REVISED CURRICULUM FOR MD.,(O&G)
POST GRADUATES

INDEX

Introduction:

Obstetrics & Gynaecology is the branch of Medicine which deals with the health care of the woman. It is concerned with the physiological, psychological and pathological events of the reproductive and menopausal processes.

Obstetrics deals with all aspects of pregnancy, including: antenatal care, normal physiology, early pregnancy problems and other pathological events which occurs during pregnancy and labour. Obstetrics also involves the study of the fetus as an individual which is intimately related to the health of the mother.

Goals:

The goal of MD course in Obstetrics & Gynaecology is to produce a competent Obstetrician & Gynecologist who:

1.Recognizes the health needs of adolescents, females in reproductive age group& post menopausal females

2.Is competent to manage the pathological states related to reproductive systemwith knowledge of Anatomy, Physiology, Pharmacology & Pathophysiology.

3. Is aware of contemporary advances & developments in the field of maternal health & other related issues.

4.Oriented to the principles of research methodology and epidemiology

5.Acquired the basic skills in teaching of the Medical and Paramedical Professionals.

Aims and Objectives:

All Postgraduate students must have three basic components; knowledge, clinical skills and attitude in order to be enthusiastic and well motivated efficient future doctors. This will enables the students to proceed into either general practice or other specialities. One of the most important objectives of the care of the woman is the recognition of the pathological events during pregnancy, labour and the immediate postpartum.

At the end of the postgraduate training ,the student shall be able to

1. Recognize the importance of the concerned specialty in the context of the health needs of the community.

2.Practice the specialty concerned ethically

3. Demonstrate sufficient understanding of the basic science.

4.Demonstrate skills in documentation of prevention of individual case details as well as morbidity and mortality data relevant to the assigned situation.

5.Demonstrate empathy and humane approach towards patients and their families.

6.Developed skills as a self – directed learned, recognize continuing educational needs; select and use appropriate learning resources.

7.Organize and supervise the chosen/assigned health care services demonstrating adequate managerial skills in the clinic/hospital or the field situation.

4. Teaching Programme

Daily

OP days : 7.30 am – 12 Noon case discussion & disposal of Antenatal and Gynaec patients in the respective units.

Non Op days: Ward rounds & bed side discussion - in the respective units.

Op days 1.30pm-3pm ward rounds in the respective units & detailed examination & work up of the admitted cases

Weekly

Grand rounds –every Saturday by the professors & HOD

Clinical discussion once in a week – professors

Lecture classes once in a week – assistant professors

Symposium/Seminar – Once in two weeks

Monthly

Mortality & Morbidity Audit (Maternal & Perinatal) – last Friday

CME programmes

5. Syllabus

3.1. Theory

OBSTETRICS

MATERNAL ANATOMY

- **Anatomy of pelvis**
- **Gametogenesis fertilization, implantation and early development of embryo**
- **Development of placenta.**
- **Anatomy of fetus, fetal growth & development, fetal physiology & circulation**

TOPIC	MUST READ	DESIRABLE TO READ	GOOD TO READ
ANATOMY OF PELVIS	**Boundaries of Pelvis** **true pelvis or pelvis minor false pelvis or pelvis major** **Planes and diameters of Pelvis** **Planes** **Plane of great pelvic dimension** **Plane of least pelvic dimension** **Diameters** **Inlet** **AP** **Obstetric conjugate 10cm** **Diagonal conjugate 12cm** **Anatomical conjugate 11cm** **Transverse 13.5cm** **Oblique 13cm** **<u>Midcavity</u>** **Plane of least pelvic dimension** **AP 11.5cm** **Transverse 10cm** **<u>Outlet</u>** **AP 9.5 – 11.5cm** **Transverse 11cm** **Plane of greatest pelvic dimensions** **AP 12.5cm** **Transverse 12.75** **<u>Types of Pelvis</u>** **Gynaecoid** **Android** **Anthropoid** **Platypelloid**	**Clinical significance of different types of pelvis** **Android- failure of rotation and transverse arrest common** **Platypelloid- difficulty in engagement of the head** **Small gynaecoid- delay at every stage**	**Difference between male & female pelvis**

EMBRYO GENESIS	**Gametogenesis** **<u>Oogenesis</u>** **Primary oocytes at birth – 2 million,** **At puberty 4 lakhs** **Final maturation – after fertilization** **<u>Spermatogenesis</u>** **Maturation of the sperm 61 days** **<u>Ovulation</u>** **Time 14 days prior to the expected prior** **Ovulation occurs 24 to 36 hrs after LH surge** **fertilisation** **site – ampulla of fallopian tube** **life span of ovum 12- 24 hrs** **life span of sperm 48 -72 hrs** **Sex of the child – Sex chromosome by spermatozoon** **2cell stage-30 hrs** **Morula -16 cell stage 96 hrs** **Blastocyst 5th day** **<u>Implantation</u>** **Site- fundus of the uterus on 6thday** **<u>Trophoblast</u>** **Cytotrophoblast and syncytio trophoblast** **<u>Decidua Formation</u>** **Decidua basalis** **decidua capsularis** **decidua parietalis** **<u>Chorion and chorionic villi</u>** **Chorion and amnion** **Syncytiotrophoblast produces primary stemvilli**	**Structure of a mature ovum** **Structure of a mature** spermatazoan **Causes** **Mechanism and effects** **Biology of Trophoblast**	

	surrounded by intervillous spaces **Secondary villi – 16th day** **Tertiary villi -21st day** **Villi over the deciduas basalis –> chorion frondosum -> placenta** **Inner cell Mass** **Bilaminar germ disc(8th day) connected to trophoblast by body stalk -> forms the umbilical cord** **Yolksac and amniotic cavity on each side of the germ disc** **Trilaminar germ disc (14th day)** **Extra embroyonic coelom obliterates** **Yolksac forms gut**		
DEVELOPMENT OF PLACENTA	**Structure of placenta** **Amnotic Membrane** **Chorionic plate** **Basal Plate** **Intervillous space** **Stem villi** **Placental circulation** **Utero Placental circulation – volume of blood 500ml, 350ml in the villi and 150ml in the intervillous space** **Placental Membrane (barrier) – no mixing of maternal and fetal blood.** **Fetoplacental circulation - two umbilical arteries and one umbilical vein** **Function of Placenta** **Transfer of nutrients** **Production and metabolisam of Hormones** **Barrier function** **]mmunological function**	**Haemodynamics of fetal circulation** **Meternal regulation of Trophoblast Invasion and Vascular growth** **Immunological consideration of the fetal maternal interface**	**Placental Harmones Chorionic ACTH, Relaxin, PTH-Rp, Growth Hormone Variant (hGH-V) Gn RH, CRH, GHRH Leptin, Neuropeptide Y, Inhibin and Activin**

FETAL GROWTH DEVELOPMENT	**<u>Events of Fetal Development</u>** **14-21days –** **Notochord** **Neural plate** **21-28days** **–Neural tube** **Cardiac chambers** **4-6wks- Limb buds** **Optic vesicles** **8-12wks-External Genitalia** **28wks-Fetus viable** **36wks-descend of oneTestis** **40wks-descend of both testicles**		
FETAL PHYSIOLOGY	**<u>Fetal Nutrition</u>** **3 stages** **Absorption** **Histotrophic transfer** **Haematotrophic** **<u>Fetal Haematopoiesis</u>** **Yolk sac -14th day** **Liver 10th week** **Bone marrow – term** **<u>Urinary system</u>** **Urine production 65oml / day –term** **<u>Skin</u>** **Lanugo-16th week** **Sebaceous glands-20th week** **<u>Gastro-intestinal Tract</u>** **Meconium 20th week** **<u>Respiratory System</u>** **Breeting movements 11th week** **Surfactant 24th week** **<u>Endocrine system</u>** **Fetal insulin 12th week** **Prolactin ,TSH, GH, ACTH, -10th week** **Umbilical vein- Oxygenated blood from the placenta** **Two umbilical arteries – deoxygenated blood from the fetus to be placenta**	**Fetal Adrenal Gland Hormones**	**Ontogeny of the fetal immune Response**

