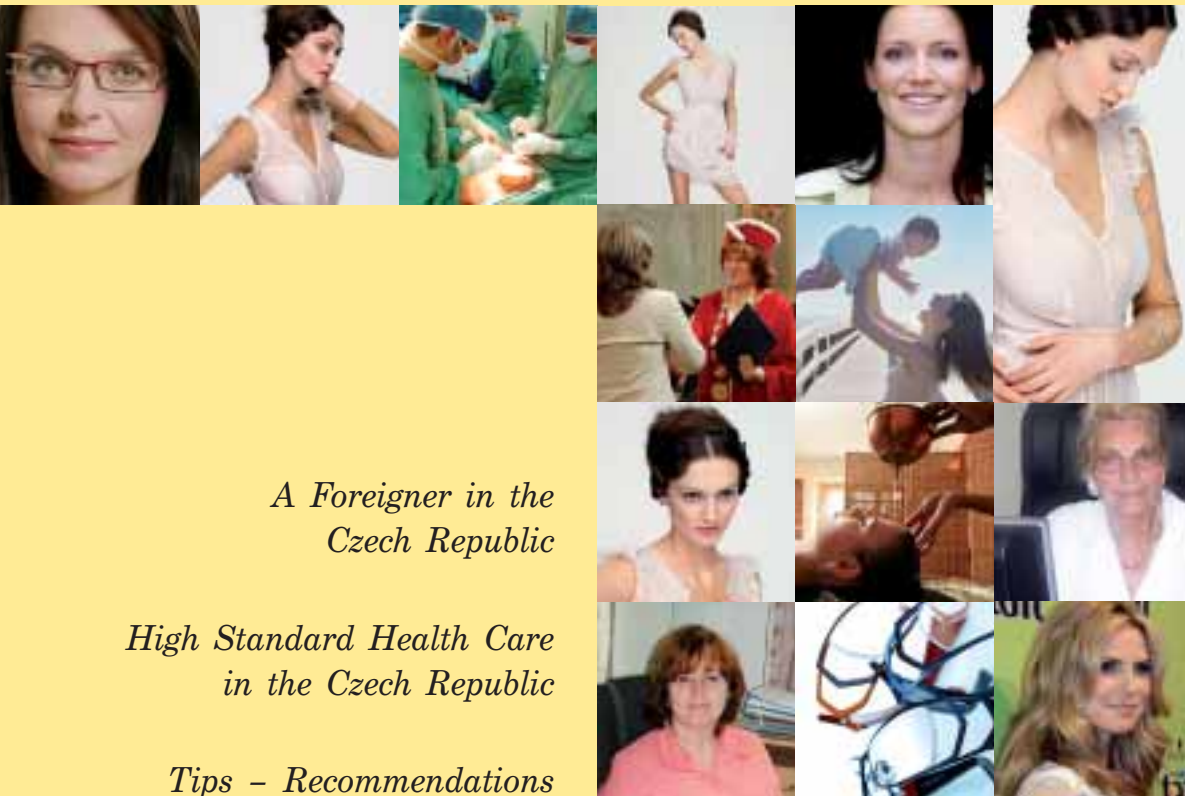


WOMAN

HEALTH



A Foreigner in the Czech Republic

*High Standard Health Care
in the Czech Republic*

Tips - Recommendations

General Practice / Esthetic Medicine and Plastic Surgery
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Invest in your health.

Motto: Your health is your transportation on the journey of life.

DEAR READERS,

It is with great pleasure that I may again serve as your advisor in the ever growing field of new medical services, oriented toward both the health and beauty.

Again, I am pleased to say that, aside from the traditional non-profit offer, medical and health care services offered on commercial basis are also growing rapidly. Services in fields like internal medicine, surgery, gynaecology, neurology, ophthalmology and general practitioners' services are spreading buoyantly. This clearly illustrates your ever growing interest in first quality medical services, ie., those that you are always willing to invest into.

The ever widening offers and bids in the classic health care fields are clear signs of an upsurge and further development in commercial healthcare services; ie. *commercial* in the best sense of the word, as accepted and understood nowadays, that is, without former negative and pejorative associations, so often connected with the word *commercial*. The fact that a number of people are not yet able to manage the problem, is clearly not a mistake on their side, but a still surviving orientation of the entire health care system upon and toward THE DISEASE, and not THE HEALTH!

Yet, when our society as such acknowledges and recognizes HEALTH as an individual's private welfare, thus understanding that it, too, forms a background for societal welfare, then I cannot see any reason whatsoever why the surgeons, doctors, general practitioners and health service officers *should not* profit from it!

If we deposit our money into any commercial bank, we automatically suppose our investments are not only safely guarded but also effectively valorized and upvalued. Modern medicine (in this country as also elsewhere) is becoming more and more often confronted with a complex ethical and social problem, that is, the problem of a *just reward* for doctors' work; and, too, proper adequate rewards and compensations for giving a helping medical hand either in first aid or more chronic states, or both.

I suppose that, as the case may be presented today, sadly it will be uneasy to offer the physicians (and/or other medical personnel) any purely legally proper forms of extra payments!

In addition to what has just been said, I am proud, as always, to introduce to you several women actively engaged in the preventive health care and in after-care, too.

I end up with my most sincere wishes, as follows: I wish you good health, pleasantly relaxing clima in your lives, plus good humour in reading and assessing this year's trends and hot topics; but after all, I wish you only and solely the luckiest choices and options when selecting your investments into the physical health and mental welfare, both of yours and your closest relatives and friends...



MUDr. René Vlasák

MUDr. René Vlasák, Head,

Center for preventive medicine, Prague, Czech Republic.

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VZP

VZP

Ambulance Meditrans



Ambulance Meditrans Ltd. was established in Prague 1991 as one of the first private emergency medical services in Czech republic and provides its service within the Czech Republic and the Slovakian Republic. Ambulance Meditrans disposes of proper technical and personal background as well as applicated “know how”. Our specialisation is oriented on above-standard medical transportation, especially re-patriations. Organization and technical realization of a number of parallel incoming requests for transportation of patients, including repatriations from different parts of the world, is the everyday task. Our professional team of doctors and nurses and also the high quality equipment of ambulance cars and a special medical aircraft together with the maximum of flexibility are the main attributes of our work. On these aspects have reacted all domestic public health insurance companies and even many of renown comercial insurance companies as well as European assistance associations and motorclubs by becoming our partners. Service rendered to foreigners is a large part of our activity.



Latest basic life support ambulance of Meditrans

24 hours a day, 365 days a year non-stop is our dispatch center receiving requests for realizations of transports. Once accepted, they are immediately analysed, consulted and evaluated by a company doctor in duty. As a result, according to the situation, requested dispositions and of course a medical status of the patient, an BLS/ALS ambulance, a special flight, a helicopter or a liner is being provided. Our goal is arrange the most early, effective and professional action going together with reasonable economical aspects of a case.

Fast and a highly professional reaction on a request, that is our attitude to solve an issue within essential and moderate expenses.

If necessary, Ambulance Meditrans staff contacts foreign or local medical facilities to actualize an information about a current medical status of a repatriated patient and also arranges an admission into the most suitable hospital in the Czech or Slovak Republic.

But to understand – if an emergency occurs, dial 112 anywhere in Czech republic for immediate response of public emergency medical system.

Ambulance Meditrans in London



Doctor ready to escort a patient by airliner

Meditrans helps in next stage – by transport to your home, to your country, to clinic of maximal treatment etc.

Equipment of Ambulance Meditrans ground and air ambulances allows a transport of patients at critical circumstances under IC conditions, including arteficial lung ventilation, vital function monitoring and exact infusion therapy either by ambulance or by aeromedical evacuation.

As first emergency medical service in Czech republic was Meditrans Ambulance Ltd. certified according to ISO 9001:2000 quality management standards by UKAS/Bureau Veritas Quality International , already in 2002.

WHAT WE ARE DOING ?

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- 24H EMERGENCY MEDICAL STATION AT PRAGUE-RUZYNE AIRPORT, INCLUDING A STATIONARY WARD FOR PATIENTS AT TRANSIT ZONE. LOCATED IN GROUND FLOOR BETWEEN TERMINAL 1 AND 2.
- REPATRIATION TRANSPORTS BY AMBULANCE OR AIRPLANE TO AND FROM CZECH AND SLOVAK REPUBLIC
- TRANSFER OF PATIENTS OR ACCOMPANIED PATIENTS BY LINER, WHICH DEPENDS EITHER ON A DISTANCE OR A DIAGNOSIS OF A PATIENT AND IS SUITABLE FOR THE PARTICULAR CASE, AND ALSO A CONSECUTIVE TRANSPORT FROM AN AIRPORT
- ORGANIZATION OF ADDMITTING A PATIENT TO A CONVENIENT HOSPITAL IN THE CZECH AND SLOVAK REPUBLIC
- MEDICAL ASSISTANCE FOR FOREIGN INSURANCE/TRAVEL COMPANIES
- FIRST AID EDUCATION (INCLUDING AIRPORT STAFF)



Emergency ambulance of Meditrans at Prague



Air ambulance

A necessity to offer the comparable level of service in the Slovak Republic led us to establish a daughter company SOS MEDITRANS SLOVAKIA located in Trenčín since January 1998. Both companies share the same “know-how” and disposes of the equal service range.

SOS MEDITRANS SLOVAKIA is intended on the Slovak Republic and neighbourhood regions especially the Eastern Europe and the High Tatras Mountains, where the nearby localization enhance a speed of action. This fact makes a big difference during winter season for popularity of the location among skiers and tourists, when knowledge of the language and local conditions reduces a danger of delay.

Let us mention a „case study“ from last weeks: An young UK citizen, working and living in Prague several years, was being addmitted to the university hospital due to neurological deficits. Because the diagnosis indicated a long-term and difficult treatment, the patient decided to be treated in London. In term of hours Meditrans arranged the transport and after 10,5 hours was the patient addmitted to Royal College Hospital in London. (Transport by the air was contraindicated)

In need of any kind of medical transportation, don't hesitate to call us:

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We are here to help You.



Air ambulance interior

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Na Homolce



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- WE HAVE SATISFIED CLIENTS
- WE ARE A FRIENDLY HOSPITAL
- WE SUPPORT OUR STAFF AND OUR STAFF SUPPORTS US

General Medical Care

The Program of General Medical Care is the hospital's complementary clinical program, offering patients from Prague and the surrounding area a wide range of diagnostic and therapeutic procedures for diseases relating to internal medicine and general surgery. It is represented by an extensive outpatient unit with sixty clinics for specialized internal medical and surgical services, supported by ward facilities for inpatients.

PROGRAM DEPARTMENTS:

- ANESTHESIOLOGY AND RESUSCITATION
- PEDIATRICS
- GYNECOLOGY
- INTERNAL MEDICINE
- ONCOLOGY CLINIC
- DERMATOLOGY
- NEPHROLOGY
- OPHTHALMOLOGY
- ENT
- PSYCHIATRY
- REHABILITATION
- DENTISTRY
- GENERAL SURGERY



Patients with Czech Health Insurance

ADULTS

If you wish to arrange a doctor's appointment at Na Homolce Hospital, you first have to register at the Centrální kartotéka (Central Registry) at the hospital main entrance.

The Central Registry is open non-stop including weekends and public holidays. When you have registered, the Registry nurse will send you to the appropriate department.

On weekdays, from 7 a. m. to 5 p. m., the Commercial Services Reception is also open. For a fee of 525 CZK per visit (or per day in the case of inpatients)

THE FOLLOWING SERVICES ARE AVAILABLE TO YOU:

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- TELEPHONE ASSISTANCE – RESPONDING TO QUESTIONS, PROVIDING ADVICE
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- PROVIDING EXTRACTS FROM MEDICAL REPORTS IN FOREIGN LANGUAGES
- RECEPTION ADVISORY SERVICE ON CARE AVAILABLE FROM OTHER HEALTH CARE FACILITIES, BOOKING REST AND RECUPERATION OPTIONS
- DAILY WARD VISITS FOR INPATIENTS, HELP WITH MINOR REQUIREMENTS
- PERSONAL ESCORT TO THE APPROPRIATE DEPARTMENT WHEN NEEDED
- BOOKING TAXIS
- BOOKING HOTELS FOR YOU OR YOUR FAMILY

CHILDREN

Na Homolce's Pediatric Department is open each weekday from 7.30 a. m. to 4 p. m.

Center of preventive medicine Prague



MUDr. René Vlasák

CPM (Center for Preventive Medicine) represents a unique healthcare center that focuses its activities on the prevention and therapy chiefly of the gynoid type of obesity. The CPM collaborates and cooperates with the LymphoOpt klinik in Bavaria, Germany.

Obesity represents one of the most important and commonest representatives of the most serious noninfectious diseases in the population in the so called developed countries today.

CPM, in line with the guidances set by the WHO, stresses the prevention of this disease. Within its global antiobesity strategy, the WHO considers the "Woman-Mother" to be its most important ally in the battle fought to lower all the risk factors now known to facilitate the onset of obesity.

As regards the overall strategy of both the prevention and therapy of the gynoid type of obesity – far more common in females (pear-shaped women's somatotype where the fat is predominantly distributed in the lower abdomen, buttocks and gluteal areas of the legs) – both abovementioned cooperating clinics may stem from their many years' experience with the therapy of the lymphatic swellings and lymphedemas. It is just the impaired function of



UltraContour – a new noninvasive technique used to achieve the painless destruction of the adipose tissue

the lymphatic system (and lymphaticovenous insufficiency stemming thereof) that is the true reason for the onset of this disease, in some cases described as lipoedema. So, for the affected women, specially generated preventive/therapeutic programs and regimens have been developed and used, exploiting the up-to-date diagnostic/therapeutic modalities like eg. **PREVAS 2000®**, a special diagnostic optoelectronic apparatus.

Also another highly efficient technique called **UltraContour®** is currently used, enabling the noninvasive destruction of the subcutaneous adipose tissue. Both techniques may further be individually modified for use in various types of edemas.

