

August 2018 | Volume 8 | ISSN: 2161-0932

Gynecology & Obstetrics

conferenceseries.com

Proceedings of
5th Asia Pacific

GYNECOLOGY AND OBSTETRICS CONGRESS

August 22-23, 2018 Tokyo, Japan



CONFERENCE SERIES LLC LTD

47 Churchfield Road, London, W3 6AY, UK

Contact: 1-650-889-4686

Email: gynecologycongress@conferenceint.com | gynecology@healthcareevent.org



5th Asia Pacific

Gynecology and Obstetrics Congress

August 22-23, 2018 Tokyo, Japan

Keynote Forum Day 1

5th Asia Pacific

GYNECOLOGY AND OBSTETRICS CONGRESS

August 22-23, 2018 Tokyo, Japan



AboTaleb Saremi

Sarem Fertility & Infertility Research Center, Iran
Sarem Cell Research Center, Iran
Sarem Women's Hospital, Iran

Need a different approach for endometriosis management: What are we doing? And where are we going?

Endometriosis is a female common problem, affecting over 14% of female population. The incidence of this disease is significantly on the rise for various reasons. The progression of endometriosis is growing worryingly, as we call it “The Disease of the Century”. The aim of this study is discussion about the management approaches of endometriosis based on our experiences. In the case of the worldwide problem because of increasing in the rate of endometriosis all over the world, three following strategies should be put in place; first; broad etiological studies, second; developing and planning the preventive health programs for endometriosis as an emerging global health problem and awareness of the people and health systems are the first steps for this strategy and third; developing the treatment or management methods for controlling of the endometriosis, its complications and its signs and symptoms. Based on the third mentioned strategy and with focus on the more effective management methods, we are analyzing the current trend on the developing of the treatment techniques. Nowadays, based on our incomplete knowledge about the endometriosis etiology and pathogenesis, combination therapy (Medical-Surgical) technique for endometriosis treatment is the best choice with the less complication. The “Sarem Protocol for the Medical-Surgical Treatment” is tested for about 400 patients and our results (clinical outcomes) are remarkable. It must be note that, the patients' satisfaction is high. Based on our experiences and the nature of the endometriosis, our recommendation is combination therapy (Medical-Surgical) with the specific tested protocol. It is necessary for conducting the wide researches for clearing the etiology (lifestyle and nutrition effects) and disease classification even as a new definition and classification.

Biography

AboTaleb Saremi has received his MD degree from Tehran University, Iran in 1975. He was trained at the Obstetrics and Gynecology Department of Münster University, Germany and got Subspecialty in IVF at Vienna University, Austria from 1981 to 1986 and then participated in complementary Assisted Reproductive Technology (ART) courses in the USA and Australia. His specialization includes laparoscopic surgery and his efforts led to the birth of the first Iranian assisted reproduction baby by Gamete Intra-Fallopian Transfer (GIFT) in 1989. He has founded his first IVF center in Iran in 1993 and received the International Federation of Fertility Societies' (IFFS) 30th Anniversary Recognition Award in 1998. Currently, he is the President of the Sarem Women's Hospital, which he founded in 2006 and also the President of the Sarem Cell Research Center (SCRC) and Sarem Fertility and Infertility Research Center (SAFIR).

saremiat@yahoo.com

5th Asia Pacific

GYNECOLOGY AND OBSTETRICS CONGRESS

August 22-23, 2018 Tokyo, Japan

*Arndt Van Ophoven**University of Bochum, Germany
Marien Hospital, Germany***A prospective explorative study regarding efficacy and safety of bilateral pudendal neuro-modulation for women with stress urinary incontinence**

Background: Stress Urinary Incontinence (SUI) occurs in both males, however predominantly in females. The etiology of female SUI is multifaceted and multifactorial (post-delivery, aging pelvic floor etc.). After conservative management, e.g. pelvic floor education, has failed surgical implantation of slings or artificial sphincters is currently offered to the refractory patient. To the best of our knowledge we present for the first time the results of a proof of concept case series regarding bilateral Pudendal Neuromodulation (PNM) for refractory SUI.

