

**THE TAMIL NADU DR. M.G.R. MEDICAL UNIVERSITY**

**No. 69, ANNA SALAI, GUINDY, CHENNAI – 600 032.**

**POST GRADUATE DIPLOMA COURSES**



**SYLLABUS AND CURRICULUM**

**2021 - 2022**

**DIPLOMA IN OBSTETRICS &  
GYNECOLOGY (DGO)**

# **THE TAMIL NADU Dr. M.G.R MEDICAL UNIVERSITY, CHENNAI**

## **DIPLOMA IN OBSTETRICS & GYNECOLOGY (DGO)**

### **1. GOALS**

The goal of DGO 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 system with relevant knowledge of Anatomy, Physiology, Biochemistry, Pharmacology, Pathology, Microbiology and Virology.
3. Is aware of contemporary advances & developments in the field of maternal health & other related issues.
4. Is Oriented to the principles of research methodology and epidemiology
5. Has Acquired the basic skills in teaching of the Medical and Paramedical Professionals.

### **2. OBJECTIVES**

A postgraduate resident should be able to achieve objectives in the following domains:

#### **A. KNOWLEDGE**

1. Learn the basics of the subjects of Obstetrics and Gynaecology, covering all conditions likely to be met in obstetric practice in our country.
2. Provide effective prenatal care depending on the clinical condition of the mother, including nutrition, immunization and risk assessment.
3. Learn in greater detail about common problems like hypertension complicating pregnancy, intrauterine growth restriction, cephalo pelvis disproportion, obstructed labour and puerperal sepsis.
4. Appreciate the indications and methods of induction of labour.
5. Acquire thorough knowledge of gynaecologic conditions of public health importance such as cancer cervix and other gynaecologic diseases likely to affect pregnancy.
6. Gain knowledge of other branches of medicine which are relevant to Obstetrics and Gynaecology with special stress on diabetes mellitus, hypertension, cardiac disease, anaemia, lower urinary tract disorders and medical and surgical causes of acute abdomen.
7. Aware of medico-legal aspects of practice of Obstetrics and Gynaecology.
8. Able to diagnose and manage normal pregnancy, labour and puerperium and recognize any departure from normal in the above.
9. Able to competently manage cases of abortion, spontaneous and induced, including ectopic gestation and gestational trophoblastic diseases.

10. Diagnose and manage preterm labour and assess the fetal well being, maturity and birth weight and to use that information in deciding the obstetric management.
11. Develop decision making skills by utilizing the clinical and laboratory data.
12. Able to diagnose and manage acute abdomen, haemorrhage in Obstetrics & Gynaecology and other emergencies i.e. eclampsia.
13. Able to medically treat common gynaecologic diseases specially using
  - i) Antibiotics
  - ii) Hormone therapy including contraception
  - iii) Ovulation inducing agents
  - iv) Antineoplastic drugs
14. Understand the need for common obstetric operative interventions i.e. episiotomy, forceps, ventouse, caesarean section, dilatation and evacuation etc.,
15. Understand the importance of population control, contraception and different methods of contraception.
16. Understand the physiology of menstruation and manage common menstrual abnormalities.
17. Identify common adolescent and paediatric gynaecological problems and their management.
18. Learn common causes of infertility and their management and assisted reproductive techniques.
19. Acquire knowledge about common gynaecological problems like leucorrhoea, sexually transmitted infections, displacements, fibroid, endometriosis etc.,
20. Learn about screening and diagnosis of gynaecological malignancies including that of the breast.
21. Acquaint oneself with common gynaecological operative procedures.
22. Learn the proper method of handling data and presenting statistics in a scientific and orderly fashion in seminars, symposia and papers.
23. Utilise journals and reference works effectively.

## **B. ATTITUDE**

1. Appreciate the fact that women and children are especially a vulnerable group as regards health problems.
2. Appreciate particularly the problem of patients of advanced and terminal disease and to develop a sympathetic attitude to them and their relatives.
3. Understand the psychological aspects of gynaecologic diseases in general and infertility and unwanted pregnancy in particular.

4. Develop the ability to view the patient's condition in a wider social perspective and to adjust therapy to suit her social and financial reality.
5. Understand the importance of good medical care in preventing most of the morbidity and mortality in Obstetrics and Gynaecology.
6. Develop skills to communicate with patients and their relatives and to elicit a thorough history and explain regarding investigations & management.
7. Understand that Obstetrics and Gynaecology forms a hotbed for ethical issues and follow necessary precautions needed for an ethical practice.

### **C. SKILLS**

1. Able to select cases for the following Obstetric procedures and able to perform them independently and confidently:
  - i) Lower segment caesarean section including cases of obstructed labour and malpresentations.
  - ii) Outlet and low forceps delivery
  - iii) Vacuum extraction
  - iv) Assisted Breech Delivery
  - v) External cephalic/internal podalic version
  - vi) Manual removal of placenta and exploration of uterine cavity.
  - vii) Management of atonic and traumatic post partum haemorrhage.
2. Able to perform safe and effective medical termination of pregnancy up to 20 weeks of gestation using methods of
  - i) Suction Evacuation / MVA
  - ii) Dilation and Evacuation
  - iii) Extra amniotic instillations & other newer methods like medical abortion
3. Able to perform the following gynaecological surgical procedures:
  - i) D & C / FC, Menstrual Regulation
  - ii) Polypectomy
  - iii) Minilap tubectomy
  - iv) Vaginal Hysterectomy with pelvic floor repair
  - v) Abdominal Hysterectomy for 'Straight-forward' cases
  - vi) Salpingectomy for ectopic pregnancy, Salpingo-ovariotomy
  - vii) Amputation of Cs/Manchester repair / Conisation