It stands to reason that highly individualized approaches are adopted also in both accompanying special dietary and CPT (complex physical therapy) regimens. Widely used are also other regimens, eg. manual lymphatic drainage, as well as mechanical drainages, compression bandages and special lymphatic massages, further implemented with the proper pharmacotherapeutic

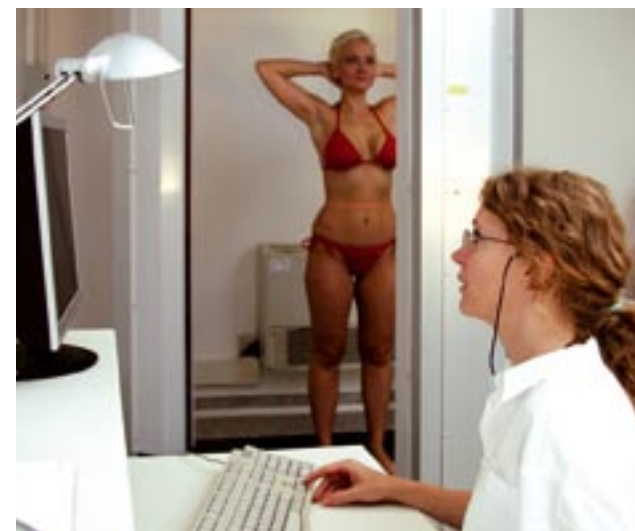


MUDr. René Vlasák and Dr. Franz Josef Schingale

and dietary regimens; as in such a complex approach, these represent the ultimate combined complex therapeutic modalities, used in Prague's CPM.

To effectively monitor the effects of the abovementioned therapy/prevention programs, modern telematic methods are applied, especially those that form the most progressive trend called **e-health**.

The generation of highly individualized health programs – (ie. those centered upon individual clients) – together with the **e-health** methods and programs – plus the novel clients' bonification (that further motivates them to actively cooperate even more readily and more willingly): all are the cornerstones of the progressive modern commercial healthcare system called **PREVENTION 2000®**. And it's just the **PREVENTION 2000®**, that is widely exploited and used by both cooperating clinics.



PREVAS 2000, special diagnostic apparatus designed and developed by the CPM in collaboration with the firm Deona Medi, Czech Republic

For further details please apply to:

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Entrust Your Health into Professional Hands



Canadian Medical Care is a leading, well-established private medical facility providing high quality health care since July 1995. **In the years 2004 and 2006, Canadian Medical Care was granted the award Czech 100 Best (Healthcare), a prestigious contest held by Comenius, a Pan-European association dedicated to culture, education, and scientific cooperation.**

Canadian Medical Care has become an established health care provider and has successfully grown and expanded its services to become one of the leading health care providers in Prague today. By offering a broad range of medical specialties, coupled with its extensive experience and above standard services, Canadian Medical Care is able to satisfy the most demanding service requirements, ranging from medical services for individuals to preventive occupational health care for small or large enterprises.

A great demand for quality health care services and a systematic expansion have shaped CMC's service provision. CMC **treats thousands of clients annually at its 3 clinics, located in Prague 4 and 6.** Canadian Medical Care's main clinic is located in Prague 6 – Veleslavín and offers complex medical services in the following specializations:

• Internal medicine	• Nephrology
• Practical medicine	• Neurology
• Pneumology	• ENT
• Gynecology	• Dermatology
• Cardiology	• Allergology
• Physiotherapy / Rehabilitation	• Acupuncture
• Pre & post natal care	• Homeopathy
• Pre-operative examinations	• Podiatry
• Ophthalmology	• Lymphology
• Speech therapy	• Immunology
• Surgery	• Psychiatry & Psychology
• Orthopedics	• Referrals to other specialists not available at CMC
• Sonography	
• Stomatology	• Urology

CMC in The Park is the newest expansion of the CMC group. Located in a high-tech business complex in Prague 4 – Chodov, CMC in The Park provides individual medical care and preventive occupational health care.

CMC PATIENTS FURTHER ENJOY:

- 24-hour Medical Hotline & Home Visits
- Extensive Blood Test
- Ambulance Transport
- Training Courses (e. g. First Aid)
- Preventive Vaccination etc.



Dental Care at Canadian Medical Care – A Healthy Smile is a Happy Smile

Today's dentistry is more than just eliminating pain or keeping teeth healthy. Systematic dental care is nowadays a social necessity. A healthy smile enforces a positive image, and with regular preventive check-ups, we can prevent numerous serious complications later in life.

We offer complex dental care for children and adults, multi-lingual staff, above-standard equipment (digital X-ray) enables immediate diagnosis and low radiation.

CMC offers systematic and personalized care in order to develop close cooperation between the patient and the physician team. Consultations among our professionals are commonplace which enable a smooth transfer of patient information among various medical specialties. Expect to receive only the highest standard of medical care at Canadian Medical Care.

Make the right choice – entrust your health into Canadian Medical Care's professional hands.

CONTACT

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Success in medicine is also about establishing open dialogue between a physician and her patient.

EXPLAINS BARBARA TAUSOVA, MD, MANAGING DIRECTOR OF CANADIAN MEDICAL CARE

Canadian Medical Care is a private outpatient clinic treating adults and children for more than ten years and administering above-standard medical care in all major specialties.

HOW DO YOU EXPLAIN YOUR STEADFAST MARKET POSITION AND GROWING SUCCESS OF YOUR CLINIC? PROOF OF WHICH IS ALSO YOUR AWARD IN THE PRESTIGIOUS CONTEST "CZECH BEST 100".

Having been able to assemble a reliable team of colleagues who perform well, I consider as the biggest success. Together we are able to administer complex patient care, ranging from first entrance examinations through to offering specialist consultations including individualized treatment plans. Our goal is to establish close relationships between the patient and our medical team.

PATIENT LOYALTY IS THE BEST PROOF OF A CLINIC'S SUCCESS.

Yes, we enjoy the patronage of many loyal clients, and new patients usually come based on referrals. Both types of patients are interested in above-standard medical care.



MUDr. Barbara Taušová was born in Brno and studied at the Medical Faculty, Masaryk University, Brno (1980-86). She completed the 1st attestation in 1989, specialization pediatrics.

She worked at the Institute for the Care of Mother & Child (1991-97), department of physiological newborns, including neonatal intensive care. In 1993, Dr. Taušová started a private children's clinic "Pediatric Health Centre" where she continues to treat numerous pediatric patients. Since 1998, she has been the director of Canadian Medical Care, an outpatient clinic which employs specialists from all major medical fields. Under her leadership, Canadian Medical Care was granted in the years 2004-2006 the award Czech 100 Best (Healthcare) by Comenius, a Pan-European association dedicated to culture, education, and scientific cooperation.

MUDr. B. Taušová is a member of the American and Canadian Pediatric Associations and abroad took part in numerous internships and congresses. In the years 2003 and 2006, she was granted the award LADY PRO. She is married with two teenage children.

For example, we offer comprehensive in-house medical care ranging from allergy examinations through to dental treatments. Our patients can access CMC's non-stop medical hotline and take advice from our physicians, request home/hotel visits which are arranged for medically necessary cases during or after office hours. When indicated we transport patients in our CMC ambulance car. Long opening hours (twice a week until 8 p.m.) and medical services on Saturdays enable even the busiest professional to take care of her health. In addition, we offer assistance during acute, unforeseen hospitalization and medical monitoring during planned hospitalization. Our physicians are in contact with our patients and their family members.

YOU MUST HAVE HAD A CERTAIN CONCEPT IN MIND WHEN YOU STARTED DOING BUSINESS 11 YEARS AGO. HAVE YOUR EXPECTATIONS BEEN MET?

In many ways yes, however, we must keep in mind that total satisfaction is the result of a continuous, persistent effort. We emphasize professional conduct of our physicians, stress the need of quality service with our medical and administrative staff, and insist on medical devices being in mint condition, etc.

MAJORITY OF YOUR PATIENTS ARE FOREIGNERS. DO THEY ASK FOR SPECIAL EXAMINATIONS THAT ARE NOT YET PERFORMED IN THE CZECH REPUBLIC? DO YOU FOLLOW GLOBAL TRENDS IN CURATIVE MEDICINE IN ORDER TO SATISFY YOUR PATIENTS' DEMANDS?

Our patients are from Europe and overseas. They bring their experience and customs from their countries, and we try to accommodate their wishes as much as possible. It happens frequently that we consult medical issues with physicians of our patients in their home country.

MUTUAL COOPERATION BETWEEN THE PATIENT AND PHYSICIAN IS AN ESSENTIAL FACTOR IN THE HEALING PROCESS. IS COMMUNICATION BETWEEN THE PATIENT AND PHYSICIAN SATISFACTORY AT YOUR CLINIC?

An open dialogue between a physician and her patient is in my opinion of utmost importance, because reciprocal discussion is part of the healing process. At our clinic, we are prepared to answer and explain any question our patients might have. Our patients are our partners who have the right to communicate, have explained, clarified, weigh the options of alternative treatment, etc. Our patients must feel that we care about their health. Unfortunately this approach is not practised everywhere.

AS THE DIRECTOR YOU MANAGE AN OUTPATIENT CLINIC AND AT THE SAME TIME YOU PRACTISE YOUR PROFESSION AS A PEDIATRICIAN. DO YOU HAVE TIME FOR YOUR HOBBIES AND TO BE WITH YOUR FAMILY?

It is not always easy to find the time for my hobbies, but my family is my priority. Hence, I try to spend most of my leisure time with my children and husband. It is impossible to work non-stop. One can handle more after having rested which does not hold true when one is overworked and tired. Besides I have the support of my colleagues who are reliable and take over when I am absent.

DO YOU HAVE ANY PLANS FOR THE NEAR FUTURE?

Improving quality is a continuous process; this year, we plan to open a new gynecology consulting room and purchase new medical devices. Also I plan to attend the professional pediatric congress in the United States.

THANK YOU FOR THE INTERVIEW.

IN THIS REGARD THE WAITING AS WELL AS CONSULTING ROOMS OF PRIVATE FACILITIES HAVE ADVANCED A CONSIDERABLE WAY FORWARD



MGR. MONIKA PÍSKOVÁ HAS BEEN DEVOTING HERSELF TO COMPUTER GRAPHICS. YOU CAN FIND HER IN A HOUSE OUTSIDE PRAGUE SURROUNDED BY UNUSUAL PICTURES, LOTS OF FLOWERS, COLOURS AND SHAPES. MRS MONIKA DESIGNS AND CREATES ALL ON HER OWN. AND IN ADDITION TO THAT - HER PICTURES DECORATE A FEW PRIVATE CONSULTING ROOMS AND AS THE PHYSICIANS SAY, APART FROM OTHER THINGS ALSO THE INTERIOR ACCESSORIES MAKE THE FIRST IMPRESSION OF THE CONSULTING ROOM...

WHY THE COMPUTER GRAPHICS?

I got down to the computer graphics more closely during my external study at the school of applied cybernetics. At that time, about four years ago, I and my husband were finishing a construction of the family house. As interiors are mostly the women's matter, also I started creating them according to my ideas, matching colours, shapes, styles.

The difficulties arose in the moment when I wanted to furnish the house with pictures which complement the interiors. I didn't like any in shops, they didn't match with the style or colour.

That's why I decided to make them by myself.

The first graphic designs precisely for the given places of the house, finding the manners of printing and other techniques necessary for using, followed.

Afterwards I had the first designs made into the final appearance and hung the walls with my works.

I wasn't awaiting a positive response. Our guests were, however, enthusiastic about the pictures and they started

ordering them by me, thereby it started...

IN YOUR OPINION, WHAT IS THE USE OF THAT TECHNIQUE?

As far as the graphical features and the use of graphic programs are concerned, it's wonderful that some designs can arbitrarily be harmonised colourfully.

So if the customer likes the subject, it is possible to adapt the colour and size of the interior where the picture is to be hanging, which is a great advantage compared with the classic fine art. Practicality is another advantage. The pictures are laminated, therefore they can be cleaned easily and moreover they are very light as well.

CAN YOU IMAGINE YOUR PICTURES TO BE A COMPLEMENT OF THE INTERIOR OF MODERN FIRMS OR EVEN ABOVE-STANDARD MEDICAL FACILITIES?

Yes, very well, for I've already furnished several firms with my pictures.

At the present time I've been processing and choosing pictures for private medical facilities that like my style. With respect to the

fact that my designs have mostly an abstract character, I think that when you're waiting for a physician they can shorten the time by employing your fantasy and imagination. In most state facilities we've got used to the torn-off pages of an old calendar hanging on a string and also with respect to the waiting periods and greenly painted walls, at least I myself don't stand it too positively. In this regard the waiting and consulting rooms of private facilities have advanced a considerable way forward.

IS THE PROCEDURE/PRODUCTION OF THE PICTURE COMPLICATED? HOW DOES THE PICTURE COME INTO BEING?

The design created in a computer by means of a particular graphic program is the foundation. This design is further forwarded into the firm where all other things are ensured - printing, lamination, framing.

The lamination is actually the coating with a clingfilm. Mostly you don't perceive it at all, but thanks to it colours may be preserved in a printing quality for several tens of years and as I've said before - the picture is easy to maintain.

I choose the framings narrow and at the same time colourfully such so that they create an interesting transition between the content of the picture and the interior. In the end a hanging mechanism which can be handled very easily is added and therefore the picture can be hanged on the wall simply.

WHERE WERE YOUR PICTURES EXHIBITED, WHERE ARE THEY HANGING?

With respect to the fact that yet recently I was making a few pictures solely for my private purposes, it's for sure that I won't name a list of galleries. For example I exhibited at the request of the owner of the literary café, I co-operate with the firms dealing with an interior design and "the acquaintances of our acquaintances" who saw the pictures at my friends' place are other customers. On the basis of their recommendation I had the possibility of participating in the interiors of private firms as well as consulting rooms.

WHAT ARE YOUR PLANS FOR THE FUTURE? WOULD YOU LIKE TO BREAK THROUGH THE COMPETITION OF TODAY'S MARKET?

Working with graphics and creating the pictures has become a very interesting hobby for me.

Of course, I've got my own job, family and other interests, I devote myself to charity a little and thus I haven't got any monstrous plans in my mind.

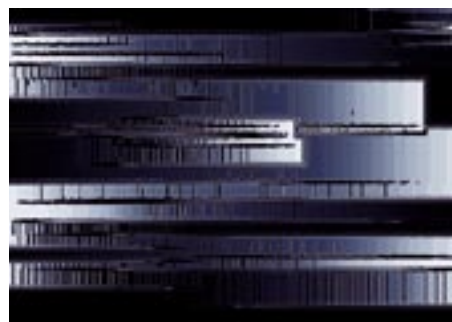
I am very satisfied with the fact that I can do pleasure to my friends or customers, they like the picture which beautifully complements the rooms which it resides and makes them more pleasant.

That's the greatest reward for me.

If I myself didn't share in every graphic design or making-up to a particular interior, it would lose sense for me.

CONTACT

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AYURVEDA IS ONE OF THE OLDEST CURING SYSTEMS IN THE WORLD. IT IS THE SCIENCE ABOUT LONG HARMONIOUS AND HEALTHY LIFE. THIS SCIENCE DEALS WITH ILLNESSES, THEIR TREATMENT AND PREVENTION.