Material & Methods: Between June 2015 and June 2016 15 women presenting with SUI of various grades received a bilateral pudendal neuromodulation following STAR technique for implantation of the quadripolar electrodes. Patients rated their treatment satisfaction during a four weeks testing interval comparing bilateral versus a switching unilateral stimulation. Changes in amount of Incontinence Episodes (IE), amount of Pad Usage (PU), frequency and Micturition Volume (MV) were compared with baseline at 2 and 4 weeks following implantation. Additionally, patients were asked to grade the extent of their symptom decrease using a Global Response Assessment questionnaire (GRA).

Results: Mean age of all 7 patients was 58.8 ± 12.06 years. Mean symptom duration at time of implant was 7.6 ± 10.8 years. All 7 females had previously undergone pelvic surgery for treatment of SUI (sling implantation and explantation, Burch procedure). At week 4 IE dropped statistically significant from 11.0 to 3.6 ($p=0.002$) and PU from 9.3 to 3.6 respectively ($p=0.002$). MV increased statistically significant from 175.3 ml to 284.0 ml and 298.7 ml at week 2 and 4, respectively (all $p=0.005$). Daytime frequency decreased statistically significant from 11.6 voids to 7.0 ($p=0.010$) and nocturia from 2.5 voids to 1.0 voids at week 4, respectively ($p=0.003$). GRA reflected patients' subjective general amelioration of 60% at week 2 and of 70% at week 4. IPG implantation rate was 73%; all responders asked for a bilateral stimulation to gain maximum symptom decrease and received 2 IPG implants. No SAEs were noted.

Conclusion: Bilateral PNM resulted in statistically significant changes of incontinence and voiding parameters in patients presenting with refractory SUI. Bilateral PNM appears to be a safe and efficacious minimally invasive treatment option for SUI. Further long-term studies are needed to assess the full therapeutic potential of this innovative treatment approach to SUI, especially in surgery naïve patients.

Biography

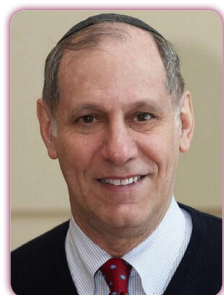
Arndt Van Ophoven has received his Doctor of Medicine from the University of Muenster in 1995 where he became Head of the Section of Neuro-Urology and Academic Centre for Continence Care in 2004. Earlier from 1998 to 1999 he was a Postdoctoral Research Fellow at the Department of Urology, University of California Los Angeles (UCLA). In July 2008, he was appointed as the Head of the Division of Neuro-Urology at the University Hospital of Bochum. He is currently lecturing at the University of Bochum. He is a Member of many national and international (neuro) urological societies and has published his research internationally. His clinical activities and research interests focus on the treatment of neurogenic voiding dysfunction including overactive bladder, urogenital inflammation and pelvic pain syndromes.

arndt.vanophoven@marienhospital-herne.de

5th Asia Pacific

GYNECOLOGY AND OBSTETRICS CONGRESS

August 22-23, 2018 Tokyo, Japan

*Andrew Y Silverman**Gender Selection with Dr Silverman, USA***Altering the sex ratio expressed as the proportion of males to females using albumin-separated sperm**

Statement of the Problem: The sex ratio of boys to girls at birth in the human population is 51 to 49. Does this ratio change with the insemination of selected albumin-separated sperm? The analysis of the births born to couples who underwent sperm separation to influence the sex outcome of their child was carried out from 1990 through 2004.

Methodology: Male or female sperm selection was carried out and an intrauterine insemination was performed of the selected sperm as previously reported.

Findings: The results are presented for both male and female selection. A total of 43 children were born to couples selecting for a male and a total of 71 children (which included six sets of twins) were born to couples selecting for a female.