FETAL CIRCULATION	**Changes in fetal circulation at birth** **closure of Umbilical arteries – laternal umbilical ligaments & superior vesical arteries.** **Closure of umbilical vein – ligamentum teres** **Ductus venosus – ligamentum venosum** **Ductus arteriosus – 1 -3 mnths of birth** **Foramen ovale-1Year of birth**		

MATERNAL PHYSIOLOGY

Physiology of Pregnancy

- **Maternal changes during pregnancy**
- **Diagnosis of pregnancy**
- **Fetus in normal pregnancy**
- **Prenatal care**
- **Antepartum Fetal Surveillance**

Physiology of Labour and puerperium

- **Causation and stages of labour**
- **Mechanism of labour**
- **Conduct of normal labour**
- **Normal Puerperium**
- **Intrapartum surveillance**

Topic	Must Read	Desirable to Read	Good to read
MATERNAL CHANGES DURING PREGNANCY	**<u>Changes in genital tract</u>** **Uterus** **Nullipara / Term** **lgth 6.5cm/ 32cm** **Wt 70gms / 1 Kg** **Shape Pear/spherical** **Cervix** **Soft blue and decreased collagen and Hydroxyproline** **Ovaries** **6-7wks -corpusluteum** **Secretes progesterone** **Vagina** **Acidic PH** **Increased vascularity** **Breast** **8weeks - primary areola** **20weeks-secondary areola & Montgomery's follicles** **<u>Hematological changes</u>** **Starts 6 weeks increases at 20 weeks** **Blood volume ^ 30%** **Plasma volume ^50%** **RBC volume^20%** **Fibrinogen increased** **<u>Weight changes during Pregnancy</u>** **Wt gain approx. 12.5kg** **Ist trimester no gain** **From 20wks**	**Changes in the other systems** **Immunological functions**	

	0.5kg/week **<u>Metabolic changes</u>** **Carbohydrate metabolism** **Accelerated starvation state(low FBS & ^ Plasma FFA)** **Diabetogenic state** **Water metabolism** **Fluid retention – 6.5ltrs** **Iron Metabolism** **Increased Fe requirement** **Decreased iron after 24th week** **<u>Cardiovascular system</u>** **Apex- shifted to 4th ICS & to left by 3 cm** **S1- loud and split** **S3 75% due to rapid ventricular filling** **Systolic ejection murmur at base** **Cardiac output** **Pre Pregnancy- 4.5l/min** **20 wks-6l/min** **Term-5to5.5l/min** **Supine hypotension syndrome** **<u>Respiratory system</u>** **State of hyperventilation** **Increase in tidal volume** **<u>Gastrointestinal system</u>** **Delayed gastric emptying time** **<u>Urinary system</u>** **Increased GFR & renal blood flow** **Renal glycosuria**		

DIAGNOSIS OF PREGNANCY	**<u>Endocrine system</u>** **Increased bhCG at 6wks, peak 60th -80th day, reach a nadir by 20wks** **Thyroid Hormones Increased from 3rd - 6th wks** **Insulin Increased but resistant state** **<u>First Trimester</u>** **amenorrhoea** **morning sickness** **hegar`s sign** **<u>second trimester</u>** **perception of fetal movements** **ballotment, fetal heart** **<u>Third Trimester</u>** **Painless uterine contractions** **<u>Pregnancy Test</u>** **Immunoassay-bhCG 2-3days after the missed period(0.2 – 1 IU/ml)adio immunoassay- 25thday of cycle (0.002 MIU/ml)** **<u>Ultra sound</u>** **5wks-Gest.sac & Yolk Sac** **6wks- fetal pole** **7wks- fetal heart** **8-14wks – CRL Measurement -Dating scan** **<u>Calculation of EDD</u>** **LMP, date ofquickening, height of uterus, ultra sound (CRL – 8-14wks,BPD&FL-12-**		**Cord blood banking**

FETUS IN NORMAL PREGNANCY **PRENATAL CARE** **ANTEPARTUM FETAL SURVEILANCE** **PHYSIOLOGY OF LABOUR AND PURPERIUM**	**20wks)** **Fetal Attitude** **Fetal lie** **Fetal presentation'** **<u>Fetal position</u>** **Diameters of the fetal skull** **<u>Antenatal visit</u>** **General History** **Obstetrics History** **General Medical Examination** **<u>Obstetric Examination</u>** **Abdominal Palpation-fundal Grip** **Umbilical Grip** **Pelvic Grips** **Auscultation** **Vaginal Examination** **Lab tests** **Advice to the Mother** **Tests of Fetal Well-being :** **Fetal Movement count** **Fetal breathing** **Contraction stress test** **Non-stress test** **Amniotic fluid volume** **BioPhysical Profile** **Doppler Velocimetry** **<u>Causation&stages of labour</u>** **Uterine action-Architecture of Myometrium& control of Uterine Action** **<u>Causation</u>** **Gapjunctions**	**Recommendation for weight gain, Recommended dietary allowances** **Common concerns during pregnancy** **Immunisation** **Role of Hormones in labour** **Physiological and Biochemical Process regulating parturition**	**Preconceptional counseling** **Drugs in Pregnancy** **FDA classification** **Transfer of drugs** **PRAMS**

MECHANISM OF LABOUR **CONDUCT OF NORMAL LABOUR** **INTRA PARTUM SURVEILANCE**	**Cervical Ripening** **Uterine Distension** **<u>Stages</u>** **False& True labour** **Latent & Active phase** **3Stages** **Patern of cervical dilatation** **Cardinal movements** **Engagement, Descent** **Flexion** **Internal Routation** **Extension** **Restitution** **External rotation** **Expulsion** Diagnosis of Labour **Cervix-Dilatation & Effacement** **Station of the fetal head** **Uterine contraction** **<u>Management of Ist stage</u>** **Progress of Labour-Partogram** **<u>Management of IInd stage</u>** **Restricted Episiotomy** **<u>Management of IIIrd stage</u>** **AMTSL-Uterotonic, controlled cord traction, uterine massage** **<u>Fetal Surveilance</u>** **Fetal heart rate monitoring-Intermittent auscultation** **Fetal acid-base Measurement** **Admission test**	Breast feeding policy	**Drugs secreted in Milk**

NORMAL PURPERIUM	**Acoustic & scalp stimulation test** **<u>Surveilance of Uterine activity</u>** Changes in the Genital tract&other system **Changes in the uterus-involution, lochia** Lactation **Colostrum** **Physiology of lactation** Care of the Pureperium **Ambulation, bowel & bladder care, Breast, perineal care** **Postpartum follow-up care**		

COMPLICATIONS OF PREGNANCY

- **Early pregnancy complication**
- **Anaemia in pregnancy**
- **Hypertensive disorders of pregnancy**
- **Antepartum hemorrhage**
- **Preterm labour**
- **Intrauterine growth restriction**
- **Prolonged pregnancy**
- **Multiple pregnancy**
- **Rhesus isoimmunisation**

Topic	Must Read	Desirable to Read	Good to read
EARLY PREGNANCY COMPLICATIONS	**<u>Hyperemesis Gravidarum</u>** **Etiology** **Clinical course** **Management** **Abortion** **Etiology- Maternal & fetal Factors** **<u>Types of Abortion</u>** **Threatened,**	**Immunological factors** **Inherited Thrombophilas**	**Choromosomal abnormalities**

	Incomplete,Complete Missed,recurrent,septic abortion **Recurrent abortion-incompetent cervix encirclage procedure** **Differential diagnosis** **Treatment** **<u>Ectopic Pregnancy</u>** **Types** **Risk factors** **Clinical features** **<u>Investigations</u>** **Serum bhCG ultrasound** **Management** **Medical- Methotrexate** **Surgical-Conventional & laparoscopy** **Salpingectomy &Conservative** **Abdominal Pregnancy** **Ovarian Pregnancy** **Cervical Pregnancy** **Cesarean scar pregnancy** **<u>Gestational Trophoblastic disease</u>** **Hydatidiform or Vesicular Mole** **Gestational Trophoblastic Neoplasia** **Risk Factors** **Clinical Features** **Diagnosis-Ultrasound& Serum hCG** **Treatment** **Follow-up**	**Algorithm for evaluation** **Expectant Management** **Staging and Prognostic scoring**	**Novel serum Markers VEGF,CA125,Creatine kinase** **Arterial Embolization** **<u>Histological Diagnosis</u>** **Flow cytometry**
ANAEMIA IN PREGNANCY	**<u>Hematological changes during pregnancy</u>** **Physiological anemia** **Plasma volume Increase 40-45%** **Red cell mass increase 15-20%** **<u>Causes</u>** **Iron deficiency**	**Stages of Erythropoeisis** **Iron Metabolism**	**Hemoglobinopathies** **Sickle-cell anaemia** **Thalassemia**