Ayurveda is holistic science which considers human being as a unity of body, mind and soul. It does not concentrate on suppressing the symptoms of illness but searches and treats the cause of it's appearance.

Each human being is born with individual combination of physical, mental and emotional characteristics. During our life this constitution – our balance is being disturbed by the number of several factors. When we lose the balance we start to be sick and ill.

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To reach this harmonious balance Ayurveda uses exclusively natural means:

adjusting meals, changing your lifestyle, herbal preparations, breath exercise, massages and detoxical procedures.

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You may visit Ayurvedic centre – AYURMEDIC CEYLON in Prague at Vinohrady. There perhaps you might find the solution of your health problems by natural ways or just try and experience Ayurvedic methods of relaxation and regeneration of your organism.



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CONTACT:

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COLLEGE OF TOURISM, HOTEL AND SPA MANAGEMENT



INTERVIEW WITH Doc. Ing. VĚRA SEIFERTOVÁ, CSc., RECTRESS VSCRHL

When was the College of Tourism, Hotel and Spa management, for which you are the rector, founded?

The Ministry of education of the Czech Republic gave the College of THSM agreement to function as a private college of non-university type according to Act no. 111/1998 Coll. about universities on the 14th August 2000. The founder of this prestigious college was the National federation of hotels and restaurants of the Czech Republic. In October last year NFHR merged with Horeka and created the bigger and more influential Association of hotels and restaurants of the Czech Republic. The college functions as a private college of non university type with an accredited bachelor study programme in 'economics and management'.

Graduates of the three year full time and combined form of studies gain the academic title 'bachelor (Bc)' after successfully passing the final state bachelor exams, which includes defending their bachelor work.

Quality is the basic pillar of the function of the College of THSM. A good quality college ensures erudite pedagogs, studied subjects and simultaneously quality students. The college will not be successful because of the number of students it has, but according to how successful the graduates are. For this reason we have given priority to quality not quantity from the beginning.

Additional and predominant care is given to the study of foreign languages, which is ensured by the high quality of teachers, native speakers and small groups. Our aim is a small, flexible and selective college, with an exclusive character. The vision of the College of THSM is to build the highest quality college for bachelor studies for managers and business people in the field of tourism, hotel and spa management.

In specialised classrooms with computerised technology, students have access to computers for lessons and even for self study, equipped with the latest software (Microsoft Windows XP professional CZ; Microsoft Office 2003 (Word, Excel, PowerPoint, Access, Outlook, Business Contact Manager for Microsoft Outlook) with additional applications.



Students have free access to the internet.

The college buildings are in an exclusive location in the historical and cultural centre of Prague in Senovážném náměstí 23, Prague 1.





Doc. Ing. Věra Seifertová, CSc., Rectress VSCRHL

How can the students apply their knowledge and experience after graduating from the College of THSM?

Graduates of this field are educated not only as qualified experts in running the hotel business, restaurants, accommodation facilities and gastronomic establishments, spa establishments and travel agencies, but also in business activities in the field of the travel, hotel and spa management connected to satisfying the client.

During the obligatory work experience, the students have the possibility to choose from various hotels, spas and travel agencies. The work experience proved that our students belong among the best prepared and they very often find even their future work place. Among our successful graduates are hotel managers, co-owners of travel agencies or business people, for example the owner and manager of a catering firm,

Because the college can claim the convertible, european, transferable credit system ECTS, which enables the students to continue their studies in a foreign college or university, some of our graduates are now in England, USA, Australia etc.

In September last year you were the only one in the Czech Republic who won the Socrates prize. Can you tell our readers some more details about this?

On the 12th September 2005 I brought the prestigious prize International Socrates Award home from Oxford for 'intellectual contribution in the area of development in education and co-creation of bridges between the countries of the European Union in the



beginning of the 21st Century' - according to the official formula. The prize is awarded every year by the Europe Business Assembly - by president John Netting, a golden statue of Socrates - according to Rodin's The Thinking man - and is awarded in the old town-hall of Oxford. The ceremony is very grand and celebratory and ends with a gala evening with dinner. Everything is held in beautiful hall in Oxford City Hall.

When I received a letter from EBA in June 2005 announcing that I am nominated for the Czech Republic for this prize, I was very surprised. Many factors were taken into account when deciding the nominations and my active participation in foreign conferences, mainly about private colleges had, a significant influence.

Do students from abroad study at your college?

Yes, we have a few students on the full time course, for example from Slovakia, countries of the former Soviet Union, Cyprus, France, Germany, Luxembourg etc. most of them are children who have one Czech parent. But from this year we are teaching the identical bachelor course in English, which we also have accredited by Ministry of Education. Currently the first semester is running and the response up to now has been very positive.

At the moment only students from abroad are attending the course in English language, however we are expecting also foreign students whose parents work in foreign firms, representatives, diplomatic offices etc. in the Czech Republic.

All those interested can come and look round the college buildings at Senovážném náměstí 23 or look at our web sites www.vscrhl.cz.

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“THE FOREIGN CLIENTELE HAS DISCOVERED THAT MANY AS GOOD PHYSICIANS AS IN THEIR HOME COUNTRY, ARE WORKING IN OUR COUNTRY AS WELL - WITH THE SAME QUALITY OF WORK FOR MUCH FAVOURABLE PRICE!” SAYS MUDr. (MD) TIBOR IMRE FROM THE DENTIM S. R. O. (LTD.) COMPANY IN PRAGUE.



The higher public knowledgeableness by means of the media results in the ever increasing demandingness and requirements on stomatological treatment from the patients' side. If at present a stomatologist wants to keep up with the times, he or she has to be getting acquainted with the fast development of new materials and pieces of knowledge, reacting to the novelties in the area of common possibly specialised stomatology.

Stomatology is a care of the whole oral cavity. For that reason we must perceive it as the whole which comprises not only the treatment and disease of teeth, but also of oral cavity mucosas, tongue, lips, masseters, gnathic joint, the treatment of uncut or wrongly aligned teeth, via the disease and treatment of nasal cavities up to teeth replacement, teeth shifting or bleaching (whitening) itself. Presently we can divide the adult patients into three groups.



MUDr. (MD) Tibor Imre

The first one cares for its teeth, goes for a check-up regularly, they care about their oral health, aesthetics and functionality of teeth, the use of state-of-the-art technique and materials.

The second group just comes in case of problems or once in a few years. They require a standard treatment and do not care much about the super perfect aesthetics and chewing ability of teeth.

The third group of patients will sit down into a dentist's chair only when it is too late. They have torsos of teeth in their mouths and do not know even the basics of an oral hygiene. They lose their teeth unnecessarily and do not need even any tooth replacements (prosthetic devices). These patients mostly visit a dental emergency service only.

At the present time the stomatologist has got an array of possibilities of the manner of treatment. With the rapid progress the patient's requirements are increasing and most of them put emphasis on appearance. Thus they are interested in the result of dental treatment and in the naturally nicely looking set of teeth.

Unhealthy nutrition, bad habits, insufficient motivation in the sphere of oral hygiene, and poor care result in the fact that tooth decay has become one of the most spread civilisational illnesses.

That's why the largest number of patients comes to us to have the tooth decay treated. Nowadays the patient is resigned to the

fact that his set of teeth will sooner or later be treated with a filling at the dentist's consulting room.

There is a large number of materials and when selecting, the physician must weigh an array of factors, thus the extent and localisation of the defect (neck of the tooth, interdental space, incisal spot /i.e. biting surface of the tooth/), position of teeth in the tooth arch (front or rear tooth), further with the patient then also the level of patient's oral hygiene, cariosity (tooth decay predisposition), and aesthetic claims. Most frequently we use three kinds of fillings: amalgam, photocompos (white fillings) and so called glass-iono-meric cements.

The longest used and most reliable filling material for the rear part of a set of teeth, which I recommend, is amalgam. We distinguish so called loose amalgam (which is reimbursed by the insurance company) or above-standard one, co called capsulated, dosed. It is paid directly by the patient. The difference between both materials is in price, form and quality. The loose amalgam is mixed in the apparatus where the dose of individual components is measured out. With the capsulated amalgam the ratio of items is exactly given by the manufacturer and the material is placed, as the appellation implies, in a capsule. As well as the procedure of removing the decayed substances, treatment of walls of the incurred cavity and the final finish of the surface of the filling are different when using the capsulated amalgam. The capsulated amalgam is more resistant to chewing pressure and its processability is better. In practise it means that the filling may be shaped into the original shape of the tooth and polished into a high shine. At patient's good oral hygiene the lifespan of a quality made amalgam filling is approximately tens of years. The only disadvantage of amalgam is its colour. Composite - white fillings are a group of materials which, as for their colour, are more or less identical with the tooth colour. Their main advantage is aesthetics and ability to "glue" the weakened parts of a tooth. They are most used in the front visible section. Compos, however, have an array of disadvantages. At average hygiene their use in the rear part of a set of teeth may present a high risk to the formation of so called secondary decay.

According to my own experience I can say that in the rear part of a set of teeth the amalgam-to-compo ratio is roughly 60 % to 40 %.

Another group of patients are those who lost their tooth and more teeth, respectively. The stomatologist's task is to solve this problem by means of a prosthetic device (denture). The primary role of prosthetic stomatology is to replace the missing teeth and whole set of teeth, respectively, thereby to restore a patient's chewing-mechanical ability, to improve or restore original appearance - aesthetic and psychological function, furthermore to improve pronunciation - phonetic function. We can substitute removable or fixed prosthetic devices for teeth. The patients who have the caps or bridges or fixed prosthetic device done at our place have already mostly got the high aesthetic requirements. That's why we recommend them the metallic or non-metallic ceramic.

Long durability, perfect look with permanent colour effect and with transparency similar to a tooth enamel or own tooth rank among the advantages of the ceramic. It is non-irritating and well tolerated by an oral cavity tissue.

An implant is another possibility of replacing the missing teeth. The dental implant is an allogene substance which is embedded into a bone and serves for supporting and anchoring the fixed or removable prosthetic devices, respectively. The main disadvantage is their high price.

The current development of implantology is fast, which is also related to the development of new materials and technologies, introduction of new methods and their gradual reduction of prices. So the patients' interest in this kind of treatment is ever increasing year by year.

Another large group of patients who come to our place are those with gum diseases. Their gums are swollen, congested, red and bleeding. Slowly and gradually the disease breaks into periodontitis. It is caused by the bacteria appearing in a tooth plaque with the unclean teeth. The harmful bacterial plaque arises in a mouth during the day and it is possible to remove it by everyday cleaning of all spots of teeth including the interdental spaces. For the time being nothing simpler and more effective has been invented yet. Neither a mouthwash nor a douche (lavage) can replace the cleaning. Bad or even insufficient home oral hygiene results in the fact that the plaque is maturing and growing, dangerous bacteria are reproducing and producing toxins, which brings about a gum inflammation. The gums will swell up, congest and may be hurting intermittently. A starting stage of periodontitis is not painful. One can experience a bleeding of gums, unpleasant feeling in his or her mouth, frequently even a bad breath. And thus there has already come the high time to see a stomatologist or dental female hygienist. If you are one of those who have not got any difficulties with gums yet, you are lucky. Three in four adults over 35 years, that is to say, know what the sensitive, swollen and bleeding gums are. There is an array of measures that will relieve you of the pain, help heal the gums and preserve the firm teeth. Your oral hygiene is the most important thing. At least once a year we should see our dentist to examine the condition of our gums and teeth. That's why I, during each preventive examination, recommend personally to carry out a so called complex dental hygiene associated with a graduate dental female hygienist's briefing. For some patients it is sufficient enough to go through that once a year, some others are recommended four to five times a year. I think that those patients who visited the dental female hygienist after my recommendation were greatly satisfied and spoke highly of that. That is to say, she should be the component of every quality stomatological practise.

A number of patients who highly care about aesthetics or a nice and healthily looking smile has markedly been rising lately.

Therefore they get their teeth whitened. The methods of whitening can be divided into three groups.

The first one is a consulting-room whitening when the stomatologist whitens the teeth within an hour. To the patient he will put a so called protective barrier on the edge of the gum and afterwards apply a whitening gel (mostly approximately 36 % of hydroperoxide). The gel is let to affect the teeth for approximately 2-3 times 20 minutes, being regularly stirred up at the same time in order that the active substance of the gel is always on the tooth enamel. That is, of course, more expensive method, the price of which may vary from about 2.000 to 12.000 Czech crowns depending on the type of material used and the way of whitening. The consulting-room whitening is the best and most effective technique.

The second method is a home-made whitening which takes more time. The patient whitens his teeth at home for circa 7 days, 1-2 times 30 minutes daily. It holds true generally that these whitening preparations have a very small percentage of included whitening agents and their visible effect may thus arrive after a longer period of time. In addition to that, they are sometimes very universal and so not always able to cover the complete set of teeth wholly, thereby their effect is limited again. Nevertheless because of the overall lower effect of these preparations the differences between less and more accessible places of teeth are minimal as well. Their more favourable price may be a certain argument. The price amounts to about 1.000-3.000 Czech crowns.

The third method is a combination of both previous ones. Only strong oxidation agents decolourising the pigments in the organic part of a tooth enamel - hydroperoxide (hydrogen peroxide) or a

matter called carbamide peroxide - are able to conjure up the snow-white colour. That's why I recommend the consulting-room whitening to my patients. The technique is always individual and the physician must weigh and indicate it correctly with respect to the diagnosis, time and patient's financial load.

The result and duration of the effect of whitened teeth, 1-2 years generally, depend on each patient's way of life. Proper hygiene is the basis of healthy and nice teeth. Regular cleaning of teeth substantially contributes to a successful preservation of the result of whitening. In case some new stains appear on your teeth, it will be necessary to repeat the whitening. Ideal is a combination of the fast consulting-room whitening with an instant result and afterwards keeping the result of that whitening by some of the systems of the home-made whitening. Smoking, consumption of drinks and food with considerable colouring (coffee, tea, red wine, beet-root, bilberries and things like that) may influence the result adversely. The client must also take into consideration the fact that fillings, tooth caps and other prosthetic works cannot be whitened - yet in cooperation with the physician it is possible to reach an optimal solution.

The aesthetic item of treatment has ever more been asserting itself in our consulting room and this trend is going to last depending on how our patients will be informed of the possibilities of the treatment. Thus also aesthetics is grounded on the development of new materials, untraditional working processes and clients' requirements. This work is always demanding both for the patient and physician. From the patient it requires a long-lasting co-operation and mastering the hygienic habits. That is why we have been treating and simultaneously educating our patients already from their early age so that in the future they are not afraid of dental treatment, have more information on treatment and then they have nice and shiny smile.