4. Able to competently assist in the following:
  - i) Gynaecological Oncology surgery
  - ii) Gynaecological-urological surgery
  - iii) Tubal microsurgery
  - iv) Caesarean Hysterectomy
  - v) Hysterectomy in difficult cases
  - vi) Minilap tubectomy, laparoscopic sterilization
  - vii) Diagnostic laparoscopy
  - viii) Colpocentesis/ colpotomy, laparotomy for septic abortion
  - ix) Cervical encerclage
5. Able to manage the post-operative and intra-operative complications.
6. Able to assist / perform the following investigations:
  - i) Obstetric Ultrasonography for – pregnancy diagnosis
    - pregnancy dating
    - Early pregnancy bleeding
    - Antepartum haemorrhage
    - Biophysical profile
    - fetal anomalies
  - ii) Gynaecological USG for adnexal mass, uterine pathology & follicular monitoring
  - iii) Hysterosalpingography / sonohysterosalpingography
  - iv) Colposcopy
  - v) Cystoscopy
7. Able to resuscitate an asphyxiated newborn by emergency measures and recognize signs requiring referral of a baby for specialized care.

### **3. COMPONENTS OF THE POSTGRADUATE CURRICULUM**

- ***Theoretical Knowledge*** – (Refer 'A – KNOWLEDGE' under 'OBJECTIVES')
- ***Practical and Clinical Skills*** – Refer 'C – SKILLS' under 'OBJECTIVES'

- **Writing Research Articles**

All students will have to carry out a research program and bring out a Research paper. Students are encouraged to attend CME's, publish research papers and present posters, or platform presentations at State, National and International conferences.

- **Attitudes including Communication Skills**

1. Appreciating Diversity
2. Conflict Management
3. Listening – Attention to detail
4. Are you really listening ? – Picking up non-verbal cues
5. Lost in translation – Communication within the team
6. Case Scenario
  - a. Angry patient
  - b. Dealing with error made by college
  - c. Breaking bad news
  - d. Facilitating HIV status – disclosure to the patient and spouse

- **Training in Medical Ethics/Bioethics and Medico-legal aspects .**

Students are encouraged to attend workshops/CME's on Bioethics conducted by the University and other reputed Institutions.

Medical ethics, Bioethics, moral and legal issues and Medical Audit are part and parcel of the curriculum and syllabus

### ETHICAL DILEMMAS IN OBSTETRICS AND GYNAECOLOGY

#### A. At the beginning of life .

- Abortion - how do you make a legal / ethical decision taking into consideration all the laws and regulations, rights of the unborn child and the health of the mother.

- Infertility – Ethical issues of Assisted Reproductive Technologies – Donor programmes
- Gamete cryopreservation
- Embryo cryopreservation
- Fertility preservation
- Future of excess embryos

#### B. Contraception

- Autonomy of the individual
- Right to refuse
- Ethical issues of sterilisation being offered as a form of contraception

C. Counselling of parents with disease affected fetus.

A very difficult task in the event of diagnosis of conditions like Thalassemia, Haemophilia, Down's syndrome.

D. Ethical concerns of emerging medical technologies like Pre implantation Genetic Diagnosis for recurrent pregnancy loss and stem cell therapy.

E. Decision making process for surgery

Tubal recanalization – a multipara requesting the surgery in the hope of having a male baby.

Surgery for Gynaecology condition, knowing very well it does not improve quality of life.

#### 4. THEORY SYLLABUS

##### OBSTETRICS & NEONATOLOGY

##### I. MATERNAL ANATOMY

**1. Anatomy of pelvis**

**2. Embryogenesis**

**3. Development of placenta.**

**4. Anatomy of fetus, fetal growth & development, fetal physiology & circulation**

##### 1. ANATOMY OF PELVIS

Boundaries of Pelvis, Planes and diameters of Pelvis , Diameters: a) Inlet b) Midcavity c) Outlet d) Types and tendency of Pelvis: Gynaecoid, Android, Anthropoid, Platypelloid, difference between male and female pelvis, clinical significance of various types of pelvis eg: Android - failure of rotation and deep transverse arrest.

##### 2. EMBRYO GENESIS

**Gametogenesis:**

Oogenesis, Ovulation, Implantation, Trophoblast formation - cytotrophoblast and syncytiotrophoblast formation, Decidua formation – decidua basalis, decidua capsularis, decidua parietalis, Chorion and chorionic villi – chorion and amnion, syncytiotrophoblast, primary stem villi, Structure of mature spermatozoan, Biology of Trophoblast, Embryology applied to in-vitro fertilization.

##### 3. Development of placenta:

Structure of placenta – amniotic membrane, chorionic plate, basal plate, intervillous space and stem villi.

Placental circulation – Placental membrane (barrier) – no mixing of maternal and fetal blood.

Fetoplacental circulation – two umbilical arteries and one umbilical vein.

Function of the placenta – Transfer of nutrients, production and metabolism of hormones, barrier function, immunological function.

Haemodynamics of fetal circulation – Maternal

Placental Hormones – Chorionic ACTH, Relaxin, PTH-Rp, Growth Hormone Variant (hGH-V), Gn RH, CRH, GHRH Leptin, Neuropeptide Y, Inhibin and Activin

#### **4. ANATOMY OF FETUS, FETAL GROWTH DEVELOPMENT**

**a) Events of Fetal Development:** Eg. 4-6 weeks limb buds, optic vesicles, 8 to 12 weeks external genitalia, 14 to 21 days Notochord, Neural plate. 21 to 28 days Neural tube, cardiac chambers. 28 weeks fetus viable, 36 weeks descent of one testis, 40 weeks descent of both testicles.