	Folic acid & vitamin B12 deficiency **Hemoglobinopathies** **Effects** **Investigations** **<u>Management</u>** **Prevention** **Treatment-iron therapy** **Oral & Parenteral** **Blood transfusion** **Management in Labour**		
HYPERTENSIVE DISORDERS OF PREGNANCY	**<u>Classification</u>** **PIH- >20wks GA & <12wks of Postpartum** **Preeclampsia-Albuminuria** **Eclampsia** **Preeclampsia superimposed on chronic hypertension** **Chronic hypertension** **<u>Pathogenesis</u>** **Risk factors** **<u>Preeclampsia</u>** **Diagnosis** **<u>Investigations</u>** **Renal function test** **Liver function test** **Platelet count** **Optic fundus examn.** **<u>Management</u>** **Prevention-fishoil, calcium,Antioxidants, Lowdose Aspirin** **Mild –Rest,Diet, Monitoring, Delivery** **Severe-Anti-HT, Anti-convulsants** **Delivery** **<u>Eclampsia</u>** **Etiology** **Differential Diagnosis** **Complications** **<u>Management</u>** **General Management** **Control of convulsions**	**Immunological factors** **Abnormal Trophoblastic invasion** **Endothelial cell activation** **<u>Predictive Test</u>** **Provocative Pressor test** **Uterine Artery Doppler Velocimetry** **Pulse Wave Analysis** **Microalbuminuia**	**<u>Genetic factors</u>** **Candidate genes** **<u>Endothelilal Dysfunction and Oxidant stress-Related Tests</u>** **Fibronectins** **Free fetal DNA** **VEGF&PIGF** **Lipid peroxides** **Plasma exchange** **Postpartum Angiopathy (Reversiblecerebral Vasoconstriction syndrome)**

	Mag.Sulphate regimen **Control of hypertension** **Obstetric management** **Chronic Hypertension** **Differential Diagnosis & management** **HELLP syndrome** **Hemolysis** **Elevated Liver enzymes & Low Platelets**		
ANTEPARTUM HEMORRHAGE **PRETERM LABOUR**	**Abruptio placentae** **Etiology** **Types** **Concealed, revealed, mixed** **Clinical features** **Differential Diagnosis** **Management** **Indications for LSCS** **Causes for maternal mortality** **Hypovolemic shock** **Renal failure** **Coagulopathy** **Placenta previa** **Etiology** **Types** **Clinical features** **Differential Diagnosis - USG** **Management** **Expectant & active line of management** **Indications for LSCS** **Etiology** **Pathogenesis** **Management** **Corticosteroids** **Tocolytics** **Preterm (PPROM)premature rupture of membranes** **Diagnosis Management** **Antibiotics** **corticosteroids**	**Recurrent abruption** **Sheehan syndrome** **Couvelaire uterus**	**Rescue therapy** **Atosiban** **Nitric Oxide donors**

INTRAUTERINE GROWTH RESTRICTION	**Definition** **Etiology** **<u>Diagnosis</u>** **Ultrasound- Fetal Biometry, AFI, doppler velocimetry** **<u>Management</u>** **Assessment of fetal growth, High protein diet** **Assessment of fetal wellbeing-daily FMC, NST, BPP**	**Gravidogram**	
PROLONGED PREGNANCY	**Etiology** **Diagnosis** **<u>Management</u>** **Antepartum fetal surveillance, FMC,NST,BPP** **Induction of labour**		
MULTIPLE PREGNANCY	**Incidence** **Varieties** **Presentations** **Course of Pregnancy** **Diagnosis** **Management of Labour**	**Acardiac Twin(TRAP) sequence** **Twin-Twin Transfusion Syndrom(TTTS)**	**Selective Redution**
RHESUS ISOIMMUNISATION	**Factors Influencing Rh immunization** **Detection of Fetomaternal Hemorrhage** **Identification of RH-immunized Pregnancy ICT** **<u>Management of Rh-immunised Pregnancy</u>** **Rh antibody assay** **Amniocentesis – Liley's graph** **Ultrasound**		

DISEASES COMPLICATING PREGNANCY

- **Diseases of the Cardiovascular System**
- **Maternal Infections during Pregnancy**
- **Diabetes in Pregnancy**
- **Tumours of the Uterus and Adnexa**
- **Surgical Emergencies during Pregnancy**
- **Liver diseases in pregnancy**
- **Diseses of urinary system**

Topic	Must Read	Desirable to Read	Good to read
DISEASES OF THE CVS	**CHANGES IN THE CVS SYSTEM** **Cardiac output^from 4.5l/min-6l/min** **TYPES-congenital &rheumatic** **FUNCTIONAL GRADING-NEWYORK HEART ASSOCIATION** **MANAGEMENT** **During pregnancy,labour& puerperium**		**Surgically corrected**
MATERNAL INFECTIONS DURING PREGNANCY	**TORCH INFECTIONS** **Effects,diagnosis& management** **SEXUALLY TRANSMITTED DISEASES** **Syphilis,gonorrhoea,** **HIV infection** **Screening,diagnosis, Management** **Elective LSCS** **HAARTherapy** **OTHER INFECTIONS** **Malaria,varicella** **Tuberculosis**		

DIABETES IN PREGNANCY	**WHITE'S CLASSIFICATION** **PATHOPHYSIOLOGY** **DIAGNOSIS** **Screening-OGCT 75g** **2nd hr value-130mg%** **GTT** **RISK FACTORS** **MANAGEMENT** **Diet,insulin** **Obstetric manegmt** **Neonatal problems**	HBA1C in GDM	**Pregestational diabetes**
TUMOURS COMLICATING PREGNANCY	**FIBROIDS,OVARIAN TUMOURS & CARCINOMA CERVIX** **Effects &management**		
SURGICAL EMERGENCIES	**Acute appendicitis,** **Intestinal obstruction**		
LIVER DISEASES	**Intrahepatic cholestasis,viral hepatitis,HELLP syndrome**		
DISEASE OF URINARY SYSTEM	**Asymptomatic bacteriuria** **Acute renal failure**		

New Born

- **Resuscitation of New Born**
- **Respiratory distress& Neonatal sepsis**
- **Neonatal Jaundice**
- **Neonatal Problems and their management**

TOPIC	MUST READ	DISERABLE READ	GOOD TO READ
NEW BORN	**Resuscitation of the New Born** **Maintenance of Temp** **Suctioning** **Ventilation** **Apgar score** **Assessment at birth** **G.age assessment** **Any malformation** **Respiratory distress** **Tachypnea** **Retractions** **Grunt** **Common causes** **Management** **Neonatal Sepsis** **Diagnosis** **Neonatal Jaundice** **Physiological & Pathological jaundice** **Causes** **Severity** **Complications** **Investigation& Management** **Neonatal Problems and the Management** **Hypoglycemia** **Hypothermia** **Retinopathy of Prematurity** **Birth Trauma** **Caput succedaneum** **Cephalhematoma**	**DOWN'SCORE** **Sepsis screen** **Photo therapy** **Exchange transfusion**	**New ballard score** **Management** **Hemolytic diseases of New born&ABO incompatibility** **Environmental Temperature control**

ABNORMAL LABOUR	**MALPRESENTATION** **Occipito posterior** **Course of labour&management** **Face presentation** **Breech presentation** **Varities,mechanism of labour,** **Management-ECV** **Brow presentation** **compound presentation** **DYSTOCIA** **Uterine dysfunction- partograph** **Precipitate labour** **Cervical dystocia** **CEPHALO PELVIC DISPROPORTION** **Examination-** **abdominal&vaginal examn** **Management of labour** **Elective LSCS,Trial of labour** **Shoulder dystocia** **Diagnosis& management**	Cordio-Tocograph	
THIRD STAGE COMPLICATION	**POST PARTUM HAEMORRHAGE** **ETIOLOGY** **Atonic &traumatic** **PREDISPOSING FACTORS** **MANAGAMENT-prophlactic-AMSTL** **Curative-blood transfusion,oxytocics & surgical mgmt** **RETAINED PLACENTA** **Placenta accrete** **Manual removal** **INVERSION OF UTERUS** **Diagnosis&management**	B-Lynch suturing Internal iliac artery Ligation	Angiographic Embolization Pelvic Umbrella Pack