Conclusion & Significance: Whether the couple chose to have a boy or a girl the data shows that their chances of having a child of the chosen sex was significantly greater than that by chance alone. Couples who chose to have a female were two times the number of couples who chose to have a male. This can be explained by the fact that most couples wish to have children of both sexes. Since the ratio of children at birth is 51% male to 49% female, males will be slightly more prevalent than females at birth and more couples will want to have a daughter to balance their offspring.

Biography

Andrew Y Silverman has studied Doctor of Medicine at the State University of New York in Buffalo, while simultaneously earning his Doctorate in Microbiology. He went on to a Medical Internship at the University of Michigan. He was then selected as a Research Associate at one of the nation's prestigious medical research institutions, the National Institutes of Health in Maryland. He has completed his Residency in Obstetrics and Gynecology at McGill University in Montreal, Canada. His interest in reproductive health began in 1978, as an Assistant Professor of OB/GYN at the University of Texas Health Science Center at San Antonio, Texas. There, he completed Subspecialty training in Reproductive Endocrinology. He has served as the Director of the university's first In Vitro Fertilization (IVF) program. He began studying sperm separation under Dr. Ronald Ericsson, the creator of the Ericsson method for gender selection over 28 years. He is one of the leading gender selection specialists in the USA.

aysilverman@gmail.com**Notes:**



5th Asia Pacific

Gynecology and Obstetrics Congress

August 22-23, 2018 Tokyo, Japan

Keynote Forum

Day 2

5th Asia Pacific

GYNECOLOGY AND OBSTETRICS CONGRESS

August 22-23, 2018 Tokyo, Japan



Nelinda Catherine Perez Pangilinan

*Philippine Society of Ultrasound in Obstetrics and Gynecology, Philippines
Rizal Medical Center, Philippines*

Three-dimensional power Doppler angiography characteristic in validating the preoperative accuracy of myometrial and cervical involvement in women with endometrial cancer: A preliminary study

Background & Aim: The lead vessel and infiltrating vessels are findings in endometrial cancer that are well visualized by three-dimensional power Doppler angiography. Vessel diameter and length may be utilized as markers for deep myometrial and or cervical involvement. The purpose of this study is to determine the accuracy of lead vessel and infiltrating vessel dimensions in assessing the depth of myometrial invasion in endometrial cancer and its cervical involvement.

Participants & Methods: All women histo-pathologically diagnosed with endometrial cancer, undergoing surgical staging, with informed consent were included. Sonography using GE Voluson S8 system for describing the uterus and endometrial thickness were followed by a 3D power Doppler Angiography to analyze the depth of myometrial invasion and presence or absence of cervical involvement. Vessel diameter and length in transverse and sagittal plane were measured by calipers. Predictive values and operating characteristics (sensitivity, specificity, positive and negative predictive values) were computed.

Results: A total of eleven cases (superficial n=5; deep=6) were identified. The cut-off for lead vessel and infiltrating vessel in the sagittal view was (diameter >0.28; length >0.47) and for the transverse view was (diameter >0.36, length >0.5). Among the four measurements, the sagittal diameter (98.3%), sagittal length (100%) and the transverse length (100%) measurements of the lead and infiltrating vessel gives the highest predictive accuracy.

Conclusion & Significance: Three-dimensional power Doppler angiography measurement of the lead and infiltrating vessels are associated with improved accuracy and reliability in predicting deep myometrial invasion.

Biography

Nelinda Catherine Perez Pangilinan is the Section Head of Ob-Gyn Ultrasound, Rizal Medical Center, Philippines. She is the Vice-President of the Philippine Society of Ultrasound in Obstetrics and Gynecology. Her interests include gynecology & obstetrics, gynecologic oncology and reproductive health.

nelindacatherine@yahoo.com

Notes:

5th Asia Pacific

GYNECOLOGY AND OBSTETRICS CONGRESS

August 22-23, 2018 Tokyo, Japan

**Velemir Luka***Polyclinic Santa Maria Clinic, France***The caring C-section**

The worldwide rise in the frequency of caesarean sections is responsible for a remarkable increase of certain complications if compared to vaginal delivery. The operative intervention itself is accompanied by an elevated occurrence of post-surgical complications and post-operative pain and an extended recovery time. Moreover, the conditions in which takes place most of the caesarean sections are responsible for an altered patient self-esteem and difficulties in creating the bond between the mother and her baby. We aim to present here the fruit of collaboration between French obstetrical surgeons devoted to improve the patient's experiences during the procedure and to facilitate the encounter between the mother and her baby. This approach includes specific environmental, psychological and technical aspects that can be sum up in 7 principles: (1) To establish during the pregnancy a plan birth adapted to the birth by cesarean section, (2) to allow the partner to be present at the time of cesarean section, (3) to focus on the needs of the baby and the mother at every step of the procedure, (4) to help the mother to be active during the process, (5) to propose immediate and extended skin to skin contact, (6) to use a minimally invasive technique of cesarean section such as the modified extra-peritoneal approach and (7) to facilitate the creation of the bond between the mother and the baby. The presentation develops each of these aspects with a video support.

Biography

Velemir Luka has completed his Specialization in Obstetrics and Gynecology from 2002 to 2007 in the University Hospital Center of Clermont-Ferrand, recognized for its excellence in laparoscopic gynecological surgery and the treatment of pelvic floor disorders. From 2007 to 2009, he was the Head of Clinic, Assistant in Professor Jacquetin Service where he was able to improve in the management of high risk pregnancies and complicated deliveries and in the surgery for urinary incontinence and genital prolapse. He has an independent practice in Nice since 2010. Since then, he belongs to a think tank of obstetricians Co-Founded by Dr. Fauck Denis and Dr. Ami Olivier which works on the improvement of modern obstetric.

lukavelemir@yahoo.fr**Notes:**

5th Asia Pacific

GYNECOLOGY AND OBSTETRICS CONGRESS

August 22-23, 2018 Tokyo, Japan

***Dawid Serafin****Serafin Clinic, Poland***The de-wedge laser-based labiaplasty technique: Extended posterior wedge resection with de-epithelialization**

Extended posterior wedge resection labiaplasty with de-epithelialization is a new, laser-based, hybrid labiaplasty procedure for the correction of labial hypertrophy. The presentation will provide a comprehensive overview of a novel, innovative labiaplasty technique. The aims of labiaplasty involve the repair of labial hypertrophy or asymmetry, its augmentation, rejuvenation, reconstruction or repair. Choosing the optimum surgical approach for the patient's anatomy is the key decision to affect the outcome of labiaplasty. The discussed modification of the procedure was developed based on the empirical experience of the author, who has performed a large number of known and well-established procedures in aesthetic gynecology. The key aspect of the extended posterior wedge resection is to leave the hook-shaped part of mucosa on the labia, which makes it possible to push the scar inferiorly to the most inferior portion of the minora. The new method additionally involves leaving the sub-mucosal tissue at the incision line intact with simultaneous excision of other underlying tissues, which facilitates suturing and significantly increases the surface area of the sutured structures. Owing to additional de-epithelialization of the minora, subsequent suturing does not cause tissue deformity. Such labial reconstruction offers natural look. Furthermore, the use of laser incision reduces bleeding and decreases the need to coagulate the blood vessels, which may lead to tissue deformity. Extended posterior wedge resection labiaplasty with de-epithelialization can be used in almost all types of labial hypertrophy (both symmetrical and asymmetrical), which along with laser incision meets current needs of patients seeking such aesthetic gynecology treatment. Due to laser incision and the related virtually unlimited correction possibility, the discussed procedure offers good aesthetic outcomes.

Biography

Dawid Serafin is a Specialist of Gynecology and Obstetrics. He is specialized in the treatment of aesthetic gynecology and the treatment of aesthetic problems with hyaluronic acid fillers. He is a Trainer in the field of Aesthetic Gynecology, as well as being a participant, lecturer and author of articles on aesthetic gynecology.

dawid@serafinclinic.pl**Notes:**