A long patient-physician co-operation then breeds its fruit in the form of satisfaction of both sides.

The development of stomatology has been making great strides ... The working processes and treatments which are as biological as can be, considerate of a live tooth tissue and load the patient as little as possible, will be and are being used.

At the present time there is a possibility of treating the foreign patients whose number has unceasingly been increasing. The foreign clientele has discovered that many as good physicians as in their home country, are working in our country as well - with the same quality of work for much favourable price. In my opinion as for the so called above-standard and by-patients-fully-reimbursed health care, the increase in foreigners' interest is already enormous today and after the entrance of our republic into the European Union has risen yet. For curative purposes circa 1-2 percents of inhabitants travel into another member state of the EU these days. Mostly this is the question of provision of the surgical interventions which are cheaper abroad, sometimes even by a half and more. For instance the Austrians, Germans and Englishmen travelling into the Czech Republic for dental treatment purposes are a typical example. However in that cases the costs of medical treatment are reimbursed by the patient himself. At our place they get their set of teeth redeveloped in an larger extent, starting with the common treatment of the set of teeth via medium and extensive prosthetic works up to the great prosthetic replacements of teeth. The requirements of foreign patients are not different from domestic ones, but the foreign patients require a professional approach and high-level treatment. A top equipment of the consulting room is commonplace, from an X-ray apparatus, via visiography, a camera, machine endodony, high quality materials, top-class imprinting stuffs and via a co-operation with a precise and innovative laboratory.

Our priority is that each fellow worker in the team, a physician, dental female hygienist, nurse, laboratory technician is an integral part of the very well functioning and established practice, thereby, of course, that our patient is content.

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About us

We are a dental treatment center with up-to-date equipment and service located in the centre of Prague. We operate in two dental treatment rooms and a laboratory. We regularly take part in learning and development activities and trade fairs in the Czech Republic and abroad. Our knowledge is applied in our work and therefore we use the most progressive materials and technologies. Dental examination is generally considered to be one of the worst ones. Our aim is to create a pleasant and friendly atmosphere, so that your visit of the dentist became a pleasure.

Services

RESTORATIVE DENTISTRY

- Preventive examinations
- Medical treatment of acute cases and toothache
- Esthetical dentistry
 - tooth whitening, photocomposit (white) fillings
- Endodontics
 - root canal treatment, root fillings
- Dental hygiene and prevention
 - tooth sanding, tartar removal, tooth & filling polishing

PROSTHETIC DENTISTRY

- fixed crowns, fixed bridgeworks, temporary crowns and bridge-works removable dentures

PARODONTICS

- medical treatment of gums and mucosa

PEDIATRIC DENTISTRY

- medical treatment of deciduous and mixed teeth

OTHER SERVICES

- sale of materials and tools for dental hygiene, consulting and advisory



Dental Hygiene

Advice on how to take care of your teeth and gums will be given to you by a high-experienced dental hygienist. Certified dental hygienist is an essential part of quality stomatological practise. Consulting and services provided by the dental hygienist comprise tartar, scale and pigmentation removal, filling polishing, tooth sanding and tooth fluoridation. Dental treatment of the dentist is better

applicable and more durable after the dental hygienist's treatment. Some of the operations it is even not possible to perform without prior treatment of the dental hygienist. In our practise you will be advised to visit the dental hygienist after the entrance examination of your teeth. She will instruct you how to brush your teeth properly and which dental tools to use – such as interdental brush, dental thread, toothpaste, mouthwash, etc. Thanks to a regular and proper care of your teeth and gums you can minimize the decay appearance, prolong durability of the fillings, bridgeworks, crowns and healthy teeth. Our patients are always surprised how little can be done to get rid of dental problems.



Equipment

WE USE UP-TO-DATE EQUIPMENT AND TECHNOLOGIES IN OUR WORK.

American digital depictive system RVG Dr. Suni:

Suni system is the high-tech equipment used worldwide. It minimizes the X-ray's influence of patient's health. Pictures are immediately displayed on the monitor.

Intraoral X-ray PLANMECA INTRA:

Presents a worldwide trend in dental radiography. Made in Finland.

Intraoral camera SuniCam:

You can watch the state of your teeth before and after the treatment. Final effect will be adapted to your needs and expectations.

Austrian wireless polymerization LED lamp:

Used for stiffening photocomposit (white) fillings, shortens the stiffening process by a few times.

Prophy-Mate NSK:

Japanese tool used for sanding, depigmentation, stain, plaque and tartar removal, tooth whitening and cleaning.

Propex:

Japanese Apexlocator of the 3rd generation, used for measuring the root canals depth.

Supports a precise filling of the root canals.

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TIPS

STOMATOLOGICKÉ CENTRUM K 11, S. R. O.



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www.ceskastomatologie.cz
Tel.: 731 54 54 44

Estetická stomatologie
MUDr. Lea Kuncová
Tel.: 548 42 42 48
731 54 54 44

STOMATOLOGICKÉ CENTRUM IMPLANTOLOGIE



CONTACT

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IMPLANTOLOGIE
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PRIVATE DENTAL CLINIC, MUDr. IVO MAREK



CONTACT

PRIVATE DENTAL CLINIC
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17. Listopadu 5
690 02 Břeclav

Surgery hours
Monday-Friday: 7:30-17:00

Tel.: +420 519 327 028
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info@dentalclinic.cz
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Call 24 hrs.
Pediatrician
724 300 303
GP
724 300 301

Dental Care

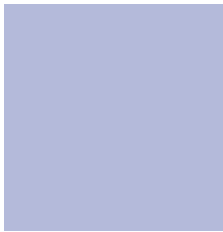
- Preventive Dental Care
- Cosmetic Dentistry
- Dental Surgery (incl. implant therapy)
- Prosthodontics
- Periodontics
- Endodontics (root canal therapy)
- Pediatric Dentistry
- Dental Hygienist Care
- Acute Treatment

Dentist after hours on weekends
CALL 724 300 312

**Entrust Your Health
into Professional Hands...**



Connect pleasant with useful – visitation of dental clinic in Prague.



If you are considering the possibility of the stomatological treatment in Prague, you will surely be interested in other details. In addition to the professional service and comprehensive stomatological services, which you got used to in your home country, you can get far more favourable prices in Prague.

Esthesia stomatological clinic has got rich experience with clients from all over the world. Its physicians and medical staff can speak foreign languages very well and for foreign clients they are also prepared to ensure help with accommodation, transfers and other services associated with their travelling to Prague.

We asked a couple of questions of the implantologist MUDr. (MD) Vojtěch Slezáček and executive manageress Ing. (MSc) Lenka Bodnárová.

FROM WHICH COUNTRIES DO THE MOST CLIENTS COME TO YOU?

Lenka Bodnárová: A lot of our clients come from Great Britain and Ireland. Germany is another country from which the large portion of clients come. We have got the considerable numbers of clients from Switzerland, the Netherlands, Denmark or the USA.



WHY DO YOU THINK THAT MEDICALLY MOTIVATED TOURISM BECOMES A TREND AND THE PATIENTS COME TO THE CZECH REPUBLIC?

Lenka Bodnárová: The first reason is quite obvious - the Czech Republic and Prague especially are very favourite touristic destinations for foreigners. More than two millions of foreign tourists visit Prague yearly! Thus the travelling and planned stomatological intervention have logically interconnected as well, giving birth to this new trend. In simple terms people associate the pleasant with the useful.

Foreign clients have already known that the level of stomatological care at specialised clinics equals the one they know from their home country. Last but not least there is a financial motive as well, they will save a lot in the Czech Republic compared with the same interventions in their home country.

WHICH STOMATOLOGICAL INTERVENTIONS ARE THE MOST FREQUENT WITH YOUR FOREIGN PATIENTS?

Vojtěch Slezáček: In the first place it is a replacement of the tooth with the implant. With foreign clients these interventions are carried out more than any others. Other interventions sought after are caps, bridges or even the exchange of fillings.

Lenka Bodnárová: Just these implantological interventions are financially the most demanding. So if the client plans to save some money on the stomatological interventions, then he or she compares the prices at various clinics and consequently in foreign countries, too. Except for the price the patients also compare the quality of the care and services related to the intervention.

WHAT SPECIALISED INTERVENTIONS CAN YOU OFFER TO YOUR CLIENTS?

Vojtěch Slezáček: Besides a typical implantation I would certainly like to mention a computer-controlled method which also our foreign patients are frequently interested in. With implantological interventions people are afraid of the pain or long-running process. The new method of implantation does with the minimum of surgical interventions, thereby the pain as well. As far as I know, only a few workplaces offer this method in the Czech Republic, one of them is also our stomatological clinic. It's logical that the less time the patients spend at a dentist's chair, the more comfortable they feel. The Nobel Guide technology is a method during which I don't even have to use a scalpel.

WITH WHAT CAN YOU ATTRACT OTHER INTERESTED PERSONS IN YOUR SERVICES?

Lenka Bodnárová: You can find more information at our websites which are, of course, in German or English language as well. If you are interested in more detailed information, don't hesitate to contact us. We will work out an unbinding offer for you which you can compare with the domestic prices of interventions. If you decide for our clinic, we will reserve a term for you and help to plan your stay in Prague.

THANK YOU FOR YOUR INTERVIEW



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complex dental care
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www.esthesia.cz

Look for the nicest smile in Prague

At the present time scientists unceasingly come with the new pieces of knowledge applicable into a modern medicine. What was impossible some years ago, becomes a routine today. The newest results of researches and science are also being applied very quickly in modern stomatology.

The modern stomatology comprises a complex of care of patient's set of teeth with regard to his or her individual requirements. Nice and healthy teeth, which grace the smile of their owner, are the target

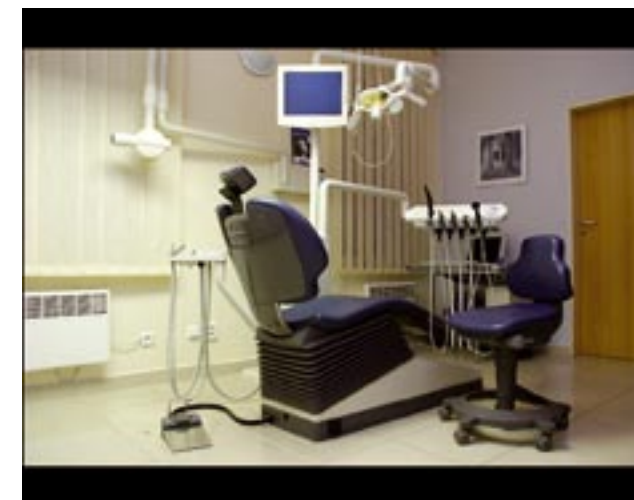
Above-standard care is not the domain of only a few European workplaces. You can also obtain the same care from the team of physicians of Esthesia stomatological clinic in the Czech Republic. In Prague, where the clinic is based, you will find a top stomatological workplace with above-standard services. You will get an absolutely comparable comfort as in the other original states of the European Union.

Naturally with one substantial difference, and that is money, because in comparison with the same interventions in the home country, you will spare markedly.

Esthesia offers a comprehensive care including aesthetic stomatology and specialises in implants. This intervention is very looked for by foreign clients of Esthesia clinic also for the distinct difference in price in comparison with foreign countries. In Prague you can get other stomatological operations for better prices, too.

Esthesia as one of few companies in the Czech Republic offers a new computer-controlled technology by the Nobel Biocare company. The new method will do with minimum surgical interventions, thereby the pain as well.

In addition to the complex background and above-standard service also experience with the foreign clients not only from Europe but also the USA is the advantage of the clinic. Prague is one of the most frequented destinations with lots of historic sights, that is why the interconnection of a holiday with a planned stomatological intervention suggests itself. To the clients from abroad Esthesia also offers a help in securing the suitable accommodation throughout the stay in Prague, transfer from and at the airport, and other complementary services.



The comprehensive services of Esthesia stomatological clinic under one roof:

PROPHYLACTIC AND AESTHETIC STOMATOLOGY
DENTAL HYGIENE (TEETH WHITENING)
CHILDREN'S STOMATOLOGY
PROSTHESES (PROSTHETIC DEVICES)
PERIODONTICS
ORTHODONCY
STOMATOSURGERY

WHAT ELSE CAN YOU FIND IN OUR CLINIC?

EXTENDED SURGERY HOURS

we are here for you every weekday according to agreement, also outside regular working hours and at weekends.

SHORT WAITING HOURS

we arrange a convenient term with you within the shortest possible waiting time decide for yourself on the manner of ordering – call us or choose e-mail or the order form.

PAINLESSNESS AND CONSIDERATION

we apply anaesthetising gels, carry out interventions under local

ANAESTHESIA

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Amino acid composites and cerebrum

AMINO ACIDS REPRESENT THE CLASS OF ORGANIC COMPOUNDS THAT PLAY A CRITICAL ROLE IN LIFE OF A HUMAN BODY. THESE ARE SUBSTANCES NATURAL FOR A MAN. THESE ARE FIRST AND FOREMOST THE BRICKS OF WHICH PROTEIN MOLECULES ARE BUILT. ON THE ONE HAND, THE AMINO ACIDS CREATE PROTEIN THAT IS PART OF ALL TISSUES AND ORGANS, ON THE OTHER HAND PART OF THEM PERFORM SPECIFIC FUNCTIONS, IN PARTICULAR PARTICIPATE IN TRANSMITTING THE NERVE IMPULSE FROM ONE NERVE CELL TO ANOTHER. ALONG WITH THIS NEUROTRANSMITTER FUNCTION THE AMINO ACIDS PARTICIPATE IN RE-ESTABLISHING THE CELL ENERGY BALANCE, IMPROVE BLOOD FLOW IN CEREBRUM TISSUES AND PRODUCE AN ANTIOXIDANT EFFECT. BESIDES, THEY STIMULATE GENERATION OF NEW CEREBRUM TISSUE ELEMENTS. ALL OF THE ABOVE RESULTS IN IMPROVING THE FUNCTIONING OF THE NERVOUS SYSTEM AND CONSEQUENTLY THAT OF THE ENTIRE HUMAN BODY.

Applied by the firm New Medical Technologies amino acid complexes with an elevated content of 2-3-4 amino acids produce by far more powerful impact on the functioning of nervous cells as opposed to the impact of single amino acids.