	INJURIES TO THE PARTURIENT CANAL **Vulval hematoma** **Perineal tears** **Cervical&vaginal laceration** **Rupture of the uterus** **Etiology** **Clinical features** **Management** **PUERPERAL INFECTION** **VENOUS COMPLICATIONS** **Deep vein thrombosis** **Thrombophlebitis** **GENITAL TRACT INFECTONS** **MASTITIS& BREAST ABSCESS**		
OBSTETRIC PROCEDURES	**FORCEPS** **Types** **Components** **Indications** **Prerequisites** **Technique of application** **VACUUM EXTRACTOR** **Indications** **Technique** **Advantages** **VERSION** **External cephalic version,internal podalic version** **Indications&technique** **CAESAREAN SECTION** **Indications** **Procedure** **Difficulties encountered** **Pregnancy following caesarian section** **Peripartum hysterectomy**		

	INDUCTION OF LABOUR **Indications** **BISHOP'S score** **Methods** **Prostaglandins,oxytocin** **ULTRASOUND** **Early pregnancy--** **Diagnosis,dating,viability,** **Multiple pregnancy,congenital anomalies** **Estimation of gest.age,fetal growth, fetal weight,liquor volume,fetal well being** **DOPPLER VELOCIMETRY**		

Family Planning

- **Demography and Population Dynamics**
- **Contraception**
- **Emergency Contraception**
- **Recent Advances in Contraception**

Topic	Must Read	Desirable to Read	Good to read
DEMOGRAPHY AND POPULATION DYNAMICS	Population Dynamics **Factors involved** **Magnitude of the Problem** **Impact of increased population**		**Vital events**
CONTRACEPTION	**Pearl index** **Temporary Methods** **Barrier Methods- Condoms, Diaphragm** **Chemical-Sponge(Today)** **Combination** **Natural Contraception** **IUCD** **Sterodial Contraceptions** **Oral-OCP ,triphasic combined pills,mini pill** **Parenteral—DMPA,NETO** **Implants-norplant1,2 ,Capronor** **Silastic vaginal rings** **Skin patches** **Centchroman** **Permanent—vasectomy, Tubectomy-laparotomy,minilap,laprascopy ,hysteroscopy,vaginal route**		
EMERGENCY CONTRACEPTION	**OCP,estrogen,levonorgesterol, Mifepristone,centchroman,GnRH agonist,prostaglandins**		
MEDICAL TERMINATION OF PREGNANCY	**MTP ACT** **Grounds for performing MTP**		

Recent advances, New development, Future research work in contraceptive technology.	**Place for performing MTP** **Implications of MTP act** **Methods of MTP** **First trimester MTP** **Menstrual regulation** **Dilatation & suction evacuation** **MVA** **Medical methods-prostaglandin,mifepristone,** **Second trimester MTP** **Surgical methods** **Dilatation and evacuation,aspirotomy** **Medical methods** **Extraovular instillation of drugs** **Extra uterine methods** **Late sequelae of MTP** **Immunological methods** **HCG beta subunit** **Zona pellucida antibodies** **Antibodies to sperm antigen** **Anti FSH** **Male contraceptive** **Gossypol**		

ETHICS IN OBSTETRICS & GYNAECOLOGY

PCPNDT Act – Preconceptional & perinatal diagnostic test act
MTP Act
Fetal Anomalies – Decision reg. termination or continuation
Multiple Pregnancy – decision Reg. fetal reduction
Modern O&G – Regarding ART – Ex. Removal of both ovaries for benign condition in the younger& Middle age group women do not warrant removal of a normal uterus – Details
Consent :
Consent forms for obstetric emergencies
Consent forms for sterilization ex. For Lap sterilization

A. Permanent sterility B. Failure, 1% of patients conceive after sterilization C. May be converted to open surgery in the presence of unexpected problems, Technical (or) Otherwise

For Planned procedures & Laprotomy if one is doing any procedure other than for which the consent was previously obtained the surgeon or the Assistants must explain and get the consent for present procedure during the Surgery itself.

Special Consent: Jehovahs witness , Mentally challenged , Unmarried , Medico legal cases

SUGGESTED BOOKS:

OBSTETRICS

SL.NO	Must Read	Desirable to Read	Good to read
1	MUDHALIAR& MENON'S book of obstetrics	JAMES High Risk Pregnancy	BRITISH JOURNAL of O&G
2.	WILLIAM'S Text book of Obstetrics	ARIAS High Risk Pregnancy	CLINICS OF NORTH AMERICA
3.	IAN DONALD Practice of Obstetrics	MICHAEL DE SWIET Medical Disorders in Pregnancy	ALL on NET
4.	RECENT ADVANCES IN O&G	Three authors for Post Graduates Dr.K.BASKAR RAO	
5.	STUDD- Progress in O&G	DUTTA'S Text book of Obstetrics	

SUGGESTED BOOKS:

GYNAECOLOGY& FAMILY PLANNING

SL.NO	Must Read	Desirable to Read	Good to read
1.	SHAW'S Text book of Gynaecology	SPHEROFF'S Text book of Endocrinology & Infertility	BRITISH JOURNAL of O&G
2.	SHAW'S Text book of Operative Gynaecology	NOVAK'S Text book of Gynaecology	CLINICS OF NORTH AMERICA
3.	DEWHURST'S Text book of Gynaecology	BONNEY'S Text book of Gynec Surgery	Journal on Fertility & Sterility
4.	JEFFCOAT'S Text book of Gynaecology	DUTTA'S Text book of Gynaecology	ALL on NET
5.	TE LINDES Operative Gynaecology		
6.	RECENT ADVANCES IN O&G		
7.	STUDD- Progress in O&G		
FAMILY PLANNING			
1.	Family Planning Practices by S.K.CHAUDHARY		Population reports

M.D. BRANCH –II- OBSTETRICS AND GYNAECOLOGY

Clinical Examination — Total Marks: 200

OBSTETRICS	No.of Cases	Marks
1.Long Case	One	50
2.Short Case	Two x 25	50
		100

GYNAECOLOGY	No.of Cases	Marks
1. Long Case	One	50
2.Short Case	Two x 25	50
		100

VIVA VOCE EXAMINATIONS — Total Marks:100

1.OSCE	50
2.Log Book (Evaluation & Questioning)	20
3.Orals on Recent Advances	30
Total	100

1.OSCE(Objective Structural Clinical Examination)
Marks(10x5):50

Based on Objective Structured Exam Stations:

S.No	Stations	Marks
1.	Early Diagnosis of Pregnancy	05
2.	Abnormal Pregnancy	05
3.	Labour related Partogram	05
4.	Contraception	05
5.	Instruments	05
6.	Common Drugs	05
7.	Specimen	05
8.	Histopathology slides	05
9.	Radio Diagnosis (USG,CT,DOPPLER,X-ray)	05
10.	Latest Management –Obstetrics	05
		50

Note: Serial No: 1 to 10 should be common to all the candidates appearing on that day.

2. Log Book(Evaluation and Questioning Marks 20

3.Oral and Recent Advances Marks 30

THESIS Marks:100

Note: Thesis will be sent to two external examiners evaluating for 50 marks each, who will be different from the examiners coming for the clinical Examinations.

The Last date for submitting the Thesis will be four months before the schedule date of Exam April 15th (i.e 31st December)

- If the Candidate has failed in the thesis, the examiners have to furnish their comments on the thesis and the rectification to be done in the thesis.
- The result of the candidate will be withheld.
- The candidate has to rectify the deficiencies pointed out by the examiners and resubmit the thesis to the University within 3 (three) Months.
- The resubmitted thesis will be sent to the 3rd examiner for their opinion. After the report received from the 3rd examiner the result for the P.G.Examination will be published.
- The Report on the Thesis evaluated alone be obtained from the Examiners and the Thesis evaluated is not required.