**b) Fetal Physiology**

Fetal nutrition, fetal haemopoiesis, urinary system, skin, gastro-intestinal tract, respiratory system, endocrine system.

**c) Fetal Circulation**

Changes in fetal circulation at birth : closure of umbilical arteries, lateral umbilical ligaments & superior vesical arteries. Closure of umbilical vein – ligamentum teres. Ductus venosus – ligamentum venosum, ductus arteriosus 1-3 months of birth, foramen ovale – 1 year of birth.

### **II. MATERNAL PHYSIOLOGY**

#### **I. MATERNAL CHANGES DURING PREGNANCY**

- i) Changes in genital tract
- ii) Hematological changes
- iii) Metabolic changes
- iv) Cardiovascular system
- v) Respiratory system
- vi) Gastrointestinal system
- vii) Urinary system
- viii) Endocrine system

#### **III. PRENATAL CARE**

1. Diagnosis of pregnancy
  - In first, second and third trimester
  - Details of symptoms + signs of pregnancy
  - Pregnancy tests
  - Details and accuracy
  - Details of dating of pregnancy with ultrasound



2. Details of Down's Screening
  - Nuchal thickness on ultrasound
  - Pros and cons of Down's screening
  - First trimester morphology
  - NIPT – Non invasive prenatal testing
3. Lab investigation sent in pregnancy
  - Rationale for these tests
  - OPT In / OPT Out screening for HIV
  - Role of urine culture, TSH
  - Screening for gestational diabetes
  - Role of Group B hemolytic streptococcus screening
  - Immunization – recommended vaccines, contraindicated vaccines
4. Assessment of risk factors
  - Relevant history
5. Morphology ultrasound
  - Commonly diagnosed anomalies
6. Examination
  - a) General – accurate BP measurement. Importance of examining spine, gait, thyroid and breast
  - b) Obstetric – symphysiofundal height (metrogram) charts, abdominal grips, pelvis assessment at term.
7. Drugs prescribed in pregnancy
  - Common drugs contraindicated in pregnancy
  - Teratogenicity of drugs.
8. Prenatal advice to women
  - Nutrition in pregnancy
  - Tips to expectant mothers.
9. Antepartum fetal surveillance
  - Use of ultrasound
  - Non stress test

#### **IV. PHYSIOLOGY OF LABOUR AND PURPERIUM**

Causation and stages of labour, role of hormones in labour.

Physiological and biochemical process, regulating parturition and induction of labour.

##### **a) MECHANISM OF LABOUR**

- Cervical ripening, uterine distension, cardinal movements

b) **CONDUCT OF NORMAL LABOUR**

- Diagnosis of labour , management of 1<sup>st</sup> stage, management of 2<sup>nd</sup> stage, management of 3<sup>rd</sup> stage, drugs to prevent and treat PPH

c) **INTRAPARTUM SURVEILLANCE**

- Fetal surveillance, surveillance of uterine activity, PRAMS – post partum pregnancy risk assessment monitoring system, maternal early warning systems.

d) **NORMAL PUERPERIUM**

Changes in the genital tract, uterus and other system, lactation, care of puerperium.

Changes in the Genital tract & other system, Changes in the uterus -involution, lochia, Lactation, Colostrum Physiology of lactation, Care of the Puerperium  
Ambulation, bowel & bladder care, Breast, perineal care Postpartum follow-up care.

**PRAMS Postpartum - Pregnancy risk assessment monitoring system, Maternal early warning systems**

V. **COMPLICATIONS OF PREGNANCY**

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

**EARLY PREGNANCY COMPLICATIONS**

Hyperemesis gravidarum, types of abortions, gestational trophoblastic disease, algorithm for evaluation, expectant management, staging and prognostic scoring, novel serum markers – VEGF, CA125, Creatine kinase, arterial embolization.

**Ectopic pregnancy** – Types, risk factors, clinical features, investigations.

Management – Medical, Surgical, conservative, algorithm for evaluation in expectant management.

**ANAEMIA IN PREGNANCY**

Iron deficiency, Folic acid & vitamin B12 deficiency, hemoglobinopathies, effects, investigations.

Management – Prevention treatment – iron therapy, oral and parenteral blood transfusion, management of labour.

## **HYPERTENSIVE DISORDERS OF PREGNANCY**

Classification, pathogenesis, preeclampsia, investigations, Predictive Test, Prediction models for preeclampsia (combination of biochemical, biophysical components and history) Chronic hypertension, HELLP syndrome, prophyaxis, management, role of uterine artery, umbilical artery, middle cerebral artery, ductus venosus artery, doppler in the management of preclampsia.

HYPITAT trial, CHIPS trial,

## **ANTEPARTUM HAEMORRHAGE**

Definition, differential diagnosis, Abruptio placentae, causes for maternal mortality, placenta previa – types and management. Internal iliac artery ligation (Use of stepwise devascularization)

## **PRETERM LABOUR**

Etiology, Management – corticosteroids, tocolytics, preterm (PPROM) premature rupture of membranes, diagnosis, management, antibiotics, corticosteroids. Rescue therapy, atosiban nitric oxide donors, \*Pros and Cons of prophylactic, therapeutic and emergency cervical cerclage, role of progesterone therapy, tocolysis, magnesium sulphate – neuro protection before 32 weeks.

## **INTRAUTERINE GROWTH RESTRICTION**

Definition, types, etiology, diagnosis, assessment and management. Ponderal Index, Doppler – middle cerebral artery, uterine artery doppler. TRUFFLE, GRIT, DIGITAT studies.