Below are answers provided by the firm's leading specialist, docent and candidate of medical sciences Olga Blinnikova to questions related to the possibility of prescribing amino acids in the form of food additives for persons afflicted with pathology of nervous system and for virtually healthy persons.

IS IT TRUE THAT AMINO ACIDS CAN REALLY ADDRESS CEREBRUM-RELATED ISSUES?

They do without any doubt. The stimulating effect they provoke brings to life backup "dormant" neurons. Today it is considered a proven fact that cerebrum cells can reproduce and replace themselves but only when prodded by a certain stimulus. Such stimulus for cerebrum cells regeneration and activation are represented by, among other, amino acid complexes.

HOW LONG HAVE YOU BEEN WORKING WITH AMINO ACID PREPARATIONS?

For more than 10 years.

WHO CONSTITUTES THE BULK OF YOUR PATIENTS?

The majority of patients we have to deal with are afflicted with disorders of the central nervous system. In most cases these are children with such diagnoses as:

- Perinatal encephalopathy
- Minimal brain dysfunction
- Infantile cerebral palsy
- Mental and speech retardation
- Oligophrenia
- Infantile autism
- Attention deficit hyperactivity disorder
- Epilepsy
- Hereditary diseases, for example Down syndrome



AND HOW EFFECTIVE CAN BE YOUR TREATMENT?

The effect produced by amino acid complexes can be observed virtually in all cases. Of course the results depend on the gravity of clinical presentation, the patient's age and the body's individual reaction.

The infantile brain is very supple; its growth and differentiation process is still under way and the role of amino acids here is to help normalize and intensify this process. The body starts to rely on its own inner forces. In some easy cases it takes only a small push and the positive changes will carry on for several months to come. For instance if we deal with a child that has school problems caused by a minor cerebral dysfunction it may take only one course to get a positive outcome. The child that underwent the course would have better attention ratio, higher speed of sensor-motor reactions,

improve fine motor skills and develop improved behavior. If however we have to confront a severe spastic tetra paresis it takes several courses to achieve a well pronounced results in motor skills, intellect and speech. Along with reduced muscle spasticity and better movement coordination the child become capable to new movement skills.



DO YOU CONSIDER THAT THE AMINO ACID PREPARATIONS ARE SUFFICIENT TO HELP PATIENTS IN ALL ABOVE CASES?

The amino acid complexes improve cerebrum cells function. This in its turn contributes to improvements in clinical symptoms. Which considerably smoothes out the mobile and speech rehabilitation process. Usually physiotherapists, speech therapists and psychologists who treat the patients observe first positive dynamics in patients.

DO YOU WORK ONLY WITH MINOR PATIENTS?

Of course not. We also have requests coming in from aged people as well.

These are patients with neurological disorders caused by craniocerebral injuries, people who suffered heart strokes, who are afflicted with senile dementia, neuralgias, and depressions. Even in severe cases when we feel that we cannot raise hopes of complete recovery we still succeed in considerably improving the quality of their lives.

SO AMINO ACID COMPLEXES ARE INTENDED ONLY FOR THE ILL?

I would not say so. A healthy person may equally have a need in amino acids. When your lifestyle is too hectic, when you feel oppressed by the ever growing fatigue, you may feel yourself irritated, subject to mood swings and consequently suffering from headaches, sleep disorders, having problems with cardiovascular system, intestines, reduced immunity. Amino acids may help increasing your overall efficiency, restoring emotional equilibrium and - what is more important - anticipating any severe secondary problems with inner organs that may be rooted in chronic fatigue.

But this not the end of the list yet. It is a well-known fact that after age 40 a human cerebrum starts to steadily lose its nervous cells mirrored by attention and memory lapses. As a result, people get slower. It may distinctly affect both professional and day-to-day activities: when you drive a car, when you practice sports or where you get trained, for example in foreign languages.

Taking our preparations will help you to stop the process of premature loss of nervous cells and therefore to considerably retard the brain ageing process. As a matter of fact, at any age it is possible to enhance attention ratio, restore training skills, and overcome stress situations.

HOW THE PERSON CAN DECIDE OF WHAT AMINO ACID COMPLEXES HE OR SHE NEEDS?

If it were a decision each individual had to take on his/her own it would have been a really difficult task and the end result could be negative.



The product I am talking about can include up to 20 different composite parts. Different complexes vary by their extent of stimulating effect. The set of amino acids that would be prescribed for patient suffering of dementia and the one with epilepsy will differ considerably. Special combinations are needed to cure chronic fatigue and stress. Consequently, all complexes are selected on individual basis upon consultation with our specialists after which the patient would take them at home according to a set prescription. Then we would have a control visit. In the course of the treatment the drug composition and doses can change.

I can summarize this interview by saying that amino acids represent a modern perspective method of boosting human brain. Amino acids can be of considerable help in harmonizing the nervous system functioning. They are efficient and safe especially if the applied under the supervision of knowledgeable specialists.

SHOULD YOU HAVE ANY QUESTIONS WITH REGARD TO THIS ARTICLE PLEASE DO NOT HESITATE TO CONTACT US AT:
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Children’s home Pyšely

Hana
Juřenová,
School
dame



THE HISTORY OF THE BUILDING OF THE CHILDREN'S HOME DATES BACK TO 1913 WHEN THE REFUGE WAS SOLEMNLY CONSECRATED AND THE FIRST CHILDREN WERE MOVED IN THERE. IT HAS RISEN IN THE CHÂTEAU AREA IN THE BEAUTIFUL ENVIRONMENT OF THE RIVER SÁZAVA. IN THE FIFTIES PEDAGOGICAL WORKERS TOOK THE PLACE OF NUNS. SINCE THE FIFTIES THE FACILITY HAS BEEN A STATE-OWNED CHILDREN'S HOUSE. THE REGIONAL AUTHORITY OF THE CENTRAL-BOHEMIAN DISTRICT HAS BEEN AN ESTABLISHER OF THE CHILDREN'S HOUSE SINCE 2001. THE CHILDREN'S HOUSE HAS BEEN AN EDUCATIONAL FACILITY AND COMES UNDER THE MINISTRY OF EDUCATION.

MRS DIRECTRESS, WHAT PURPOSE DOES YOUR FACILITY SERVE TO?

The children's house is a facility which provides children, who cannot be raised in their own family for serious reasons, with care.

WHAT KIND OF CHILDREN ARE THEY, WHERE DO THEY COME FROM?

Minor children are placed into the children’s house on the basis of the court decision on preliminary measure. A pre-school child is placed directly from its family namely on the basis of the diagnostic institute’s consent. An older child is first placed into the diagnostic institute for 8 weeks and then recommended to a facility.

Also children with lesser educational problems, tormented children, children whose parents are not able to secure education or care properly, and children running away from their home are placed here.

The children over 3 years without serious educational problems are adopted to our children’s home the capacity of which amounts to 48 children. They may stay on here till 18 or 26 years. The children are materially secured by a common standard, for a mild above standard we get the means from our sponsors. I am not leant towards giving much to children. They themselves have never had much and will not have as well. They will be living in ordinary surroundings.

WHAT PROGRAMME DO YOU ENABLE THE CHILDREN?

We want the children to go out on trips, visit theatres, sports actions, exhibitions. They are provided with as much stimuli as possible to have the opportunity for selection.

From other children's' homes we often receive invitations to sports tournaments which we take part in with pleasure. Endowment funds offer us interesting actions and projects, and sometimes it's not possible to utilise all of them. Sometimes it's necessary that the children enjoy the weekend just with their aunt or uncle.

Once in fortnight during the weekend the children are allowed, after a deal, to leave and visit their family - not only their parents, but also their other relatives. In the same way they can set off for the vacation or holiday.

WHAT IS THE STAFF IN YOUR CHILDREN'S HOME?

Not everybody is allowed to be the educator in a children’s home. The condition for getting this job is the university education in the branch of special pedagogy - educational activity.


Every child is an individuality and in this way he or she has to be approached to. Here are children having behaviour troubles, reduced mental capabilities, speech disorders, children emotionally dejected, children with miscellaneous fates. This wide range can be managed just by a person having a particular theoretical preparation, but not only that, he or she has to be able to look in the childish soul, listen to it and help.

IN YOUR OPINION, WHAT IS THE MOST IMPORTANT CRITERION FOR FULFILLING THE SO EXACTING TASK OF THE CARE OF CHILDREN IN A CHILDREN'S HOUSE?

Expertise of the team, predisposition, experience, ideas, self-culture and ability to acquire new information on the development of the field. It is necessary to keep a good climate within the team otherwise the children's behaviour will reflect the conflicts of the adults. Children have the claim on peace or maximally on their childish worries and problems.

WHAT IS YOUR PERSONAL NOTION OF THE FUNCTIONING OF THESE FACILITIES, ARE THEY APPROACHING THE REALITY?

Social workers should prevent during field-work. They should work with problematic families and avoid extreme situations by that. If problems are intercepted in time then many tragedyes can be solved. There would be less juvenile and children’s delinquents, children on the streets, children suffer from anything. If child is in institution already then we try to return him or her back to family (if there are appropriate conditions) or place to surrogate family. If both possibilities are impossible then children stay in institutional neighbourhood. The law makes it possible to bring world in institutional neighbourhood closer to family life.



Children's home Pyšely – Thanks for financial support
by COTEBA-AST Project Management Czech s. r. o.

The living standard of a society can be distinguished depending on how it is able to take care of its weakest members.

HOW LONG HAVE YOU BEEN WORKING HERE?

In the children’s house I’ve been working for 3 years. I am an educator and a special pedagogue. I experienced an array of years of the work in the school for mentally handicapped children and I was interested in the fates of these families. In my job I can help the families, especially their children, that got into the troubled waters. I’ve got the possibility of influencing their future and sharing in their education which is very important for them.

IS IT POSSIBLE TO HARMONISE THIS DEMANDING WORK WITH YOUR PERSONAL LIFE?

It’s very hard, but because I am single, I can fully devote myself to my work. I spend here most of my time. In morning hours I’m solving organisational matters, in the afternoon the children are coming with whom I want to have a chat, I go to see how the work of the groups is running, I have a talk with my colleagues. “I’ve got no time” for spare time.

IN WHAT DO YOU SEE ADVANTAGES AND DISADVANTAGES OF THIS ALTERNATIVE EDUCATIONAL CARE FOR THE CHILDREN'S FUTURE LIFE?

The unquestionable lack consists in the fact that children have no proper family model.

AT THE PRESENT TIME CHILDREN NEED A DEMANDING SCHOOL EQUIPMENT AS WELL AS THE TIMES FORCE THEM TO HAVE SOME UP-TO-DATE AIDS (MOBILE TELEPHONES, CD PLAYERS, PERSONAL COMPUTERS AND THINGS LIKE THAT). ARE YOU ABLE TO OBTAIN THESE AIDS FOR THE CHILDREN? HOW?

The money we get from the founder we use for purchasing the school aids for the children. If the children want to have something above-standard, I recommend them to spare from their pocket money they get from us. The older ones attended temporary jobs and contributed to themselves with their own means. Also they will get a birthday or name-day present or they may wish something as a Christmas gift. In the case of really valuable requirements, for example players, personal computers, but also primarily football or mountain or gymnasium trainers, fine-arts and fishing equipment we ask our sponsors who fulfil these desires usually as a Christmas gift.

I prefer the sports activities of children, that’s why my wish for children is usually sports equipment in the form of bicycles, skis, etc. Such wishes are fulfilled at Christmas as well.



Child's day

HAVE YOU GOT SOME PLANS INTO THE FUTURE? WOULD YOU LIKE TO CHANGE SOMETHING?

These days some finishing works concerning the project of overall reconstruction of the children’s home are taking place. The goal of this reconstruction is not only to create housing units for 6 family groups, but also flatlets for the adult protégés (wards) that are still studying. In this way we want to lead them to self-reliance so that they have an easier entrance into the real life.

Further I intend to provide the children with a sports background in the form of a multipurpose playing field and swimming pool which will be taken advantage of mainly during the summer months. As well as adaptation of the whole area will gradually be under way.

WHAT WOULD YOU WISH YOUR COMMENDED CHILDREN?

I wish the children to have happy and care-free childhood spent in their own family. Unfortunately this wish is unreal in many cases, therefore I do my best to secure this childhood for them in as full extent as it is possible at our children’s home.

The main collective goal is to prepare the children for a full entrance into the independent life in order that they themselves are able to create a decent family environment for their children.

CONTACT

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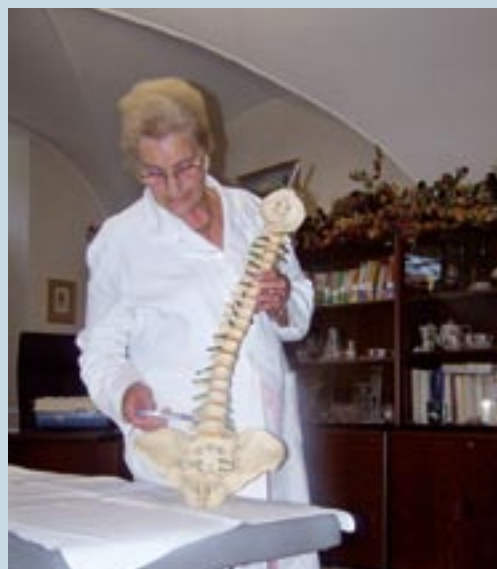
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European Society of Human Reproduction & Embryology (ESHRE) 23rd annual meeting

SUNDAY 1 JULY - WEDNESDAY 4 JULY 2007

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Reproductive medicine is one of the most exciting scientific and clinical areas. Every month brings announcements of research developments, medical 'firsts', new rulings by regulatory bodies, or ethical controversies – often sparking heated debate among practitioners in the field themselves, as well as ethicists, legislators, the media and the public.

ESHRE's annual meeting is the forum where more than 5,000 of the world's leading experts in reproductive medicine gather to give the first public presentation of their latest research findings and to discuss issues that are presenting law-makers and ethicists with some of the most challenging problems and difficult decisions currently facing society.



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World Fertility Awareness Month

World Fertility Awareness Month was created by the American Fertility Association in 2002 as a worldwide, international movement designed to increase public awareness and education about reproductive difficulties. By reaching out to the public through media, collateral materials, advertising and promotion, and through collaborations with local and regional organizations, the campaign works to erase the silence and stigma surrounding infertility.