PASS

Minimum for Pass:	Clinical Exmination	VIVA	Thesis
Maximum	200	100	100
Minimum	100	50	50

Candidate must pass each component separately. Even if a candidate fails in one component, the candidate is deemed to fail in the whole examination.

GUIDE LINES

Each candidate should be examined by a minimum of One Internal and One External Examiner.

OBSTETRICS:

. Long Case: (i) For examining the candidate by the examiners, a minimum of 30 minutes per candidate should be taken.]
(ii) 30 minutes for a student for examining long case and 10 minutes for writing case sheet)

. Short case: (i) For examining the candidate by the examiners, a minimum of 10 minutes for each short case should be taken.
(ii) 10 minutes for examining each Short case.
(iii) No Case Sheet writing for Short Case.

GYNAECOLOGY:

.Long Case: (i) For examining the candidate by the examiners, a minimum of 30 minutes per candidate should be taken.
(ii) 30 minutes for a student for examining long case and 10 minutes for writing case sheet)

.Short Case: (i) For examining the candidate by the examiners, a minimum of 10 minutes for each short case should be taken
(ii) 10 minutes for examining each Short case.
(iii) No Case Sheet writing for Short Case.

Hand written Log Book: Hand Written Log Book must be presented to the examiners for evaluation and questioning.

Hand Written Log Book has to be maintained by the candidate throughout the 2 years of study. It has to be certified by the Head of the Department every year. Every quarterly it must be reviewed by the Unit Chief. Every month it should be checked by the Unit Assistant Professor.

GYNAECOLOGY

- **Anatomy & normal histology of Female genital tract**
- **Physiology of Ovulation & menstruation**
- **Development & malformations of Female generative organs**
- **Gynaecological diagnosis**
- **Paediatric and Adolescent Gynaecology**
- **Menopause and Post Menopausal bleeding**
- **Sexually transmitted diseases**
- **Pelvic inflammatory diseases**
- **Tuberculosis of female genital tract**
- **Diseases of Vulva and vagina**
- **Pathology of conception**
- **Diseases of Urinary system**
- **Gestational Trophoblastic diseases**
- **Disorders of Menstruations**
- **Menorrhage and dysfunctional uterine bleeding**
- **Genital Prolapse**
- **Fibromyoma of uterus**
- **Disorders of the Ovary**
- **Gynaecological Oncology**
- **Endometriosis**
- **Hormonal Therapy**
- **Endoscopic and imaging modalities**
- **Operative Gynaecology**

TOPIC	MUST READ	DISERABLE READ	GOOD TO READ

TOPIC	MUST READ	DISERABLE READ	GOOD TO READ
ANATOMY	**Vulva-bartholins gland** **Vagina-3 sulci** **Relations** **Uterus – size 9x6.5x3.5cm** **Position Anteversion & Anteflexion** **3 layers** **Perimetrium** **Myometrium** **Endometrium** **Fallopian tubes-parts function** **Ovaries – 3.5x2.5x1.8cm** **Ureter-course ,injuries** **Pelvic musculature-Pelvic Diaphragm** **Blood supply of genital organs** **Ovarian artery-branch of aorta** **Uterine artery - branch of anterior division of internal iliac artery** **Branches – arcuate, radial, spiral,&straight arteries** **Vaginal artery-vaginal branch of uterine artery** **Arteries of vulva&perineum**		
	Lymphatic system **Inguinal glands** **Parametrial glands** **External iliac glands** **Common iliac** **Sacral groups** **Lumbar group** **Nerves supply** **Sympathetic & para sympathetic**		
NORMAL HISTOLOGY	**Ovary – surface epitheliam** **Cortex-Primodial follicle** **Grafian Follicle** **Corpus luteum** **Endometrium** **Proliferative phase** **Secretary phase**		

	Menstruation **Vaginal epithelium-Physiological changes**		
PHYSIOLOGY OF OVULATION & MENSTRUATION	**Hypothalamus** **Pituitary-FSH ,LH, Prolactin, Oxytocin** **Ovary** **Estrogen-Actions** **Progesterone-Actions** **Physiology of ovulation-14days before 1st day of succeeding cycle** **<u>Physiology of Menstruation</u>** **Proliferative phase –estrogen** **Secretory phase-progesterone** **Pulsatile GnRH- secretion of FSH** **LH surge 24-36hrs before ovulation** **Peak estrogen-48hrs before ovulation** **Corpus Luteum –Progesterone secretion** **EM Secretory changes** **Fall in estrogen & progesterone -> menstruation** **<u>Menstruation</u>** **Interval 28days** **Duration 3-5days** **Blood lass-50-200ml**	**Hormonal levels in different phases of menstrual cycle** **Neuro endocrine control of Menstruation** **Role of prostaglandins**	
DEVELOPMENT OF FEMALE GENERATIVE ORGANS	**Urogenital Sinus & External Genital Organs** **Eight weeks-Intermediate cell mass & genital ridge** **<u>Primitive Urinary system</u>** **Pronephros, Mesonephros or Wolffian Body, Metanephros** **Pronephros disappears** **Wolffianbody>epoophoron,paroophoron &gartner's duct** **Metanephros>kidney,ureter&pelvis** **7th wk-Mullerian duct>uterus,fallopian tubes&upper2/3rd of vagina** **Primitive cloaca divided by urorectalseptum into urogenital sinus &rectum** **Urorectal septum>perineal body** **<u>Lower end of mullerian duct</u>** **Mullerian tubercle&sino vaginal bulb** **Sino vaginal bulb>lower1/3rd of vagina & hymen** **<u>External genital organs</u>**		

	Genital tubercle –clitoris **Genital fold-labia majora** **Cloacal memb-labia minora** **DEVELOPMENT OF OVARY** **Undiff. Gonad till 5wks** **6th wk-germ cells>primitive primordial follicles around 7 million; at birth -2 million;only 300 ovulate** **10th wk- histology of adult ovary**		
MALFORMATIONS OF THE FEMALE GENERATIVE ORGANS	**Development of the Female Generative Organs** **The Urogenital Sinus and the external Genital Organs** **Development of the Ovary** **Gonad** **Mullerian ducts** **Mullerian Anomalies** **Aplasia** **Hypoplasia** **Atresia** **Mullerian Duct Anomalies** **Clinical aspects** **Management** **Hermaphroditism and Pseudohermaphroditism** **Developmental Defects of the Urogenital Sinus** **Malformations of the Rectum and Anal Canal** **Imperforate anus** **Atresia recti** **Congenital rectovaginal fistula** **Wolffian Duct Anomalies** **Renal Tract Abnormalities**		
GYNAECOLOGICAL DIAGNOSIS	**History taking** **Menstrual History** **Obstetric history** **Physical Examination** **General Examination** **Abdominal Examination** **Gynaecological Examination** **Examn in situ** **Speculum examination** **Papsmear/Hanging drop** **Vaginal Examination**		

	Rectal Examination **Investigations** **Preoperative Investigations (IVP,Tumour Markers,Bacterial** **Examination of genital tract- candida& tichomoniasis** **<u>Special Tests</u>** **Hanging drop preparation** **Papanicolaou Test-classification(WHO/SIL Bethesda)** **Liquid based cytology** **Cytohormonal Evaluation (Karyopyknotic index(KPI))** **Uterine Aspiration cytology** **Colposcopy** **Endometrial Biopsy** **Hormonal Assays** **Ultrasonography** **Others(CT,MRI, HSG)** **Gynaecological Endoscopy** **Aspiration of Pouch of Douglas** **Pregnancy test**		
PAEDIATRIC AND ADOLESCENT GYNAECLOGY	**Pediatric Gynecology** **Anatomy** **Physiology** **Neonate** **Congenital Anomalies** **Infection** **Tumors** **Puberty & Adolescent Problems** **Pubertal changes** **Management** **Precocious Puberty** **Delayed Puberty** **Oligomenorrhoea** **Puberty Menorrhagia** **Dysmenorrhoea** **Vaginal Discharge** **Acne** **Unwanted Pregnancy**	**Tanner & Marshal staging** **Neuro endocrinologic control of puberty**	

