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Evaluation of Female Infertility

To the Interns and Residents who Asked Questions

Vaclav Insler and Roy Homburg

Practical Obstetrics and
Gynecology

Manual of
Selected Procedures and
Treatments

43 figures and 7 tables, 1979

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Preface

This book is a rather loose collection of articles which does not purport to cover the whole field of obstetrics and gynecology. Other chapters should and will be written in. These articles are not meant to serve as a replacement for the textbook of obstetrics and gynecology, nor are they an extensive monograph on selected subjects. They are written as a ‘service manual’ containing very scant basic information on physiological background and a detailed description of management, tests to be performed and treatment to be given. As far as possible, practical technical hints have been given on how to avoid iatrogenic and preventable trouble.

In order to be able to provide simple and clear diagnostic sequences and treatment schemes, a compromise had to be made between a complete description of all the possibilities and concise presentation. The intention was to provide a general framework for standard management. This has to be supplemented by general logic, experience and clinical acumen, particularly when dealing with an atypical case.

The department providing the complete service and optimal treatment, unshackled by limitations on facilities and time, is ideal. The textbook, be it good or indifferent, presents the whole of the present state of knowledge and treatment in ideal conditions. This manual sets out lines of action to provide the best way out of certain situations with the use of certain facilities and time. It is quite probable that everyone who uses this manual will change or adapt it according to his individual conditions. It is possible and desirable that within a short time of its use, local changes and adaptations will be incorporated. Space for writing in these changes is provided.

The opinions and views expressed in this collection are based on medical literature and the personal experience of the writers. They represent, therefore, the medical philosophies of the authors, rather than a medical dogma and as such, do not pretend to be indisputable or mandatory for anyone. On the contrary, it is sincerely hoped that new developments in the art and science of medicine and constant discussion of successes and failures will require a fairly frequent re-writing.

Since we have attempted to be as specific as possible, dogmatic statements and intentional simplifications have been used and
these should be changed with new developments. For example, ‘standard antibiotic therapy’ states lines of treatments with antibiotics available at the time of writing. Two years hence, with the advent of new antibiotics and the development of new resistant bacterial strains, the antibiotics used will be changed although the principles of treatment will remain the same.

If this manual will help even one patient to be better managed and treated, if it will help to avoid even one medical mistake, if it will be of any use to a young doctor and help him diminish his medical frustration, the time and effort spent in preparing and writing this material would be considered worthwhile.

Vaclav Insler

Roy Homburg

Acknowledgements VI

Thanks are due to the medical staff of the Department of Obstetrics and Gynecology, Government Hospital, ‘Zahalon’ for the constant discussion and adjustment of methods, treatments and procedures used in the Department. Without their active interest, this ‘Manual’ would never have been written. The authors wish to thank Drs. B. Knobil and D. Feigel for critical appraisal of the chapters on treatment of diabetes and severe ketoacidosis.

The advice of Dr. S. Reisner in the writing of the chapter on resuscitation of the newborn is greatly appreciated.

Thanks are due to Mr. S. Rosenberg for drawing most of the figures and to Mrs. B. Lewis for her patient and efficient typing and re-typing of the manuscript.

Finally, we wish to thank very much Mr. R. Steinebrunner and Miss A. Rogal of Karger Medical Publishers for their excellent cooperation in shaping the final format of this book.

Practical Hints on the Use of This Manual VII

This is a loose-leaf manual enabling the removal of each chapter which is in itself a separate unit. For easy access to the chapters a thumb index is provided.
Generic names of drugs have been used throughout the manual because pharmaceutical trade names differ from country to country. An alphabetical list of all drugs mentioned in the manual with ample space for writing in trade names is provided.

Several graphs with plastic overlays are incorporated in the appropriate chapters. The intention is to provide the reader with standard curves on which readings from individual cases may be plotted. Take care to use water-soluble ink and wipe clean the plastic surface thoroughly after use.

For Interns and Residents

(1) Read the manual carefully, chapter by chapter, during any spare time you may have while on duty.
(2) When you are hard-pressed treating a difficult case, take out the appropriate chapter, sit down for 10 minutes, read carefully and then apply, point by point, in the order that they are written. No emergency is so urgent that 10 minutes cannot be set aside to engage the brain before applying the hands.
(3) When discussing a point or a case with your colleagues (including your boss) use the manual to strengthen your arguments.
(4) When preparing for your specialization examinations, read the manual very carefully and afterwards take the appropriate textbooks.

For the Senior Staff

(1) Do not allow your residents, interns or students to use the manual unless you yourself have carefully studied the contents.
(2) On reading the manual you will find many points which do not conform to your medical philosophy or are not applicable in the specific conditions prevalent in your department.
Do not hesitate to make all the changes and additions you think desirable to make the manual suitable for your environment.
Before adapting suggested changes, a general discussion with all members of the department may be both instructive and constructive.
(3) Use the manual for proving to some residents how sloppy and disorderly they may be in their daily work.
(4) If, for some reason, you neglected to thoroughly prepare
your lecture or student-teaching round, just take out the appropriate chapter, scan it quickly and deliver your lecture. It may not be your most brilliant lecture, but it certainly will not be a complete flop.

Drug List VIII

Generic name Tradenames

A Aprotinin
Adrenaline
Ampicillin
Actinomycin D

B Bicarbonate (sodium)

C Cephalexin monohydrate
Chlorothalidone
Calcium gluconate
Chlorpromazine
Cephalotin sodium
Clindamycin phosphate
Chlorambucil
Cyclophosphamide
Clomiphene citrate
Cyclophenil

D Diazepam
Dihydralazine
Dextran
Doxycycline HCl

E
-Aminocaproic acid (EACA)
Ethinyl estradiol
Epimestrol

F Furosemide
Fibrinogen
Folinic acid

G Gentamycin sulfate
H Hydrochlorothiazide
Hydrazinophthalazine HCl
Hyperimmune anti-D antibody
Heparin
Hydrocortisone
Human menopausal gonadotrophin (HMG)
Human chorionic gonadotrophin (hCG)
17-Hydroxy-19-norprogesterone acetate

I Insulin
Isoproterenol

L Lidocaine
Lincomycin
Levallorphan tartrate

M Magnesium sulfate
Mannitol
Metaraminol
Methotrexate
Medroxyprogesterone acetate

N Nalorphine hydrochloride

O Oxytocin

P Propranolol
Promethazine
Potassium chloride
Potassium sulfate
Procaine
Penicillin
Pethidine HCl

S Sodium pentothal
Sodium bicarbonate