The global population remains largely unaware of the „facts of life“ and what can affect their chances of producing biogenetic children. Armed with simple facts – e.g. the older you are the less fertile you are, your diet and amount of exercise and sleep you get can affect fertility – people the world over will be better able to make reasonable choices about protecting their fertility. In short:

- **FERTILITY DECLINES SIGNIFICANTLY AFTER AGE 35**
- **MISCARRIAGE RATES ARE HIGHER FOR OLDER WOMEN**
- **FEWER EGGS LEFT IN OLDER WOMEN SUGGESTS THAT A PREGNANCY IS LESS LIKELY TO OCCUR OR MORE LIKELY TO END IN A MISCARRIAGE**
- **MEN NEED TESTING AT THE SAME TIME, MALE INFERTILITY SEEMS TO BE EVEN ON RISE.**

It is estimated that infertility is attributable to entirely female or male factor in 40% respectively while in 20% it is combination of both factors or idiopathic infertility occurs (where clear infertility background cannot be identified).

Couples are considered infertile when they are unable to conceive after a year of unprotected sex. Even for women over 35, six

months of unprotected intercourse without conception is a red flag that may signal reproduction problems. For women under 35, the rule of thumb is to give it a year before consulting a fertility specialist. On average it will take six months for a 30-year-old couple to achieve pregnancy and 9 months for those 5 years older. Indeed, at age 37 approximately half of all couples will fail to conceive within one year. By the time they reach the age 42, an estimated 90% of couples will not achieve a pregnancy within 12 months.

Approximately 40% of female factor infertility is a function of ovulation disorders including irregular menstrual cycles and delayed ovulation which can be treated by stimulating the ovaries with clomiphene citrate. When low hormone levels or diminished ovarian function are involved, the protocol is usually injections of Follicle Stimulating Hormone (FSH) and/or Human Chorionic Gonadotropin (hCG). Both FSH and hCG are also used in conjunction with intrauterine insemination (IUI) and in vitro fertilization (IVF). Assisted reproductive technologies (ART) represent nowadays the most effective way of infertility treatment.

Czech assisted reproduction has gained high standards and it offers wide range of methods including preimplantation genetic diagnosis (PGD) and gametes donation programs. In addition to local patients it has recently been contacted by infertile couples from all over the world. Their coordinates are available on the internet site www.neplodnost.cz. English-speaking staffs in majority of them are ready to serve individual needs of the patients.



WORLD
FERTILITY
AWARENESS
MONTH

First baby is born after oocytes were matured in the lab and frozen.

Three more women are pregnant by the same method.

Lyon, France: The first baby to be created from an egg that had been matured in the laboratory, frozen, thawed and then fertilised, has been born in Canada. Three other women are pregnant by the same process. The research was presented to the 23rd annual meeting of the European Society of Human Reproduction and Embryology today (Monday 2 July).

The baby girl was born to one of 20 patients with polycystic ovarian syndrome (PCOS) or with ovaries that had been detected to be polycystic by ultrasound (U/S), who took part in the trial at McGill Reproductive Center, Montreal, Canada. The baby is progressing well.

Dr Hananel Holzer, who led the team, is an assistant professor at the Center and coordinates the fertility preservation programme there¹. He said: “Freezing a woman’s eggs (or oocytes) has become an important and integral part of fertility treatment, and the introduction of new freezing techniques such as oocyte vitrification has increased significantly both oocyte survival and resulting pregnancy rates. However, to date, the pregnancies reported have been the result of fertilisation of frozen or vitrified and then thawed oocytes that had been collected after ovarian stimulation. Unfortunately, some patients seeking fertility preservation may not have enough time to undergo ovarian stimulation, or may suffer from a medical condition deemed by some oncologists as a relative contraindication to hormonal stimulation, such as oestrogen-receptor-positive breast cancer.

“In these circumstances, oocytes can be collected from the ovaries without hormonal stimulation, and the immature oocytes can be matured in the laboratory before being frozen or vitrified. But, until now, it was not known whether oocytes collected from unstimulated ovaries, matured in vitro and then vitrified, could survive thawing, be fertilised successfully and result in a viable pregnancy after embryo transfer.

“We have demonstrated for the first time that it is possible to do this and, so far, we have achieved four successful pregnancies, one of which has resulted in a live birth. The other three pregnancies are ongoing. These results are preliminary and the pregnancy rate is probably associated with a learning curve; indeed three of the pregnancies were achieved in the last five patients.”

Dr Holzer warned that the research was still in its early stages and that it had not yet been proven in cancer patients. “It has the potential to become one of the main options for fertility preservation, especially for patients who cannot have ovarian stimulation

and all patients who do not have enough time to undergo ovarian stimulation,” he said. “However, we have to remember that these are only preliminary results from a small number of patients who were not cancer patients themselves. As for all methods for fertility preservation, they should be looked at as preliminary and experimental. We need to inform the patients about the early stage of these treatments without giving any false hopes.”

Women who have been diagnosed with cancer face the prospect that the treatment they receive for their disease might make them infertile by destroying their ovarian reserve of oocytes. At present, there is the still experimental option of having the ovarian tissue removed, frozen and then transplanted back at a later date; however, there is the theoretical risk that this could re-introduce metastatic cancer into the woman. For women who are infertile due to PCOS, the administration of hormones to stimulate their ovaries to produce eggs can have the dangerous side-effect of over-stimulating their ovaries, resulting in the potentially life-threatening ovarian hyperstimulation syndrome (OHSS). Therefore, being able to obtain successful pregnancies after retrieving immature eggs from unstimulated ovaries is an important step forward for women in these situations.

The researchers selected 20 patients, with an average age of about 30, who were infertile, had polycystic ovaries and had agreed to have their eggs frozen as part of their in vitro maturation (IVM) treatment. A total of 296 oocytes were collected from the patients, of which 290 were immature. The oocytes were matured in the laboratory for 24-48 hours and then 215 were frozen using the Cryoleaf oocyte vitrification kit developed at McGill. They remained frozen for no longer than a few months, and then were thawed. From these, 148 oocytes survived the thawing process and were fertilised via ICSI (intra-cytoplasmic sperm injection); 64 embryos were transferred to the women. More than one embryo was transferred to each patient because IVM is known to have lower rates of implantation. The resulting pregnancies were singletons, with the exception of one, which started as twins but became a singleton pregnancy due to spontaneous reduction.

Dr Holzer said he believed that adjusting the media in which the immature oocytes were matured in the laboratory was probably responsible for the improved success rate as the trial progressed.

“Fertility preservation is of the utmost importance to patients undergoing treatments that have the potential of making them infertile. Our research shows that it is possible to collect immature oocytes from unstimulated ovaries, mature them in vitro, freeze and thaw them and then achieve pregnancies and live births, without the risk of aggravating the patients’ hormone-sensitive disease, delaying their treatment for cancer or re-instituting a metastatic malignant disease,” he concluded.



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- **The stem cells harvested from the cord blood is with the best characteristics among those that can be found in the developed organism.**
- **Cryo-Save preserves the stem cells with the most modern laboratory technology, ensuring better quantity and quality of stem cells available for a wider area of future utilization.**



Cryo-Save CZ, Czech branch office of the biggest European stem cells bank offering its services in 35 countries with its central laboratory located in Belgium, provides longterm preservation of cord blood stem cells for own future utilization.

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Cryo-Save

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Notes:

¹ The McGill Reproductive Center is led by Professor Seang Lin Tan and the scientific director is Professor Ri-Cheng Chian. They are both pioneers in the in vitro maturation of human oocytes and have developed the “McGill oocyte and embryo vitrification method” using the Cryoleaf system, which is now licensed to Medicult.



THE NAME OF THE REPRODAMEDA CLINIC IS BECOMING MORE AND MORE FAMOUS NOT ONLY IN THE CZECH REPUBLIC, BUT ALSO IN OTHER COUNTRIES IN THE EUROPEAN UNION. YOU ARE RECOMMENDED ON FOREIGN SERVERS NOT ONLY BY PATIENTS BUT DIRECTLY BY CERTAIN RENOWNED CLINICS. HOW IS IT POSSIBLE TO ACHIEVE SUCH POPULARITY ABROAD?

Our doors have always been open to foreign clients, but it was not until our entrance into the European Union that foreigners dared to believe in the quality of medicine in the Czech Republic. Clients who were satisfied with us wrote their opinions in a chat room, which is used by patients from all countries around the world. More clients gradually started coming from Denmark, Great Britain, Germany, Austria, Holland, Italy and other countries. We cooperate with several outpatient specialists and clinics in Europe. Patient tourism is now a much discussed topic in the European Society for Human Reproduction and Embryology (ESHRE) and a project has been created in cooperation with other organisations, which is mapping the movement of patients around Europe, not with the aim of hindering them in any way, but on the contrary with the aim of getting to know them and also helping to guarantee the appropriate quality and records of all cycles in the EU in relation to the new tissue directives. Our centre participates in this international grant. But the most important thing of all is that we have an excellent team here with superb specialists.

YOU ARE THE FIRST CENTRE IN CENTRAL AND EASTERN EUROPE TO HAVE SUCCESSFULLY INTRODUCED THE PGD (PREIMPLANTATION GENETIC DIAGNOSIS) METHOD. THIS METHOD WAS NOT PERFORMED IN THE CZECH REPUBLIC OR ANY OF THE NEIGHBOURING COUNTRIES BEFORE 2000. HOW DID INTRODUCTION OF THE METHOD TAKE PLACE? DID YOU HAVE ANY OPPORTUNITIES AT THAT TIME TO GAIN ANY EXPERIENCES ABROAD?

Before 2000 we worked at a large state-run clinic where the PGD project did not find the due response at that time. Looking back, I am not surprised by this because the project probably came across to hospital management not only as being really timeless, but also unbelievable. The idea of brining this method to life in this country was very strong and this is why we did not hesitate to establish the REPRODAMEDA private clinic and to try to make this wish come true – to prove that it is possible. We were only beginning to establish contacts abroad at that time and communication between centres that performed PGD was not yet developed. We especially took our starting point from the great traditions, which can demonstrably be found in Czech reproductive medicine and of course literature. We started up the PGD programme a year after establishing the centre and achieved some



positive results really quickly. As a clinic, we entered the ESHRE PGD Consortium as a regular member. (Note: Consortium for pre-implantation genetic diagnosis of the European society for reproductive medicine and embryology).

The tables have now turned – we currently hold training courses for new specialists in the field of PGD for some foreign centres.

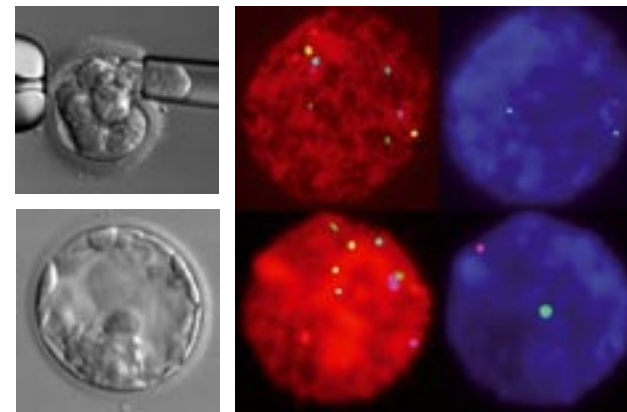
ARE CHILDREN BORN USING THE PGD METHOD DIFFERENT FROM THE OTHERS IN ANY WAY?

No, definitely not. Children born after PGD are just as beautiful, as cute or naughty as those born after other out-of-body fertilisation techniques or after natural impregnation. The fundamental difference is probably that man of the children who were conceived after PGD would otherwise not have been born at all. In other words, we would not have made the dream of many couples of becoming parents of healthy children come true. You must realise that clients who undergo PGD have really significant and serious factors causing their infertility, especially those of a genetic nature and without the aid of PGD the chances of these couples conceiving a healthy child would be negligible, or in some cases much less.



HOWEVER, SCIENTISTS AND DOCTORS ARE NOT COMPLETELY UNIFIED IN THEIR OPINION OF THE IMPORTANCE AND SUCCESSFULNESS OF PGD ON EMBRYO ANEUPLOIDY (NOTE: A THE WRONG NUMBER OF CHROMOSOMES). MANY RECOMMEND TESTING FOR ANEUPLOIDY IN RISK GROUPS OF PATIENTS, AS DO YOU. THERE ARE HOWEVER DOCTORS WHO ARE NOT PLACING THEIR BETS ON THIS TECHNIQUE AT ALL. WHAT IS YOUR OPINION ON THIS?

Every method has its supporters and opponents. This happens quite regularly and negative opinions are frequently put forward concerning methods, which are relatively new. There are a few fundamental problems here, which could play a key role in evaluation of the success of the method. One of the problems is that many centres have not been able to achieve good results with the PGD method. Embryos, which are subjected to extraction of one or two cells, are then many times more sensitive to any deviations from the norm in the cultivation process. For this reason, if the cultivation process is not set absolutely precisely, simply put if it is not almost perfect, there really could be a significant drop in the ability to implant the embryo after PGD. In other words, cultivation of embryos after PGD really is a touchstone of the quality of the embryological laboratory. So it is essential that centres only get involved in implementation of PGD when their cultivation systems in the standard IVF programme show really exceptionally good results and where cultivation of embryos into blastocysts is absolutely routine. Only then can high quality results potentially be



achieved in the PGD programme and only then can this treatment be performed to the great benefit of the patients. If a centre, which is not managing to achieve good results publishes its work, the impression could be created that the method need not necessarily provide any fundamental effect. But one should not generalise anything. In our clinic PGD increases the likelihood by 3-5 times with risk groups, which helps these couples reach the average success rate of non-risk groups. That is the main thing.

WHICH COUPLES ARE IN YOUR OPINION THE MOST SUITABLE ADEPTS FOR SUCCESS AFTER TESTING FOR EMBRYO ANEUPLOIDY USING THE PGD METHOD?

Generally speaking, these are especially clients where there has been repeated miscarriage or where several embryo transfers have been undertaken without success. However, PGD must not be performed until all investigations mapping the other possible causes of miscarriage or the failure of previous IVF cycles have been performed. We must not forget that causes could combine and this is why it is necessary in these cases to take medical action on several levels. This method also significantly helps couples where we use sperm for fertilisation (or rather immature spermatid) gained from the testicles using the TESE (testicular sperm extraction) method or in cases where the men have a very bad spermogramme with a high quota of pathological sperm. Originally it was presumed that PGD would be a promising method for women of a relatively high age, but it has more or less been shown here that PGD has not provided such an improvement in the results as was expected. But even women who are older can be successful after this method, although a condition is usually that a sufficient number of quality eggs are acquired, which is only possible with some women over the age of 37 or even over 40 years of age. If even in the case of high stimulation doses, it is not possible to gain a sufficient number of eggs, the method of using eggs from young and health donors can be used. The chances of older women then become relatively balanced in comparison with younger ones. Last but not least, this of course concerns couples with disorders in the number of chromosomes and PGD has a very fundamental effect there.