## **PROLONGED PREGNANCY**

Definition, etiology, diagnosis and management. Critical evaluation, modes of induction of labour.

## **MULTIPLE PREGNANCY**

Incidence, varieties, presentation, course of pregnancy, diagnosis, complications management of labour. Complications of monochorionic twins, Acardiac Twin (TRAP) sequence, Twin-Twin transfusion syndrome (TTTS). TAPS (Twin anemia polycythemia sequence). Selection reduction - LASER

## **RHESUS ISOIMMUNISATION**

Factors influencing Rh immunization, Management of RH-immunised pregnancy. Non-invasive tests – MCA, PSV, Marie' graph.

## **VI. MEDICAL DISEASES COMPLICATING PREGNANCY**

- a) Diseases of the cardiovascular system
- b) Maternal infections during pregnancy
- c) Diabetes in pregnancy
- d) Tumors of the uterus and adnexa
- e) Surgical emergencies during pregnancy
- f) Liver diseases in pregnancy
- g) Diseases of urinary system

## **DISEASES OF THE CVS**

Changes in the CVS system, types – congenital and rheumatic, functional grading – New York Heart Association management during pregnancy, labour and puerperium. \*Prosthetic valves, Use of anticoagulants, Timing of anticoagulants, Complications in women with prosthetic valves.

## **MATERNAL INFECTIONS DURING PREGNANCY**

TORCH infections, sexually transmitted diseases, HAART therapy, other infections

## **DIABETES IN PREGNANCY**

White's classification, pathophysiology, diagnosis, risk factors management – Diet, insulin, obstetric management, neonatal management, pregestational diabetes. GDM screening, use of oral hypoglycemics in pregnancy. HAPO trial, ACHOIS, IADPSG Recommendations, Oded Langer et al., N Engl J Med 2000, MiG Trial NEJM.

## **TUMOURS COMPLICATING PREGNANCY**

Fibroids, ovarian tumours and carcinoma cervix, effects and management, chemotherapy in pregnancy,

## **SURGICAL EMERGENCIES**

Acute appendicitis, intestinal obstruction, MANTRELS score.

## **LIVER DISEASES**

Intrahepatic cholestasis – Use of ursodeoxycholic acid, AFLP, viral hepatitis, HELLP syndrome

## **DISEASE OF URINARY SYSTEM**

Asymptomatic bacteriuria, acute renal failure, rational use of antibiotic therapy

### **VII. NEW BORN**

- a) Resuscitation of new born
- b) Respiratory distress and neonatal sepsis
- c) Neonatal jaundice
- d) Neonatal problems and their management

### **NEW BORN**

Resuscitation of the new born, neonatal sepsis, neonatal problems and the management, birth trauma

### **VIII. ABNORMAL LABOUR**

Malpresentation, Dystocia, cephalo pelvic disproportion, Cardiotocograph findings. Categorization of cardiotocography – category 1,2,3

### **IX. THIRD STAGE COMPLICATION**

Postpartum haemorrhage etiology, predisposing factors management, retained placenta, inversion of uterus, injuries to the parturient canal, rupture of the uterus, puerperal infection, venous complications, genital tract infections, mastitis and breast abscess, B-lynch suturing, internal iliac artery ligation, uterine tamponade – condom

and Bakri balloon, stepwise devascularization, angiographic embolization, pelvic umbrella pack.

### **OBSTETRIC PROCEDURES**

Forceps, Vacuum extractor, external cephalic version, internal podalic version, caesarean section, induction of labour, complications.

**ULTRASOUND** : Early pregnancy – diagnosis, dating, viability, multiple pregnancy, congenital anomalies, estimation of gest age, fetal growth, fetal weight, liquor volume, fetal well being.

### **FAMILY PLANNING**

- X. Demography and population dynamics
- XI. Contraception
- XII. Emergency contraception
- XIII. Recent advances in contraception

#### **XIV. DEMOGRAPHY AND POPULATION DYNAMICS**

Population dynamics, factors involved, magnitude of the problem, impact of increased population. Vital statistics, maternal morbidities, perinatal mortality, early and late neonatal death.

#### **XV. CONTRACEPTION**

Temporary methods – Barrier methods : Condoms, diaphragm, chemical sponge(Today), combination natural contraception, IUCD, steroidal contraceptions, Oral – OCP, triphasic combined pills, mini pill, Newer OCPs, Parenteral – DMPA, NETO, Implants – norplant 1,2, Capronor, Silastic vaginal rings, Skin patches, Centchroman. Permanent methods : vasectomy, tubectomy, laparotomy, minilaproscopy, hysteroscopy, vaginal route.

### **EMERGENCY CONTRACEPTION**

OCP, estrogen, levonorgesterol, mifepristone, centchromin, GnRH agonist, prostaglandins

### **MEDICAL TERMINATION OF PREGNANCY**

MTP Act, grounds for performing MTP

### **RECENT ADVANCES, NEW DEVELOPMENT, FUTURE RESEARCH WORK IN CONTRACEPTIVE TECHNOLOGY**

Immunological methods, male contraceptive

## **ETHICS IN OBSTETRICS & GYNAECOLOGY – MEDICO LEGAL ISSUES**

PCPNDT Act – Preconceptional and 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 and middle age group women. Do not warrant removal of a normal uterus – Details

Consent

Consent forms for obstetric emergencies

Consent forms for sterilization eg. For lap sterilization

### **MEDICO LEGAL ISSUES**

- MTP Act
- PCPNDT Act
- Litigation for poor outcome, complications
- Importance of complete documentation
  
- Litigation after sterilization failure
  - 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.