MENOPAUSE AND POST MENOPAUSAL BLEEDING	**MENOPAUSE** **Definition** **Hormonal changes** **Anatomical changes** **Symptoms** **menstrual,neurological,genitourinary tract** **Investigations-PAPsmear** **Management** **Hormone replacement therapy-estrogen,progestogen,raloxifene;soya,bis phosphonates** **Post menopausal bleeding** **Definition,etiology,investigations-USG –EM thickness** **Fractinal curretage,endometrial sampling,hysteroscopic biopsy** **management**	**estrogen transdermal patch** **HRT and bone mineral density**	
SEXUALLY TRANSMIT TED DISEASES	**Condylomata acuminata** **Genital ulcers,Genital Herpes,Chlamydia, syphilis,gonorrhaea,LGV,granuloma inguinale** **Human Immunodeficiency Virus.**		
PELVIC INFLAMMATOR Y DISEASE	**Etiology** **Pathological Anatomy** **Stages of PID** **Clinical criteria for diagnosis of PID** **Acute/chronic** **Signs & Symptoms** **Differential diagnosis** **Treatment** **Acute PID-Medical/Surgical/Minimal Invasive Surgery** **Chronic PID-Surgery** **Laproscopic/Hystroscopic/ Conservative Surgery** **Prophylaxis Against PID** **Actinomyces PID**	**Tuboovarian mass** **CDC guidelines for treatment of PID**	
TUBERCULOS IS OF GENITAL TRACT	**Primary sources of infection ,mode of spread,** **Bacteriology ,Pathology,** **TB Fallopian tubes-Exosalphingitis{tobacco pouch**		

	appearance and Frozen pelvis} and endosalphingitis, **Symptoms of TBgenital tract.** **Infertility,menstrual disorders,fistula formation.**		
DISEASES OF VULVA AND VAGINA	**VULVA** **Benign condition** **Atrophy** **Dystrophies-** **Histological classification and clinical features** **Cysts and neoplasms-** **Bartholins cyst** **Vagina** **Leucorrhea** **Infections-** **Gonococcal,trichomonas,monilial, chlamydial,bacterial vaginosis** **Vaginitis-** **Senile vaginitis** **Secondary vaginitis** **Cysts** **Gartners cyst** **VULVAL INFECTIONS** **CLINICAL FEATURES,DIAGNOSIS &MANAGEMENT**		
INFERTILITY	**Issues involved** **<u>Male infertility</u>** **Spermatogenesis,** **Endocrine control, pathology, Etiology,** **<u>Investigations,</u>** **History, General & Local Examination,** **<u>Special investigations</u>** **Semen analysis hormone assay, testicular biopsy, Immunological test, Patency of vas, Chromosomal study** **<u>Management</u>** **Education, substances abuse, correct endocrinopathies, surgical, antibiotics, Hormones (HCG, Testosterone,GnRH,Sildenafil, artificial insemination)**		**Post coital test (sims or huhnur's test)** **Sperm penetration test**

	Mng of azoospermia **IVF, GIFT, MAF, MESA,** **TESTICULAR BIOPSY** **Psychological consideration.** **Female infertility** **Etiology** **Investigations** **History, examination, special investigations.** **Test for tubal patency,(HSG, Laparoscopic chromotubation, SSG)** **Management of Tubal infertility** **Tubal microsurgery(tuboplasty), Laparoscopic tubal adhesiolysis, fimbrioplasty, IVF** **Test for Ovulation** **BBT, endometrial biopsy, fern test , USG, Hormonal study** **Management of anovulation** **Ovulation induction drugs, GnRH, Prednisolone, lap, drilling.** **Management of Peritoneal disorder, Endometriosis, unexplained infertility**		**IVF TECHNIQUE (Indications, complications), GIFT,MAF,ICSI, Epididymal aspiration.** **Newer modalities Hysteroscopy, Falloscopy, ampullary and fimbrial salpingoscopy,** **ART (indications, types**
DISEASES OF URINARY SYSTEM	**Common Urinary Malfunctions** **1.Acute Retention of Urine** **Causes, Management** **2.Chronic retention** **Causes, Management** **3.Retention of Urine due to retroverted gravid uterus** **Management** **4.Urethral Syndrome** **5.Difficult Micturition** **6.Painful Micturition** **7.Increased Frequency of Micturition** **8.Incontinence of Urine** **9.Cystitis-Micro Organisms, Mode of spread, Symptoms** **Diagnosis, Treat ment** **Diseases of the female urethra** **Urethritis** **Urethral caruncule**	**Physiology of micturition** **Pregnancy&urinary problems** **Urodynamic studies cystoscopy**	

	Urethral prolapse **Urethral Diverticulum** **Urethral Stenosis** **Urinary Fistulae** **Genital Fistulae** **Definition, Etiology** **Anatomic Classification of Urinary Fistulae** **Clinical Features** **Investigations** **Management** **Latzko Procedure** **Chassar Mair technique** **Vaginal/transvesical / transabdominal approach** **ileal loop bladder** **Postoperative Management** **<u>Ureteric fistulae</u>** **Causes** **Diagnosis** **Management-Percutaneous nephrostomy** **Cystoscopic catheterization & stenting** **Boari-flap operation** **Ureteroneocytostomy** **<u>Urethrovaginal Fistula</u>** **Stress urinary incontinence** **Mechanism of Female Urinary Incontinence** **Genuine stress incontinence** **Urge incontinence** **Clinical Evaluation** **<u>Investigations</u>** **Stress test** **Cotton swab stick test** **Marshall and Bonney's** **Urethroscopy** **Urodynamic evaluation** **MRI studies** **Treatment** **Conservative** **<u>Surgical</u>** **Vaginal/Abdominal/combined Approach** **Complications** **Outcome following surgical repair**	**Burch Colposuspension** **Tension free vaginal T-tape** **Injectable Bulking agents** **Botox Injection** **Augmentation cystoplasty** **Neuro Modulation**	

	Detrusor instability **Etiology** **Pathophysiology** **Symptoms** **Investigations** **Treatment**		
GESTATIONAL TROPHOBLASTIC DISEASES	**HYDATIFORM MOLE** **INCIDENCE** **PATHOLOGY** **Invasive mole** **Placental site trophoblastic tumour** **SYMPTOMS AND SIGNS** **INVESTIGATIONS** **Ultrasound,serum beta hcg** **TREATMENT** **FOLLOW UP** **PERSISTENT TROPHOBLASTIC DISEASE** **RECURRENT MOLAR PREGNANCY** **CHORIOCARCINOMA** **Pathology,** **Signs andsymptoms** **FIGO staging** **Treatment—chemotherapy (triple therapy,EMACO)/surgery** **Follow up**		
DISORDERS OF MENSTRUATION	**Menstrual cycle irregularities** **Introduction** **Definitions** **Amenorrhea** **Primary –** **Classification** **Etiology** **Management** **Secondary amenorrhea** **Etiology** **Investigations** **Oligomenorrhea and hypomenorrhea** **Polymenorrhea** **Metrorrhagia** **Dysmenorrheal-** **Definition,etiology,types,varities,** **Clinical features,investigations,** **Treatment** **Premenstrual tension syndrome-**		

	Introduction **Etiology** **Clinical features** **Diagnosis** **Treatment**		
MENORRHAGIA AND DYSFUNCTIONAL UTERINE BLEEDING	**MENORRHAGIA** **Causes-** **General diseases** **Local pelvic cause** **Endocrine disorders-thyroid dysfunction** **Contraceptives** **iatrogenic** **Investigations** **Management** **General measures** **Treating the cause** **DYSFUNCTIONAL UTERINE BLEEDING** **definition** **pathogenesis** **classification-ovulatory,anovulatory** **pubertal menorrhagia** **metropathica hemorrhagica-pathological anatomy** **irregular shedding** **irregular ripening** **diagnosis** **treatment** **conservative,medical &surgical** **medical therapy-** **OCP,progestogen,danazol,** **NSAID,antifibrinolytic,GnRH analogue,MIRENA IUCD,** **Surgical-** **Curettage** **Minimal invasive surgery** **Hysteroscopic endometrial ablation(TCRE)** **Radiofrequency induced thermal endometrial ablation(RITEA)** **Cavaterm balloon therapy** **Microwave endometrial ablation(MEA)** **Uterine tamponade** **Endometrial laser intrauterine thermotherapy(ELITT)**	**SERM(Ormeloxifene)** **Von willibrands disease,and other bleeding dyscrasias**	