THE PGD METHOD IS ALSO USED IN CASES WHEN ELIMINATION OF TRANSFER OF A HEREDITARY DISEASE, WHICH OCCURS IN THE FAMILY, IS CONCERNED. IS THERE ANY DIFFERENCE IN THE PROCEDURE FROM THE ABOVE-MENTIONED METHOD FOR ELIMINATION OF CHROMOSOME ABNORMALITIES?

Only the principle for performance of IVF and extraction of cells from the embryo is the same. Everything, which precedes this and also which follows this is markedly different. We do not examine the number and structure of chromosomes here, but focus directly on one gene, or as the case may be a section of genes, in which the defect – mutation – occurred. The preparation is very demanding, involving detailed examination of the whole family, DNA analyses of afflicted individuals, searching for specific characteristics, which can help to eliminate possible mistakes in the DNA examination from one cell in the embryo. The actual isolation and examination of DNA from a single cell is a demanding and sensitive matter. The whole time, everything must be



done to ensure that no error creeps into the process. It is however wonderful work, which in the end provides a chance for people who had already lost all hope of conceiving a healthy child.

HOW MANY CHILDREN HAVE ALREADY BEEN BORN AFTER THE PREIMPLANTATION GENETIC DIAGNOSIS METHODS PERFORMED AT YOUR CENTRE?

At this very moment we are waiting for the 100th.

YOU ARE THE DIRECTOR OF A MEDICAL FACILITY AND ALSO A DOCTOR IN THE FIELD IN QUESTION. DO YOU STILL WORK ACTIVELY WITH PATIENTS?

I have a specialised consultation session twice a week, focused especially on the problems of PGD. If I am in the country, I hold Internet consultations almost every day with our Czech and foreign patients. This is demanding in terms of time, but in this way I have constant feedback about the feelings and needs of the clients, which is very important. I have always enjoyed work with patients and always will.

HAS YOUR CLINIC GOT ANY OTHER PROFESSIONAL AIMS?

Certainly and quite a few at that. Nowadays it is only possible to examine a limited number of chromosomes from one cell. In practice a maximum number of up to 10 is financially and technically bearable. In the future, we are really looking forward to a time when special chips will have been developed for examination of whole sets of chromosomes. This will lead to further understanding of the early development of the embryo and improvement of our diagnosis. In terms of molecular diagnosis, we plan in the coming years to extend the offer of inherited diseases on offer. However, the main aim still remains help for a greater number of couples in making their families complete.



WHAT DOES YOUR PERSONAL WORK IN THE ESHRE PGD CONSORTIUM CONSIST OF?

I work as a member of the eight-member steering committee of the ESHRE PGD Consortium. This involves taking part in committee meetings several times a year and actively participating in specialist discussions and conferences. An important meeting of the sub-committee for accreditation of PGD centres in Europe awaits me at the end of the summer. I am also participating in the work of the sub-committee for creation of a uniform terminology for PGD methods. I am in e-mail contact with members of the committee several times a week and we work continuously on current tasks. It is demanding, but there is a point to the work. What is more, the committee is made up of very nice and professionally interesting people who I enjoy meeting.

AND YOUR PERSONAL GOALS?

You have surprised me now. More time for my family I suppose. And also for sports. For my mind to work I need to give my body and muscles an airing several times a week. After that everything is in order and I am at ease.

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CHIEF DOCTOR
Doc. MUDr. Aleš Sobek, CSc.



THE SCOPE OF SERVICES OFFERED

In Vitro Fertilization (IVF), ICSI, IUI, TESA, MESA, AH, Sperm, Egg and Embryo Donation, Cytoplasmic transfer, Preimplantation diagnostic (PGD), Genetic counselling and chromosomal evaluation, Transvaginale Hydrolaparscopy

LANGUAGES FOR COMMUNICATION
English, Russian, German



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CHIEF DOCTOR
Vladimir Bouse, MD

THE SCOPE OF SERVICES OFFERED

In vitro fertilisation (IVF), Intracytoplasmic sperm injection (ICSI), surgical sperm extraction (MESA/TeSE), embryo and sperm cryo-conservation, cryo-embryotransfer, blastocyst transfer, ovulation induction, assisted insemination, egg and sperm donation

LANGUAGES FOR COMMUNICATION
German, English, French



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**INTERNATIONAL QUALITY
CERTIFICATE OR OTHER REFERENCE:**

CHIEF DOCTOR
Prof. MUDr. Ladislav Pilka DrSc.

THE SCOPE OF SERVICES OFFERED

Ovulation induction/development and release of eggs/
Intrauterine Insemination/IUI/
In vitro fertilisation /IVF/
Intracytoplasmic sperm injection/ICSI/
Extended embryo cultivation
Assisted hatching
Cryoconservation and cryoembryotransfer/
KET/
Egg and sperm donation
Preimplantation genetic diagnosis/PGD/
MESA/TESE

LANGUAGES FOR COMMUNICATION
English, Russian



As it's said in politics "across the whole spectrum"



Interview with MUDr. Pavel Muller



MR DOCTOR, HOW LONG HAVE YOU BEEN RUNNING YOUR PRI- VATE GYNAECOLOGICAL CONSULTING ROOM?

The Plagyn consulting room has been in operation for the second year.

WHAT DO YOU SEE ITS ADVANTAGES IN?

In the empathetic and intimate atmosphere as well as behaviour, individual approach to particular female patients or couples, in case of urgency the adaptation of the doctor's office hours to the patient's possibilities.

WHAT DO YOU PUT EMPHASIS ON WHEN COOPERATING WITH THE CLIENTS?

On patience and the adaptation to female patients' requirements. On the considerable personal contact which can never be reached in large institutions. A quality technical equipment of the consulting room is important as well and experience and expertise is commonplace.

WHAT FEMALE CLIENTS DO VISIT YOUR CONSULTING ROOM?

As it's said in politics "across the whole spectrum", thus both the young ones and the women in their retirement age, women who want to get pregnant as well as those who don't want, businesswomen, housewives, female students ... Czechs, Russians, Englishwomen, Ukrainians, Hungarians, some insured in the Czech Republic, some not insured.

WHAT PROBLEMS DO YOU FIND MOST FREQUENTLY WITH WOMEN?

I think it's a common spectrum as in any other gynaecological consulting room, perhaps there will be some more female patients requiring sterility examination and then, in greater age, those whom some operation has been recommended and they come to take advice or agree directly on execution of the intervention in question.

ARE THE REQUIREMENTS OF FOREIGN FEMALE CLIENTS DIFFERENT IN ANY WAY?

Basically not, just their visiting discipline somewhat lags behind the Czech female patients.

IN YOUR OPINION, DO WOMEN CARE FOR THEIR HEALTH ENOUGH?

I guess they mostly do, but the truth is that I can see only those who basically attend the gynaecology regularly. Sometimes a woman appears who undergoes the gynaecological examination after fifteen up to twenty years and in addition to that she is appropriately stressed out from the expectation of what all the gynaecologist may find.

IN YOUR OPINION, IS THERE SUFFICIENT HEALTH EDUCATION IN YOUR BRANCH OF KNOWLEDGE?

In times of internet and untransparent quantity of women's magazines, I think, there is too much health education or rather articles on gynaecological problems and understandably, the more the authors, the more the opinions may differ. For a layman it can present

a problem to orient himself in this surfeit of information. The absolute height of disinformation are then various chats which, whatever they may concern in medicine, are filled with the opinions of laymen and the mosaic of their experiences. Unfortunately, sometimes it is obvious that a woman that has given two births understands obstetrics and the course of pregnancy more than the doctors and professors at the clinics!

IN YOUR OPINION, WHAT'S MISSING HERE?

I think that the Czech medicine is on a very good European level. Especially the political will to a health service reform is missing.

WHAT TECHNICAL EQUIPMENT DO YOU HAVE AT DISPOSAL AND WHAT KINDS OF EXAMINATION CAN YOU OFFER TO YOUR FEMALE PATIENTS?

For good work it is necessary to have a quality ultrasonic instrument with both abdominal and vaginal probe, top-class colposcope and, of course, a good (and nice) examination table.

Administration facilities such as personal computer, printer and so on are the necessity.

So I can, except for the usual gynaecological examination, offer yet another detailed ultrasonic gynaecological and also obstetric examination, colposcopy, in addition to that the whole range of examinations from blood collections - endocrinology, blood count, biochemistry, further microbiological collections including nowadays current HPV, cytology and so forth.



Further I'm offering the complex of preoperative gynaecological examinations, arrangements for operation, execution of operation, following postoperative care, thus the care of one physician throughout this cycle when the patient needs not to get used to a new medical face during each visit of the health-care facility.

I'm cooperating with the majority of IVF (In Vitro Fertilisation) centres in Prague, too.

WHAT'S YOUR CREDO OF THE LIFE?

Keep smiling!

WHAT'S YOUR WISH FOR YOUR WORK IN THE FUTURE?

The peace for work and the health above all.

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Male Infertility



Increasing infertility is world-wide problem. More than 15% of couples are childless in developed countries and the number is still increasing.

We can talk about infertility when woman is not pregnant after one year of regular intercourse 2 to 3 times a week, without using contraception.

The female reproductive period is rather limited. It lasts for about 25 years from the first ovulation, till the last menstrual bleeding, which means the menopause. And when woman is healthy she produces only one mature egg every month. However a healthy man produces sperms all his adult life, until the end of his life. So even very old men are able to produce sperms if they are healthy. On average a healthy men produces about 30 million sperms every day.

Over the last 10 years, doctors who specialize in infertility treatment have started shifting their focus on men. This is because the number of infertile men has increased dramatically. Now men are a partial or a sole cause of infertility in more than 50% of infertile couples. According to WHO, men are responsible for infertility in 53% of infertile couples, while women are responsible for 45%. The reason for infertility in the remaining 2% cannot be explained.

What are the most common causes?


- 1) The most frequent disorders are caused by hormonal imbalance.
- 2) Another reason may be the so called varicocele testis, which results dilatation testicular vessels and insufficient supply of blood in testis. If diagnosed early enough this disorder can be fixed by surgery and the quality of sperm can be improved.
- 3) Another reason is called kryptorchismus. It means, that men's testis stay in the groin. If the child is born with kryptorchismus it is necessary to start hormonal treatment in the first year of his life and if after one year the situation does not improve, it is necessary to operate on him.
- 4) Sexual transmitted diseases (STD) without proper treatment can also result in infertility. The most common pathogens are Chlamydia trachomatis, Ureoplasma urealyticum, Mycoplasma hominis, Neisseria gonorrhoea, Enterococcus faecalis, Escherichia coli and Trichomonas vaginalis. Some of these bacterial pathogens besides infections can cause to make antispermatic antibodies.
- 5) Infertility can also be connected with the man's immunity.
- 6) Chronic illness as diabetes mellitus or thyroidopathy without good compensation can be a reason of male infertility.
- 7) Some genetic disorders can also be responsible for male infertility. For example in the Gulf area is often sickle cell anemia, which causes occlusion of vessels in male genital with hypoxia and result is bad sperm quality and thalassemia which results in cumulation of iron in the testes and the hypophysis. Also some chromosomal abnormalities are cause of male infertility, for example Klinefelter syndrome 47XXY and Sex reversal 46XX syndrome.

The possibility of diagnosis: in childhood the examination by neonatologist (kryptorchismus) and check up to the adult age (varicocele testis). In adult age: past medical history, body examination, semen analysis, penetrator tests, hormonal laboratory examination, ultrasonography.

On this time it is possible to treat some types of male infertility by analog GnRH and hCG (kryptorchismus), hormonal changes by hCG, hMG, androgens, dopamin agonists, kalliginogenesis. Infection by antibiotics, another conservative treatment as vasodilators is sometimes possible. By the surgery it is possible to treat

kryptorchismus (orchioepexis), varicocele. Because the range of medical treatment of male infertility is rather limited we often use assisted reproduction a specially Intracytoplasmic Sperm Injection (ICSI) and if they are no sperms in the ejaculate we can extract either directly from the testis. The name of this procedure is MESA or TESE.

Assisted reproduction is a very important way of the treatment of infertility. It includes simple methods, for instance the intrauterine insemination and tubal perfusion. In this procedure sperms obtained from a partner and treated in a special fluid in advance are transferred in this fluid directly into the uterine cavity. These methods are applied when antibodies contained in the cervical mucus prevent a free movement of sperm or when only a limited number of healthy sperms is available. Another and more complicated method is represented by fertilization in a probe – In Vitro Fertilization (IVF). In this case eggs already fertilized (embryos) are transferred into the uterine cavity (embryo transfer, ET). IVF is used the most often when female has an occlusion of fallopian tube or a heavy disturbance of fertility in man partner. Patients must be prepared for IVF in advance by a hormonal treatment. Afterwards a doctor under control of ultrasonography performs aspiration of mature eggs from ovaries by vaginal puncture in the short general anesthesia. Embryologist is responsible for the performance of fertilization of eggs by partner's sperm in a special fluid. After some time of incubation in sterile conditions fertilized eggs are transferred to the uterine cavity. If quality of sperm is very bad or if they are no sperms in ejaculate it is necessary to use microsurgery procedure and extract sperms directly from the testis (MESA or TESE). After this procedure it is necessary to use ICSI.



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THE SCOPE OF SERVICES OFFERED
 The advantage of the IVF Centre is that it is a part of the UPMD and therefore it offers not only infertility treatment but also subsequent complete care after successful impregnation of the woman, including her childbirth and post-natal care.

LANGUAGES FOR COMMUNICATION
 English, French, Russian

Human papillomavirus and carcinoma of cervix uteri



Cervical carcinoma is the second-most frequent reason of death on after-effects of cancer among young women (15–44 years old).

Human papillomavirus (HPV) has been identified in about 99% of cervical carcinomas. HPV are present in 68 % of adenocarcinomas, the most frequent type of cervical carcinomas.

The most common types of HPV are 16, 18 and 45. Scientists

discovered more than 200 types, and about 40 types are typical for anogenital area. HPV is one of the most spread sexual transmitted infection, more than 75 % of women meet with the virus during their sexual activity. Most of the infections are latent, transitory, woman's organism eliminates the virus and the infection spontaneously fades away.

Some types of virus can persist and those are risk for the rise of abnormal cells, carcinomas or other types of mucous lesions, like genital warts. In most cases is afflicted with virus cervix of uterus, which is the part of uterus connecting upper part of uterus and vagina. Vagina is afflicted less frequently.