## **OBSTETRICS ANAESTHESIA & ANALGESIA**

### **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 and epidural anaesthesia for LSCS surgery

## **ANAESTHESIA FOR LAPAROSCOPIC SURGERY**

Anaesthetic implications of GA for Laparoscopic surgery

## **GYNAECOLOGY**

### **I ANATOMY**

Vulva, vagina, uterus, and cervix, fallopian tubes, ovaries, ureter, pelvic musculature, blood supply of genital organs, ovarian artery, uterine artery, vaginal artery, arteries of the vulva and perineum, lymphatic system, inguinal glands, parametrial glands, external iliac glands, common iliac, sacral groups, lumbar group, nerves supply, sympathetic & para sympathetic. Branches of the internal iliac and external iliac vessels, ligaments of the pelvis and supports of uterus

### **NORMAL HISTOLOGY**

Ovary, cortex, Graafian follicle, corpus luteum, endometrium, proliferative phase, secretory phase, menstruation, vaginal epithelium – physiological changes.

### **II PHYSIOLOGY OF OVULATION AND MENSTRUATION**

Hypothalamus, pituitary, ovary, estrogen, progesterone, physiology of ovulation, physiology of menstruation, menstruation, Hormonal levels in different phases of menstrual cycle, neuro endocrine control of menstruation, role of prostaglandins.

### **III DEVELOPMENT OF FEMALE GENERATIVE ORGANS**

Urogenital Sinus and external genital organs, primitive urinary system, lower end of Mullerian duct, external genital organs, development of ovary.

## **MALFORMATIONS OF THE FEMALE GENERATIVE ORGANS**

Development of female generative organs, the urogenital sinus and the external genital organs, development of ovaries, Mullerian Anomalies, Mullerian duct anomalies, developmental defects of the urogenital sinus, malformations of the rectum and anal canal, congenital rectovaginal fistula, Wolffian duct anomalies, renal tract anomalies.

### **IV GYNAECOLOGICAL DIAGNOSIS**

History taking, menstrual history, obstetric history, physical examination, general examination, abdominal examination, gynaecological examination, exam in situ, speculum examination, pap smear, vaginal examination, rectal examination, investigations, preoperative investigations, Papanicolaou Test-classification (WHO/SIL Bethesda), Liquid based cytology, Cytochemical Evaluation (Karyopyknotic index (KPI), Uterine Aspiration cytology, Colposcopy, Endometrial Biopsy, Hormonal Assays, Ultrasonography, Others (CT, MRI, HSG), Gynaecological Endoscopy, Aspiration of Pouch of Douglas

### **V PAEDIATRIC AND ADOLESCENT GYNAECOLOGY**

Pediatric Gynecology, Anatomy, Physiology, genitourinary system of 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 & Marshall staging, Neuro endocrinologic control of puberty.

## **VI 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, varieties, Clinical features, investigations, Treatment, Premenstrual tension syndrome-Introduction, Etiology, Clinical features, Diagnosis, Treatment.

## **VII 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, SERM (Ormeloxifene), PALM, COEIN classification

### **DYSFUNCTIONAL UTERINE BLEEDING**

Definition, Pathogenesis, classification-ovulatory, anovulatory, pubertal menorrhagia, metropathicahemorrhagica-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), Bilateral uterine artery embolization, Hysterectomy-Abdominal, Vaginal, Laparoscopic LAVH. Von willibrands, disease, and other bleeding, dyscrasias.

## **VIII FIBROMYOMA OF UTERUS AND UTERINE POLYPS AND ADENOYOUS**

Fibromyoma types— intramural, submucous, subserous symptoms – menstrual disorders, infertility, pain, pressure symptoms, Complications, Degeneration, Torsion, Inversion, Infection, Treatment, Medical – GnRH analogues, danazol, mifepristone, surgery Myomectomy — abdomina l/vaginal/hysteroscopic/ laprascopic/ Hysterectomy— transabdominal/vaginal/LAVH/laprascopic, Uterine artery embolization, UTERINE POLYPS, Endometrial polyp, Placental polyp, Management. Cervical fibroid.

## **IX 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.



## **X 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, terine descent, Procidentia, Symptoms of prolapse, Investigations, Differential diagnosis, Anterior vaginal wall cyst, Chronic uterine inversion, Congenitalelagation 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 plexy, Pelvic reconstructive surgery, Synthetic materials, Biological, Materials, New system, (Intra vaginal sling plasty, Apogee, Perigee).

## **XI 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 ofspread, Symptoms Diagnosis, Treatment Diseases of the female urethra, Urethritis, Urethral caruncle.

Urethral prolapse, Urethral Diverticulum, Urethral Stenosis, Urinary Fistulae, Genital Fistulae, Definition, Etiology, Anatomic Classification of Urinary Fistulae, Clinical Features - Investigations, Management, Latzko Procedure, ChassarMair technique, Vaginal/transvesical / transabdominal Approach, ileal loop bladder, Postoperative Management - Ureteric fistulae, Causes, Diagnosis, Management-Percutaneous nephrostomy, Cystoscopic catheterization & stenting, Boari-flap operation, Ureteroneocytostomy, Urethrovaginal Fistula, Stress urinary incontinence, Mechanism of Female Urinary, Incontinence - Genuine stress incontinence, Urge incontinence, Clinical Evaluation, Investigations, Stress test, Cotton swab stick test, Marshall and Bonney's Urethroscopy, Urodynamic evaluation, MRI studies, Treatment, Conservative, Surgical, Vaginal/Abdominal/combined Approach, Complications, Outcome following surgical repair, Detrusor instability, Etiology, Pathophysiology, Symptoms, Investigations, Treatment.

