospitalised due to maternal illness.
3. For those with mild to moderate thrombocytopenia – monitor once per trimester or once per month, depending on the platelet count trend.

PLATELET COUNT THRESHOLDS for a non bleeding pregnant woman nearing delivery:

Vaginal delivery – transfuse to a platelet count of 30,000.

Caesarean delivery – transfuse to a platelet count of 50,000.

Neuraxial anaesthesia - >50,000 to 80,000.

Caesarean delivery for standard obstetric conditions.

Both forceps and vacuum are relatively contra indicated in severe maternal thrombocytopenia.

However, if instrumental delivery is preferred, forceps is preferred to vacuum to reduce fetal harm in case of fetal thrombocytopenia.

SPECIFIC TREATMENTS

ITP – Glucocorticoids, IV immunoglobulins, recombinant human thrombopoietin rhTPO, splenectomy in unresponsive cases.

TTP – Plasma Exchange Therapy PEX.

cTMA – anti complement therapy.

INDICATIONS FOR NEONATAL TESTING

i) Maternal ITP

ii) Neonatal thrombocytopenia in a previous pregnancy

Dr. P. Jayanthi
Lotus Hospital, Erode.

SWINE FLU AND PREGNANCY

Morethan 17,000 deaths worldwide in general population.

India has reported over 2500 H1N1 related deaths till this year.

CAUSATIVE AGENT:

Influenza virus of various sub types- highly pathogenic type is H5N1.

CLINICAL FEATURES:

1. Uncomplicated [major group] : Fever, sore throat, headache, nasal congestion, myalgia, diarrhea.
2. Complicated [minor]: Viral or secondary bacterial pneumonia, respiratory distress, dehydration, hypoxemia, CNS involvement.

Risk factors for severe disease:

Extremes of age - highest case fatality rate in > 65 years.

Pregnancy- especially in 3 trimester.

Pre existing heart disease, COPD, asthma, diabetes.

Immuno compromised- chemotherapy, post transplant state, steroid therapy, HIV, malnourishment.

Dialysis patients.

IN PREGNANCY:

High mortality in third trimester.

India has reported 8.5% swine flu related maternal mortality.

DIAGNOSIS:

NASOPHARYNGEAL SWAB TEST	
Rapid antigen test . 70% detection rate. But more false negatives. Hence not advisable.	PCR test is ideal. Better specificity and sensitivity. Even this may be negative in 5% of patients.

In suspicious cases don't wait for the report. Start treatment immediately, especially in pregnant, postpartum and other risk groups.

TREATMENT:

Oseltamivir 75 mg BD x 5 days.

Can be given at any trimester. Breast feeding is not a contraindication.

Maximum benefit if given within 48 hrs of symptom onset.

Same dose for contact prophylaxis.

Severely ill- IV Peramivir or Zanamivir.

ISOLATION:

7 days from onset of symptoms or 24 hrs from resolution of symptoms.

DELIVERY:

Swine flu per se is not an indication for termination.

Vertical transmission is rare except in H5N1 which is highly pathogenic.

High rate of preterm labour and still births are reported.

Mode of delivery to be individualized.

Separate delivery room and droplet precaution to be followed.

EBM for baby, to be kept > 6 feet away from mother.

VACCINATION:

Inactivated intramuscular vaccine gives 75-80% protection ; 0.5 ml at deltoid region.

Recommended for all > 6 month age.

Can be given at all trimesters.

During epidemics it is better to vaccinate all pregnant and postpartum mothers.

Avoid live attenuated nasal spray vaccine during pregnancy.

If a mother gets vaccinated during pregnancy the baby gets 30% reduced risk of infection in first 4 months of life.

Cell cultured intradermal vaccines are available for persons with proven severe egg allergy.

Quadrivalent vaccines with extra B strain are in practice now.

ALGORITHM FOR MANAGEMENT

Suspected influenza A infection

Face mask for the patient
Isolation and hand sanitization
Throat swab for H1N1
Consider empirical Oseltamivir 75 mg BD

H1N1 positive

- Continue oseltamivir
- Start contact prophylaxis
- Use goggles if aerosolization is likely

Isolate mother from baby immediately after delivery.
EBM or breast feed with proper face mask and hand sanitization

H1N1 negative

Exposure confirmed

Continue antiviral as prophylaxis.