FIBROMYOMA OF UTERUS AND UTERINE POLYPS	**Bilateral uterine artery embolisation** **Hysterectomy-** **Abdominal** **Vaginal** **Laparoscopic** **LAVH** **Fibromyoma** **types—** **intramural,submucous,subserous** **symptoms-** **menstrualdisorders,infertility,pain,pressure symptoms** **Complications** **Degeneration** **Torsion** **Inversion** **Infection** **Treatment** **Medical –GnRH analogues,danazol,mifepristone,** **surgery** **Myomectomy—** **abdominal/vaginal/hysteroscopic/laprascopic/** **Hysterectomy—trans abdominal/vaginal/LAVH/laprascopic** **Uterine artery embolisation** **UTERINE POLYPS** **Endometrial polyp** **Placental polyp** **Management**	**Cervical fibroid**	

Topic	Must Read	Desirable to Read	Good to read
GENITAL PROLAPSE	**Support of genital tract** **Delancey 3 levels of system of support** **Etiology** **Birth injuries, Menopause** **Classification of Prolapse** **Anterior vaginal wall** **Posterior vaginal wall, Uterine descent, Procidentia** **Symptoms of prolapse** **Investigations** **Differential diagnosis** **Anterior vaginal wall cyst** **Chronic uterine inversion** **Congential elagation of cervix** **Complication of Prolapse** **Prophylaxis&** **Management** **Conservative-pessary** **Surgery** **Vaginal hysterectomy,** **Anterior& Posterior colporrhaphy& colpoperineorrhaphy** **Fothergills repair** **Abdominal sling surgery** **Vault prolapse** **Recurrent prolapse**	Details of Sling Surgeries **Abdomino cervico pexy**	**Pelvic reconstructive surgery** **Synthetic materials** **Biological Materials** **New system (Intra vaginal sling plasty,Apogee, Perigee)**
DISORDERS OF THE OVARY AND BENIGN TUMORS	**Non neoplastic Enlargements of the ovary** **Follicular cysts** **Follicular haematomas** **Lutein cysts of the ovary** **Multiple function cysts** **Polycystic ovarian syndrome (PCOS) or disease (PCOD)** **Ovarian Tumors** **Pathology** **Borderline ovarian Tumors** **Characteristics of borderline ovarian tumors** **Risk factors** **Pathology** **Tumors of the surface Epithelium**		

	Serous cystadenoma and cystadenocarcinoma **Mucinous tomour** **Endometrioid tomour** **Mesonephroid tomour** **Brenner tomour** **Spread of epithelial tumors of the ovary** **Germ cell Tomour** **Incidence** **Teratoma** **Dermoid cysts** **Solid teratoma of the ovary struma ovarii** **Carcinoid tumors Dysgerminoma** **Mixed germ cell tomour** **Sex cord stromal Tomour** **Feminizing functioning Mesenchymoma** **Granulosa cell tomour** **Theca cell tomour** **Virilizing Mesenchymoma** **Arrhenoblastoma** **Adrenal cortical tumor of the ovary** **Hilus cell tumor** **Gynandroblastoma** **Tumor Arising from connective Tissues of Ovary** **Ovarian fibroma** **Histogensis of ovarian tumors** **Complications of ovarian tumors** **Benign ovarian Tumors** **<u>Symptoms</u>** **physical signs** **Differential diagnosis** **Investigations** **Treatment**		

GYNAECOLOGIC ONCOLOGY	**<u>Cancers of the Genital Tract</u>** **<u>Cancer of the Vulva</u>** **Preinvasive lesions** **Invasive carcinoma of the vulva (FIGO staging)** **management** **<u>Vaginal cancer</u>** **Clinical features** **Staging** **Diagnosis** **Management** **<u>Carcinoma of the cervix</u>** **Cervical intraepithelial neoplasia** **Metaplasia** **Dysplasia** **preinvasive cervical cancer (stage0)** **Invasive cancer of the cervix- signs symptoms & staging** **invasive cancer cervix and pregnancy(abnormal pap smear in pregnancy)** **management & treatment** **Endocervical cancer** **<u>Carcinoma of the Uterus and Endometrial Cancer</u>** **Predisposing factors** **Pathology'** **Clinical features** **Investigations'** **Differential diagnosis** **Staging Treatment** **Staging** **Treatment** **Surgery** **Postoperative radiotherapy** **Primary radiotherapy** **Progestogens** **Recurrent growths** **Uterine sarcomas** **Fallopian Tube Cancers** **FIGO staging** **Clinical features** **Differential diagnosis** **Investigations** **Management** **Prognosis**	**Vulval sarcoma, melanoma, bartholin's gland tumour** **Pap smear & classification, Colposcopy cervicography VIA , Cone biopsy.** **Radical Hysterectomy Pelvic Lymphadenec tomy Laser ablation, LLETZ,LEEP, Radiotherapy, HPV vaccine** **Histological classification & grading Endometrial CA** **Uterine sarcoma**	**VIN classification, paget's disease, Bowen's disease.** **Sarcoma botryoides, Etiology and management** **AgNOR, HPV testing & HPV Vaccine** **Nerve-Sparing Radical Hysterectomy Prognostic Variables Adjuvant Radiation Neoadjuvant Chemotherapy Recurrent cervical cancer** **Aspiration cytology Prognostic Variables**

	Ovarian Cancer **FIGO staging** **Epithelial cancers of the ovary** **Non-epithelial malignancies of the ovary** **Sex cord stromal tumors** **Metastatic carcinomas** **Management-staging Laprotomy** **Strategies to Reduce the Incidence of Genital Tract Malignancies (Prophylaxis)** **Palliative and adjuvant therapy**		**Risk factors, criteria for diagnosis of borderline tumors, krukenberg tumor** **Second look laprotomy** **Stem cell therapy**
ENDO METRIOSIS	**Etiology** **Genetics factors, Mutation, Aneuploidy,** **Immunological factors& inflammation** **Site** **Pathology** **Classification** **Clinical features** **Physical findings** **Endocrinological abnormalities** **Differential diagnosis** **Investigations** **Prophylaxis** **Prophylaxis** **Management** **Endometriosis of the rectovaginal septum** **Adenomyosis** **Treatment**		**Medical treatment** **<u>Non hormonal therapy</u>** **Modulation of Cytokines** **Leukotriene receptor antagonists(Pentoxifylline)** **Inhibition of Matix Metalloproteinase** **<u>hormonal therapy</u>** **Progesterone antagonists** **Onapristone** **Mifepristone** **Aromatase inhibitors-fadrozole** **SERM-Raloxifene** **Future research(Rat & Rabit animal models** **Role of laparoscopy**
HORMONAL THERAPY	**Estrogens** **Physiology** **Commonly used Estrogens** **Contraindications** **Indications** **Side effects** **Progesterone** **Preparations**	**Estrogen preparations**	

	Classification **Therapeutic applications** **Contraindications** **Side effects** **Androgens** **Uses** **Side effects** **Danazol** **Uses** **Side effects** **Gestrione** **Antioestrogens** **Clomiphene citrate** **Mode of action** **Indications** **Contraindications** **Side effects** **Selective Estrogen Receptor Modulators (SERMs) Acting as Antioestrogen** **Tamoxifen** **Dosage** **Side effects** **Precautions** **Antiprogesterone** **Mifepristone** **Therapeutic applications** **Side effects** **Antiandrogens** **Cyproterone acetate(dianette, androcur)** **Spironolactone** **Dosage** **Side effects** **Flutamide** **Dosage** **Side effects** **Finastride** **Dosage** **Side effects** **Pituitary Hormones** **Gonadotropin-releasing Hormones and its Analogues** **Clinical uses** **Side effects** **Prolactin**	**Ovarian hyper stimulations syndrome (OHSS)-golan's Classifications** **HCG& its Therapeutic applications**	