Physiology of micturition, Pregnancy & urinary problems, Urodynamic studies, cystoscopy. Burch Colposuspension, Tension free vaginal T-tape Injectable Bulking agents, Botox Injection, Augmentation cystoplasty, Neuro Modulation.

## **XII SEXUALLY TRANSMITTED DISEASES**

Condylomata acuminata, Genital ulcers, Genital Herpes, Chlamydia, syphilis, gonorrhoea, LGV, granulomainguinale, Human Immunodeficiency Virus.

### **XIII PELVIC INFLAMMATORY 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.

### **XIV TUBERCULOSIS 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 TB genital tract. Infertility, menstrual disorders, fistula Formation, Investigation, Treatment of genital TB.

### **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, Gartnerscyst, Vulval infections, clinical features, diagnosis & management.

### **XV MENOPAUSE AND POST MENOPAUSAL BLEEDING**

MENOPAUSE - Definition, Hormonal changes, Anatomical changes, Symptoms, menstrual, neurological, genitourinary tract, Investigations-PAP smear, Management, Hormone replacement therapy-estrogen, progestogen, raloxifene; soya, bisphosphonates, Post menopausal bleeding, Definition, etiology, investigations-USG-EM thickness, Fractional curettage, endometrial sampling, hysteroscopic biopsy management, estrogen transdermal patch, HRT and bone mineral density.

### **XVI INFERTILITY**

Issues involved, Male infertility - Spermatogenesis, Endocrine control, pathology, Etiology, Investigations, History, General & Local Examination, Special investigations -Semen analysis hormone assay, testicular biopsy, Immunological test, Patency of vas, Chromosomal study, Management - Education, substances abuse, correct endocrinopathies, surgical, antibiotics, Hormones (HCG, Testosterone, GnRH, Sildenafil, artificial insemination) - Intra uterine insemination.

Management of azoospermia - ICSI, TESA, PESA, 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, Gonadotrophins,

Dexamethasone, lap, drilling. Management of Peritoneal disorder, Endometriosis, unexplained infertility, Ovarian reserve test: FSH, AMH, AFC. Legal aspects of ART: ART bill ; ICMR regulations. Post coital test (sims or Huhner test) Sperm penetration test, Y deletion genetic tests, CFTR testing.

IVF TECHNIQUE, (Indications, complications), GIFT, MAF, ICSI, Epididymal aspiration. Newer modalities - Hysteroscopy, Falloscopy, ampullary and fimbrialsalpingoscopy, Laparoscopy for endometriosis. ART (indications, types)

## **ENDOMETRIOSIS**

Etiology, Genetics factors, Mutation, Aneuploidy, Immunological factors & inflammation Endocrinological abnormalities, Endometriosis of the rectovaginal Septum, adenomyosis, Medical treatment -Non hormonal Therapy, Modulation of Cytokines, Leukotriene Receptor, antagonists (Pentoxifylline), Inhibition of Matix Metalloproteinase, hormonal therapy - Progesterone, Antagonists, Onapristone, Mifepristone, Aromatase, inhibitors-fadrozole, SERM-Raloxifene, Future research (Rat &Rabit animal Models, Role of laparoscopy.

## **XVII 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 and symptoms, FIGO staging, Treatment—chemotherapy (triple therapy, EMACO)/surgery, Follow up.

## **XVIII 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 tumour, Endometrioid tumour, Mesonephroid tumour Brenner tumour, Spread of epithelial tumors of the ovary, Germ cell Tumour, Incidence, Teratoma Dermoid cysts, Solid teratoma of the ovary struma ovarii, Carcinoid tumors Dysgerminoma Mixed germ cell tumour, Sex cord stromal Tumour, Feminizing functioning Mesenchymoma Granulosa cell tumour, Theca cell tumour, Virilizing Mesenchymoma, Arrhenoblastoma, Adrenal cortical tumor of the ovary, Hilus cell tumor, Gynandroblastoma, Tumor Arising from connective Tissues of Ovary, Ovarian fibroma, Histogenesis of ovarian tumors, Complications of ovarian tumors, Benign ovarian, Tumors Symptoms, physical signs, Differential diagnosis, Investigations, Treatment.

## **XIX GYNAECOLOGIC ONCOLOGY**

Cancers of the Genital Tract, Cancer of the Vulva, Preinvasive lesions, Invasive Carcinoma of the vulva (FIGO staging ) management, Vaginal cancer, Clinical features, Staging, Diagnosis, Management Carcinoma of the cervix, 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, Carcinoma of the Uterus and Endometrial Cancer, Predisposing factors, Surgery, Postoperative radiotherapy, Primary radiotherapy, Progestogens, Recurrent growths, Uterine sarcomas, Fallopian Tube Cancers, FIGO staging, Clinical features, Differential diagnosis, Investigations, Management,

Prognosis of 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.

Vulval sarcoma, melanoma, bartholin's gland tumour, Pap smear & classification, Colposcopy, cervicography, VIA , Cone biopsy, Radical Hysterectomy, Pelvic Lymphadenectomy, 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.

Risk factors, criteria for diagnosis of borderline tumors, krukensberg tumor, Second look laparotomy, Stem cell therapy.

## **IMAGING MODALITIES IN GYNAECOLOGY**

Plain Radiography, Hysterosalpingography, 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 Gynecological 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, Application of Laser in Gynaecology.