Close monitoring required

Exposure not confirmed

Discontinue antiviral

Prepared from Dr. Murali s talk at
YUVA FOGSI SOUTH ZONE and
Text book Medical disorders in pregnancy.

Dr. K. Vanithasri MD (OG).,

Life Amazing Secrets

Life is a journey between birth and death. We don't have control over birth and death. But we have control over the life journey. We can choose the way we live.

Ten Golden keys which keep our mind satisfied, happy and peaceful.

1. **The most selfish one letter word - I Avoid it .**

   I stands for expectation. Learn journey from I to you .

   The more we lead a life of I our life will always be frustrated because people in the world don't exist to just fulfil our expectation. We should be realistic in our expectation.

   We should Give and not Expect . If we want to be Handsome we must give our Hand to some one in need ..

2. **The most satisfying two letter word - WE - use it .**

   To add value to our life, we should make our life useful and be with people who add value to our life. We can overcome our habits, challenges, failures, depression etc, if we work together.

3. **Most poisonous 3 letter word. - EGO - transform it to Humility .**

   Ego is a challenge to We, co operation and relationship . All relationships have problem because of Ego . When you Genuinely say sorry , that means you value the person than being right . When we learn to SERVE others we can transform EGO into HUMILITY.

4. **Most used 4 letter word - LOVE - value it .**

   We all need love. To be loved and to express that love is the need of the soul. There is no meaning to life without love. People who get love are not power freaks and are not after things . People marry things when they don't get

love . Things are meant to be used and people are meant to be loved . But we love things and use people . We should love people for what they are and not only when they meet our expectation. Gods's love is a selfless love. When God's love comes within us it is manifested as compassion.

5. **The most pleasing 5 letter word SMILE - Keep it .**

   It increases our face value . We don't laugh for the same joke again & again . But why do we worry & cry again & again for the same problem ? . " Do not take this material world so seriously because it is always changing . Something terrible that you take so seriously today is going to change tomorrow. " By Radhanath Swami .

   When each problem comes and goes we must think that one previous life Karma is over and feel happy and smile.

6. **Fastest spreading 6 letter word - GOSSIP - Ignore it .**

   Use triple filter test –

   Is it Good or Bad ? ,

   Is it true or false ?

   Is it beneficial or not beneficial to us and the person concerned. ?

   Don't form opinions about others based on Gossip.

7. **Most hard working 7 letter word - SUCCESS - Achieve it .**

   For success tremendous hard work , determination, knowledge, passion, patience etc are needed . People who have patience in life are successful . If we fail or fall we should try again and again.

   Don't just go through life –GROW THRO LIFE.

   True success is how much we are going to carry when we leave this world. We can take only the blessings of selfless service rendered to others.

8. **Most burning 8 letter word - JEALOUSY - Distance away from it.**

   Comparing and contrasting gives rise to envy and jealousy which can rob the happiness away.

9. **Most popular 9 letter word - KNOWLEDGE - acquire it.**

   There are two kinds of knowledge.

   Aparavidhya- What you study in college or university - helps you make living . Paravidhiya - spiritual knowledge help you in making a life.

   There is a difference between living and making a life. We get transcended knowledge only in spirituality.

10. **The most divine 10 letter word - MEDITATION- Pursue it.**

    We can stay connected by Yoga & Meditation through which we can get higher divine energy from the universe. This connection is very powerful, has full range and network every where; no call jamming and no charges.

    Life is a matter of choice. Make responsible choices. LIVE WELL.

IMPORTANT DAYS

25 April – World Malaria Day
28 April – World Day for Safety and Health at Work
07 May – World Asthma Day
08 May – World Red Cross Day; World Thalassaemia Day
12 May – World Mother's Day; International Nurse Day
15 May – International Day of the Family
17 May – World Hypertension Day
18 May – World AIDS Vaccine Day
25 May – World Thyroid Day
31 May – Anti-tobacco Day