	Bromocriptine **Contraindications** **Therapeutic applications** **Dose** **Side effects** **Results** **PROSTAGLANDINS** **Indications for use in obstetric and gynaec** **dosage** **Side effects** Human chorionic gonadotropin **Therapeutic applications**		
ENDOSCOPY IN GYNAECOLOGY	Laparoscopy **Indications for Laparoscopy** **Diagnostic laparoscopy** **Operative laparoscopy** **General indications** **Other indications** **Technique of laparoscopy** **Complications** **Hysteroscopy** **Technique** **Diagnostic indications** **Therapeutic indications** **Distension media in hysteroscopy** **Contact hysteroscopy** **Complications of hysteroscopy** **Late complications** **Salpingoscopy and Falloposcopy** **Colposcopy** **Indications** **Therapeutic Indications** **Technique of Colposcopy** **Colposcopic findings** **Abnormal findings** **Colpomicroscopy** **Extragenital Endoscopy**	**Fluid Management** **Hysteroscopy endometrial Ablation**	
IMAGING MODALITIES IN GYNAECOLOGY	**Plain Radiography** **Hysterosalpingography** **Indications**		

	Contraindications **Sonosalpingography** **Intravenous Urography** **Indications** **Precautions and contraindications** **Cystography and Urethrography** **Gastrointestinal studies** **Barium meal and follow through** **Barium enema** **Arteriography and arterial Embolization** **Ultrasonography** **Transabdominal Ultrasonography** **Transvaginal ultrasound** **Diagnostic indications** **Therapeutic applications of ultrasonography in clinical practice** **Computed Tomography Scan** **Technique** **Indications** **Magnetic Resonance Imaging** **Indications** **Contraindications** **Radionuclide Imaging** **Dual Photon Densitometry**		
OPERATIVE GYNAECOLOGY	**Principles of Anatomy & Perioperative considerations** **Surgical Anatomy of Pelvis** **Pre operative care** **Post Operative care** **Principles of Gynecological Surgical Techniques** **Incisions for Gyneclogical surgery** **Surgery for Fertility** **Reconstructive Tubal Surgery** **Surgery For Benign Gynaecologic Conditions** **Surgery for Anomalies of the Mullerian**	**Suture Material & Surgical Instruments** **Water, Electrolyte & Acid-Base Metabolism** **Diagnostic and Operative Laparoscopy** **Operative Hysteroscopy** **Assisted**	**Application of Laser in Gynaecology**

	<u>Ducts</u> **Vagino Plasty** **1.Abbe-wharton Mc Indoe Operation** **2.Williams Vulvovaginoplasty** **<u>Tubal Sterilization</u>** **Surgical Approach** **1.Minilaparotomy** **2.Laparoscopy** **3.Tubal Occlusion** **<u>Vasectomy</u>** **<u>Surgery for Benign Disease of the Ovary</u>** **Resection of Beningn cysts** **<u>Leiomyomata Uteri and Myomectomy</u>** **Medical Management of Uterine Leiomyomata** **Abdominal Myomectomy** **<u>HYSTERECTOMY</u>** **1. Abdominal Hysterectomy** **Indications** **Preoperative counseling** **Preparation for Hysterectomy** **Complications** **Post Operative care** **2.Vaginal Hysterectomy** **Indications** **Preoperative counseling** **Preparation for Hysterectomy**	**reproductive techniques** **Surgical Technique for Uterine Unification** **1.Modified Jones Metroplasty** **Tompkins 2.Procedure** **3.The Strassman Metroplasty** **Laproscopic Management of an ovarian Mass** **Vaginal Myomectomy** **Hysteroscopic Resection of Submucous Myomata** **Laparoscopic Myomectomy** **<u>Laparoscopic</u>**	**Essure TM Microinsert-trancervical device insertion via Hystroscopey** **Reconstruction of the Ovary** **Paradoxical Oophorectomy** **Embolotherapy**

	Operative Technique **Complications** **Post Operative care** **SURGERY FOR CORRECTIONS OF DEFECTS IN PELVIC SUPPORT** **<u>Pelvic Organ Prolapse</u>** **Anatomic considerations** **Clinical Evaluation** **Pelvic Organ Prolapse-Quantification system (POP-Q)** **Baden-Walker Halfway system** **<u>SITE-Specific Repair</u>** **Cystourethrocele** **Paravaginal Defect Repair** **Posterior Compartment defects** **VAGINAL VAULT PROLAPSE** **1. McCall Culdoplasty** **2.Sacrospinous Ligament Fixation** **3.Abdominal Sacral Colpopexy**	**<u>Hysterectomy</u>** **1.Laparocopically assisted vaginal hysterectomy (LAVH)** **2.Laparoscopic subtotal hysterectomy (LSH)** **Total** **3.Laparoscopic hysterectomy (TLH)** **4.Vaginally assisted laparoscopic hysterectomy (VALH)** **Staging system for Laparoscopic hysterectomy** **Non surgical treatment for pelvic organ prolapse—use of vaginal pessaries** **High Uetrosacral Ligament Suspension** **Iliococcygeus Fascia suspension** **Le Fort Partial Colpocleisis**	**Vesico vaginal**

			fistula and urethra vaginal fistula
	CANCER OF THE CERVIX **Surgical treatment for early stage cervical cancer** **Concept of radical abdominal hysterectomy and bilateral pelvic lymphadenectomy** **ADJUVANT THERAPY IN CONJUNCTION WITH RADICAL SURGERY** **<u>ENDOMETRIAL CANCER</u>** **SURGICAL STAGING AND TREATMENT** **OVARIAN CANCER** **Comprehensive surgical staging** **Surgical staging for apparent early stage ovarian cancer** **Primary cytoreductive surgery** **Neoadjuvant chemotherapy and interval cyto reductive surgery**	**Laprascopically assited radical vaginal hysterectomy** **(SCHAUTA)** **Second look laparotomy**	**Secondary cyto reductive surgery**

OBSTETRICS ANAESTHESIA & ANALGESIA

Topic	Must Read	Desirable to Read	Good to read
NERVE SUPPLY OF FEMALE GENITAL TRACT	**Sympathetic & Para Sympathetic Nerve supply of the female genital tract & its applied Anatomy**		
PHYSIOLOGY OF PREGNANCY	**Physiological changes in Pregnancy**		
PHARMACOLOGY	**Pharmacology of drugs used in Obstetrics**	**Placental transfer of drugs**	
LABOUR ANALGESIA	**Various methods of pain relief in labour** **Pharmacological & Non Pharmacological methods** **Labour epidural analgesia**		
ANAESTHESIA FOR OPERATIVE OBSTETRICS	**GA, Spinal & epidural Anaesthesia for LSCS surgery**		**Walking epidural**
ANAESTHESIA FOR LAPAROSCOPIC SURGERY	**Anaesthetic implications of GA for Laparoscopic surgery**		**Importance of Daycare surgery**

POSTINGS

Three Year MD

Year	L.Ward	AN/PN Ward	Gyn/P. O. Ward	Anes thesia	Pedia trics	Medicin e	Surgery & Urogynecolog y	FW	Infertilit y & Sonar	Colposcop y & Pathology	Radioth erapy	Oncolog y	Endocri nology	Gene tics	Social Obstetric s
I Year	3 months	3 months	3 months			1 month	15+15 days 15days	15days	15days						
II Year	3 months	3 months	3 months	15days	1 month				15days	15+15 Days					
III Year	3 months	3 months	3 months	15days				15days			7 Days	7 Days	7 Days	7 Days	1 month

Two Year MD

Year	**L.Ward**	**AN/PN Ward**	**Gyn/P. O. Ward**	**Anesthes ia**	**Pediatri cs**	**Medici ne**	**Surgery & Urogynecolo gy**	**FW**	**Infertili ty & Sonar**	**Colposco py & Pathology**	**Radiothera py**	**Oncolo gy**	**Endocrinolo gy**	**Geneti cs**	**Social Obstetri cs**
I Year	3 months	3 months	3 months		15days	1 month	15+15Days	15days							
II Year	3 months	2½ months	2½ months	15days				15days	15days	15days	7 Days	7 Days	7 Days	7 Days	1 month

Two Year DGO

Year	L.Ward	AN/PN Ward	Gyn/P. O. Ward	Anesthesia	Pediatrics	FW	Infertility & Sonar	Colposcopy & Pathology	Radio therapy	Oncology	Endocrinology	Genetics	Social Obstetrics
I Year	3 months	3 months	3 months		15days	15days	15days	15days	7 Days	7 Days	7 Days	7 Days	
II Year	3 months	3 months	3 months	15days	15days	15days		15days					1 month