## **SURGERY OF THE MULLERIAN DUCTS**

VaginoPlasty, 1.Abbe-wharton Mc Indoe Operation, 2.Williams Vulvovaginoplasty, ubal Sterilization, Surgical Approach, 1.Minilaparotomy 2.Laparoscopy 3.Tubal Occlusion Vasectomy, Surgery for Benign Disease of the Ovary, Resection of Benign cysts, Leiomyomata Uteri and Myomectomy, Medical Management of Uterine, Leiomyomata, Abdominal Myomectomy, Assisted reproductive techniques, Surgical Technique for Uterine Unification - 1.Modified Jones Metroplasty 2) Tompkins Procedure 3.The Strassman Metroplasty

## **HYSTERECTOMY**

1. Abdominal Hysterectomy, Indications, Preoperative counseling, Preparation for Hysterectomy, Complications, Post Operative care, 2.Vaginal Hysterectomy – Indications, Preoperative counseling, Preparation for Hysterectomy, Operative Technique, Complications, Post Operative care, Hysterectomy - 1.Laparoscopically 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.

## **SURGERY FOR CORRECTIONS OF DEFECTS IN PELVIC SUPPORT**

Pelvic Organ Prolapse, Anatomic considerations, Clinical Evaluation, Pelvic Organ Prolapse-Quantification system (POP-Q), Baden-Walker Halfway system, SITE-Specific Repair, Cystourethrocele, Paravaginal Defect Repair, Posterior Compartment defects.

## **VAGINAL VAULT PROLAPSE**

1. McCall Culdoplasty, 2.Sacrospinous Ligament Fixation 3.Abdominal Sacral Colpopexy, Non surgical treatment for pelvic organ prolapse—use of vaginal pessaries, High Uterosacral Ligament Suspension, Iliococcygeus Fascia Suspension, Le Fort atrial Colpocleisis, Vesico 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**

## **ENDOMETRIAL CANCER**

## **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, Laparoscopically assisted radical vaginal hysterectomy. (SCHAUTA), Second look laparotomy, Secondary cyto reductive surgery.

#### **5. TEACHING LEARNING METHODS(including Clinical Study)**

1. Seminars / Symposia
2. Journal Clubs
3. Group Discussions
4. Clinical rounds / combined case discussions
5. Case presentations / Bedside teaching
6. Maternal care review meetings
7. Perinatal meetings
8. Clinicopathological meetings
9. Attending conferences, Workshops, CME programmes etc.,

#### A) Active involvement in patient care in

- Antenatal clinic
- General Gynae – OPD
- Postnatal clinic
- Infertility clinic etc.,

#### B) Operation Theatre

- Assist procedures
- Operation under supervision
- Operate independently
- Emergencies – Participation in Management
- In the community – visits to RHC / CAMPS

#### **6. STRUCTURED TRAINING PROGRAMME**

Clinical Postings:

	<b>I Year</b>	<b>II Year</b>
<b>L.Ward</b>	3 months	3 months
<b>AN/PN Ward</b>	3 months	2½ months
<b>Gyn/P.O Ward</b>	3 months	2½ months
<b>Anaesthesia</b>		15 days
<b>Paedetrics</b>	15 days	15 days
<b>FW</b>	15 days	15 days
<b>Infertility &amp; Sonar</b>	15 days	

<b>Colposcopy &amp; Pathology</b>	15 days	15 days
<b>Radiotherapy</b>	7 days	
<b>Oncology</b>	7 days	
<b>Endocrinology</b>	7 days	
<b>Genetics</b>	7 days	
<b>Social Obstetrics</b>		1 month

7. Evaluation of the candidates in both theory and practicals will help the candidate in improvement of his/her knowledge, skills and attitude.

**8. COMPETENCY ASSESSMENT:**

- **OVERALL:**
  - a) **Communication / commitment / Contribution / Compassion towards patients and Innovation** ( ) ( ) - 5 Marks
  - b) **Implementation of newly learnt techniques/skills** ( )
  - **Number of cases presented in Clinical Meetings/ Journal clubs/seminars** - 5 Marks
  - **Number of Posters/Papers presented in Conferences/ Publications and Research Projects** - 5 Marks
  - **No. of Medals / Certificates won in the conference / Quiz competitions and other academic meetings with details.** - 5 Marks
- **Total** **20 Marks**  
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**PG CLINICAL COURSES**

**VIVA including Competency Assessment** - 80 Marks (60 + 20)

**Log Book** - 20 Marks

**ASSESSMENT SCHEDULE IS AS FOLLOWS**

<b>Year of study</b>	<b>Period</b>				<b>Total Max. 20 marks</b>
<b>I year</b>	<b>Upto Dec</b>	<b>10 marks</b>	<b>Upto June</b>	<b>10 marks</b>	<b>20 Marks</b>
<b>II year</b>	<b>Upto Dec</b>	<b>10 marks</b>	<b>Upto June</b>	<b>10 marks</b>	<b>20 Marks</b>
	<b>AVERAGE</b>				<b>20 Marks</b>

## **9. PUBLICATION IN UNIVERSITY JOURNAL OF MEDICAL SCIENCES:**

Regarding submission of articles to the University Journal of Medical Sciences for all the PG Degree/Diploma courses, it is mandatory that the students have to submit at least one research paper. **Case Reports are not considered as Research Paper**

## **10. THEORY EXAMINATION**

Paper I: Basic sciences related to Obstetrics and Gynaecology and recent advances.

Paper II: Obstetrics including social obstetrics and diseases of new born

Paper III: Gynaecology including fertility regulation

### **Question paper pattern:**

I. Elaborate on            2 x 15 = 30

II. Write notes on        10 x 7 = 70

**TOTAL = 100 Marks**

## **11. PRACTICAL EXAMINATION**

Particulars.	Maximum Marks.
Clinical Long Case 2 x 50 = 100 marks Short Case 2 x 25 = 50 marks	150
OSCE – 5 stations x 5 marks	25
Ward Rounds/Spotters - 5 x 5 marks	25
Viva-Voce	80
Log Book	20
Total	300
Minimum for Pass	150



## **12. LOG BOOK**

The post graduate students shall maintain a record(log)book of the work carried out by them and the training program undergone during the period of training.

Periodic review of Log book have to be done in the Department by guide/HOD once in every 6 months

## **13. VIVA**

### **VIVA including Competency Assessment**

VIVA including Competency Assessment - 80 Marks (60 + 20)

## **14. OSCE**

### **OSCE- DETAILED SCHEME**

MANNED, COUNSELLING, CONSULTING ,BREAKING NEWS,	
<b>COMMUNICATION SKILLS</b>	BEREAVEMENT
<b>CLINICAL EXAMINATION</b>	MANNED
	<b>MANNEQUIN, PAP, AMSTL, CATHETERISATION</b>
<b>OUT PATIENT PROCEDURES</b>	CTG, USG, ENDOMETRIAL SAMPLING
<b>IN-PATIENT PROCEDURES</b>	EPISIOTOMY, UTERINE INVERSION CORRECTION, MRP, LAPAROSCOPY, HYSTEROSCOPY,VULVAL LESION
<b>SPOTTERS ON LAPTOP</b>	SLIDES, VAGINAL LESIONS, STD, ENDOCRINES, ENDOMETRIOSIS
	ECTOPIC PREGNANCY, URO GYN, SURGICAL PROCEDURES, ONCOLOGY
<b>PARTOGRAM</b>	

## **15. REFERENCE BOOKS**

1. MUDHALIAR & MENON'S book of Obstetrics.
2. Manual of Obstetrics – Shirish Daftary & Sudip Chakravarti – 2<sup>nd</sup> Edition.
3. Ian Donald, Practice of Obstetrics.
4. Human Labor and birth – Oxorn-Foote 6<sup>th</sup> edition.
5. William's Text book of Obstetrics,
6. Obstetrics Normal & Problem Pregnancies – 4<sup>th</sup> edition – Gabbe.
7. Jeffcoate's Principles of Gynaecology – International Edition, 2001
8. Clinical Gynaecologic Oncology Disaia JP, Creaseman TM 5<sup>th</sup> Edition, 1989
9. MICHAEL DE SWIET Medical Disorders in Pregnancy
10. ARIAS High Risk Pregnancy
11. JAMES High Risk Pregnancy
12. Berek & Novak's Gynaecology – 14<sup>th</sup> Edition, 2007
13. Shaw's Text Book of Gynaecology – 13<sup>th</sup> Edition – Elsevier, 2004
14. Shaw's Text Book of Operative Gynaecology – 6<sup>th</sup> Edition, 2004
15. Jeffcoate's Principles of Gynaecology – International Edition, 2001
16. Te Linde's Operative Gynaecology 9<sup>th</sup> Edition – Lippincott, 2003
17. Clinical Gynaecologic Oncology: Disaia JP, Creasman TM, 5<sup>th</sup> Edition, The C.V. Mosby Company, 1989
18. Clinical Gynaecologic Endocrinology and Infertility – 7<sup>th</sup> Edition Speroff & Fritz, Lippincott, 2005

**\*\* Note : The editions are as applicable and the latest editions shall be the part of the syllabi.**

## **16. JOURNALS**

1. Journal of Obstetrics & Gyn, India
2. British Journal of Obstetrics & Gynaecology
3. American Journal of Obstetrics & Gynaecology
4. International Journal of Obstetrics & Gynaecology
5. Obstetric & Gynae Survey

- 6. Gynae Oncology
- 7. Obstetrics & Gynae Clinics of N.America
- 8. Clinical Obstet & Gyn
- 9. Recent Advances in O&G
- 10. STUDD – Progress in O&G

**DEPARTMENT OF OBSTETRICS & GYNAECOLOGY**

This is to certify that this log book is a bonafide record of

All the Procedures done and the Academic activities

Participated in by

.....

During his / her training in

Obstetrics and Gynaecology

From ..... to

.....

At the .....

In accordance with the requirement of the  
Tamil Nadu Dr. M.G.R. Medical University for the  
Degree D.G.O.(Obstetrics and Gynaecology)

Professor & Head

Department of Obstetrics and Gynaecology

<b>Name:</b>

### **INSTRUCTIONS**

This logbook is intended to be a record of all operations performed or participated by a student during his/her Course.

The students should enter in the following pages the information required on each operation including the date, patient's hospital number and name, the nature of the operation and the level of their participation.

- P - Principal Operator
- PA - Principal Operator assisted by a senior
- A - Assistant
- T - Teaching (Junior)
- W - Witnessed

The students You should obtain the signature of the consultant for each page.

The students should provide a summary of the work they have done by giving the total number of each type of operation carried out during the entire training period on the consolidation sheet. Each operation should be entered under only one heading. Case reports or articles published or presented in conferences, symposia or departmental clinical meetings should be recorded on the sheet provided for the purpose.

**Department of Obstetrics and Gynaecology,**

.....  
 .....

Name: .....

1	Postings	Date Commenced	Date Completed
2			
3			
4			
5			
6			
7			
8			
9			
10			

Date of this Log Book – Commenced :

Completed :

Date	Hospital Number	Patient's Name	Diagnosis	Nature of Operation	P / PA / A / T / W	Remarks (Complication)

Signature of Consultant :  
 .....

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