HPV testing is possible to provide and depends on decision of gynaecologists. (Gynecologists can provide the HPV testing according to their decisions). Cell sampling is similar procedure to providing PAP smears. It is advisable to provide the HPV testing only in reasonable cases.

In September 2006 the European Committee on safety of medicines accorded permission of using vaccine Silgard / Gardasil / Merck and Co., Inc. Silgard is vaccine against the type 6, 11, 16 and 18 of human papillomavirus. Vaccine is set for kids of age 9–15, and for young women of age 16–26.

Vaccination is a prevention of rising atypical and abnormal cells, precarcinomas, carcinomas and other lesions, originated under influence of those types of HPV infection. Vaccination can reduce the risk of the rise of cervical cancer, but it cannot avoid necessity of regular investigations, necessity of all forms of screening, like colposcopy, PAP smears, targeted biopsies.

For full vaccination is necessary to fit in 3 doses of vaccine, the second one 2 months after the first one and the last one 4 months after the second one. Vaccine is dosed by intramuscular way.

Prevention is the right way how to reduce the risk of HPV infection - consequences. On the present it does not exist verified treatment of HPV infections. Immune system of organism enough disposes for virus elimination. The treatment of consequences of HPV infection is surgical, chemotherapeutic or radiological.

*MUDr. Jana Šklíbová
 gynekolog a porodník*

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Endometriosis

– a frequent cause of female infertility

Endometriosis is an affection, which can cause a lot of suffering to women. Pelvic pain and infertility are the typical symptoms. Endometriosis is one of the most common diseases in women who are in fertile age. Though women not even some physicians have a few information about it. In our Obst and Gynae Department we very often meet the fact that endometriosis as a cause of infertility has not been correctly recognised and treated. We have been studying and treating endometriosis intensively many years, we created specialized Endometriosis treatment Center. Interconnection between the Center of Assisted Reproduction and the Endometriosis treatment Center is considered to be an optimum – background of experience, demanding sanitary equipment and possibility of cooperation between particular specialities are the basic conditions for the successful treatment.

What is the history of endometriosis?

For the first time endometriosis was mentioned in specialized literature in the second half of the 19th century. In the concrete in 1860 endometriosis was described by Rokitsansky, more information revealed Sampson in twenties of the 20th century. An increasing number of women with endometriosis lead to intensive research of this disease which has been lasting from eighties of the 20th century up to this day.



On our Clinic we have been deeply concerned with endometriosis since seventies of the 20th century (professor Čupr). An attention has been focused on infertility treatment (the first Assisted Reproduction Center in history of former Czechoslovakia, the first test-tube baby born in 1982).

Why is endometriosis more frequent these days?

Endometriosis is rightly considered as one of the diseases which raised up with development of civilisation. At present the feminine organism is much more exposed to estrogen's influence than before (estrogens are produced by ovaries and affect tissues such as an endometrium and a lacteal gland). Also the time of the estrogen production is longer. The age when menarche occurs is lower and the age of menopause become higher. Also number of children in one woman is smaller and the breastfeeding period is shortened.



These all are the factors which used to be protective against long term estrogen exposure. Except the epidemic of endometriosis a fast rise of other important illnesses can be seen. The mechanism of their uprise is the same. In the concrete genesis of endometrial malignancies and breast cancer.

What is the news in the research of endometriosis?

The most interesting in the research of endometriosis are findings about the mechanism which protects endometrial cells against defensive systems of organism. These cells should be recognised as heterogenous and destructed by the immune system. Another interesting fact is that many mechanisms of endometriosis growth are the same as the mechanisms of tumor growth. Simply the cells get out of control. Also study of gene factors and hereditary predispositions worth mentioning.



How does the research help in practice?

Except the basic research of the causes of endometriosis a huge attention is focused on it's treatment. As a result of this care is creation and specialisation of Centers addressed to endometriosis.

The complex therapy is the most efficient – hormonal block of the ovaries, surgical treatment of endometrial spots, assisted conception, prevention. Optimal policy needs sufficiency of experience and an individual attitude.

What is the structure of patients treated in our Center?

The work of our Endometriosis treatment Center is closely associated with the Center of Assisted Reproduction. Infertility and pelvic pain are the basic symptoms of endometriosis. Prevalent are women with conception problems. Some of them have already underwent many cycles of IVF without success in another workplace where the origin of infertility had not been explored. Hereat treatment of incurable forms of endometriosis can make spontaneous conception possible. We can demonstrate it on many cases. In the last year almost 180 laparoscopic surgeries were performed. Endometriosis is found in approximately 40% of this selected group and is very often combined with other infertility factors. Another part of our clients is composed of the patients cured for chronic pelvic pain.



How has the treatment of endometriosis changed?

Let us show you an example. Two months ago 19 - year old female visited our clinic with



lower abdominal pain. An extensive endometriosis was identified with endometrial cysts of both ovaries and a small pelvis adhesions. We can demonstrate development of the therapeutic attitude in the separate time periods.

In the first half of the 20th century both ovaries and probably also the womb would have been removed with no chance to get pregnant. Also hormonal production cessation would have brought a severe problems as hot flushes, depression.

In the second half of the 20th century both ovaries would have been removed by large laparotomy followed by the high dosed hormone therapy for almost one year.

On the present in our Center endometriosis is treated by laparoscopy from four incisions which are one centimeter long. By laparoscopy the cysts and adhesions are removed and hormonal treatment follows. The patient is followed up in our Center. Fertility stays preserved.

How is the treatment financed?

Pharmaceuticals for the hormonal blockade of endometriosis are fully covered by insurance companies as well as surgery. When the treatment is reasonable we do not have any problem with auditors. In general are the costs limited by the maximal reimbursement for the hospital. When we get over the limit we are recoured and we have to pay all costs.

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ISO DIN EN CSN 9001 : 2000

CHIEF DOCTOR
Pavel Čermák, M. D., Ph. D.

THE SCOPE OF SERVICES OFFERED
Diagnosis of infertile couples
– genetic, hormonal, biochemical
IUI – intrauterine insemination
Assisted reproduction techniques – IVF and ET
Micromanipulation techniques:
ICSI – intracytoplasmic sperm injections
IMSI – intracytoplasmic morphological selected sperm injections
AH – assisted hatching by laser
Cryokonservation of gametes
Donors programme /sperm, oocytes, embryos/
PGD – preimplantation genetic diagnosis
MESA – microchirurgical sperm aspiration
TESA/TESE – testicular sperm aspiration/extraction
Prenatal diagnostics
/amniocentesis, cordocentesis/

LANGUAGES FOR COMMUNICATION
English, German, Polish, Russian, Slovak



The Center of Assisted Reproduction

Department of Gynecology and Obstetrics
Faculty Hospital and Masaryk University of Brno

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www.ivfbrno.cz

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OR OTHER REFERENCE
ISO 9001:2000
Certificate of Accreditation E. B. C. O. G.
(The European Board and College)

CHIEF DOCTOR
Prof. Pavel Ventruba, M. D., DrSc.

THE SCOPE OF SERVICES OFFERED
• Complex infertility diagnostics and treatment
• Assisted reproduction techniques – IUI, IVF, ICSI
• Preimplantation Genetic Diagnosis (PGD)
• Cryopreservation of gametes, embryos and germinal tissue
• Surgical sperm retrieval - MESA, TESE
• Donation of gametes and embryos
• Treatment of complications of ART
• Care of pregnancies resulting from ART
• Development and introduction of new methods and techniques of ART

LANGUAGES FOR COMMUNICATION
English, German



**Nongovernmental health-care facility,
MUDr. (MD) Dana Šinágllová –
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E-mail: gynekologie@ppchc.cz
www.sanus.cz

INTERNATIONAL QUALITY CERTIFICATE OR OTHER REFERENCE

ISO 9001:2000
(Moody International Certification – 28. 7. 2005/n. 24406)

CHIEF DOCTOR

MUDr. Jiří Štěpán, CSc.

THE SCOPE OF SERVICES OFFERED

- Complex diagnosis and treatment of female and male infertility
- Genetic counselling
- Intrauterine insemination (IUI)
- In Vitro Fertilization (IVF)
- Intracytoplasmic sperm injection (ICSI)
- Extended culture with elective single embryo transfer
- Assisted embryo hatching (AH)
- Gamete and embryo cryopreservation
- Surgical sperm retrieval (MESA, TESE)
- Egg, sperm and embryo donation
- Treatment of ART complications
- Care of ART pregnancies



LANGUAGES FOR COMMUNICATION

English, German



GENNET s. r. o.

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www.gennet.cz

INTERNATIONAL QUALITY CERTIFICATE OR OTHER REFERENCE

Certificate DIN EN ISO 9001:2000

CHIEF DOCTOR

MUDr. Milada Brandejská

THE SCOPE OF SERVICES OFFERED

Complex infertility treatment
Egg donation
Preimplantation genetic diagnosis
International IVF service
Prenatal diagnostics (AmnioPCR)
Genetic counselling

LANGUAGES FOR COMMUNICATION

English, German



Centrum asistované reprodukce Sanus

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ISO 9001:2000
(firm Moody international certification – 28. 7. 2005 / n. 24406)

CHIEF DOCTOR

MUDr. Michal Skurla

LANGUAGES FOR COMMUNICATION

English, German



ASSISTED REPRODUCTION CENTRE SANUS JIHLAVA

The Assisted Reproduction Centre Sanus Jihlava is a fully independent health-care facility established in 2005 and which has been working under the technical supervision of the health-care facility in the town of Hradec Králové. All diagnostic and therapeutic procedures with patients suffering from fertility disorders are carried out by an experienced personnel here. This workplace has been equipped with a state-of-the-art technical facility that is available in this field of medicine at the present time.

The comprehensiveness of this facility that co-operates with the gynaecologic-obstetric department and according to need realises needed examination and curative methods, is a great advantage.

The health care provided in this facility is reimbursed by an insurance company and the patient only reimburses the performances which the insurance company does not pay.



Sanatorium ART

CENTER OF ASSISTED REPRODUCTION

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Fax: +420 386 358 296
E-mail: sanatoriumart@sanatoriumart.cz
www.sanatoriumart.cz

INTERNATIONAL QUALITY CERTIFICATE OR OTHER REFERENCE

ISO 9001 : 2000

CHIEF DOCTOR

Vladimír Špička, MD

THE SCOPE OF SERVICES OFFERED

SANATORIUM ART IS THE ONLY ESTABLISHMENT IN THE SOUTH BOHEMIAN REGION USING THE METHOD OF EXTRA-BODY IMPREGNATION.

Intra Uterine Insemination (IUI), In Vitro Fertilization (IVF), Intracytoplasmic Sperm Injection (ICSI), Surgical Sperm Retrieval (MESA, TESA, TESE), Assisted Zonal Hatching (AZH), Cryo-preservation of sperm and embryos, Sperm Donation, Egg Donation, Embryo Donation, Preimplantation diagnostic (PGD), Genetic counselling and chromosomal evaluation, Transvaginale Hydrolaparoscopy

LANGUAGES FOR COMMUNICATION

English, German



Parga

The town of Parga has got the character of an island with a traditional Venetian architecture and is a part of the Ephyrus District and is located in north-western Greece opposite the Ionic Islands – Korfu (Nés Kérkyra), Paxos and Anti Paxos. With its location and atmosphere it ranks among the most picturesque Greek towns. It has been built in the shape of a semi-circle above the sea, it has got the character of an island with a traditional built-up area and narrow lanes paved with stones. The Ephyrus District is the most mountainous part of Greece with its unrepeatabe beauty and cultural identity. It stretches from the peaks of the Pindhos Range, where last Greek bears and wolves are living, to the shores of the Ionic Sea. You can find here a varied mixture of sea-side resorts, lagoons and estuaries.



Parga lies on the edge of the glittering Ionic Sea, surrounding hills are covered with olive trees, cypress trees, platans, eucalyptus trees and pines. It is a favourite seaside resort which all age groups love thanks to its labyrinth of narrow lanes, small shops and little houses with red roofs, above which the ruins of the Venetian fortress are towering. The view of the castle from the period of Venetian domination and of the islands close to the port with a picturesque little church is typical. The taverns at the sea front offer typical Greek meals together with tasty local wines. Colour small ships cruise the port, some of them transport the visitors to the surrounding gorgeous beaches. The rhythm of life is slow and restful, but toward the evening the town comes alive with an international atmosphere.

The beaches are the pivot of the life in Parga, but the surrounding country is worth exploring it as well. There is a large offer of various trips here. In Parga there is no mass trend, you will find no high hotels - everything is being kept charmingly tiny.

In antiquity the town was called Parageiros, Paragaia or Hypargos. From this last name the today's one has been derived. In 1337 a Venetian ruler took Parga and it became one of the main towns of Ephyrus. The Ephyrus District is the most mountainous region of Greece and it possesses its own beauty and cultural identity. The district is divided into four administrative regions: Ioannina, Thessprotia, Preveza and Arta. Parga is situated in the region of Preveza.



In 1365 Parga shifted from Paleopyrgos down to the present location. Parga was under the protection of Normans. The Venetians and later the Turks followed the Normans who got the fortress built here in the 14th century. Especially under the rule of Venetians Parga experienced a great economic boom. In 1537 it was captured and



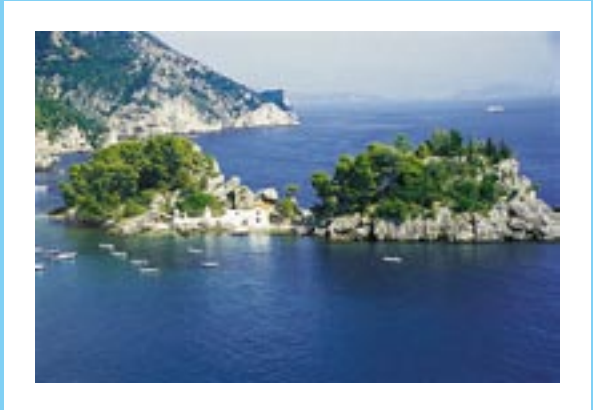
destroyed by pirate Barbarossa. Later in 1540 a gradual reconstruction and resettlement under the rule of Venezia occurred.

The construction of the fortress having today's appearance took place about 1572. Since 1797 Parga was under the rule of the French and since 1814 under the rule of the English. The English sold the town to Ali Pasha, thereupon in 1819 the inhabitants fled Parga to Korfu and only one century later they came back to their homeland. In 1963 Parga was declared to be a prominent touristic place of Greece.

Months	4	5	6	7	8	9	10
air temperature in °C	20	24	28	30	31	27	24
water temperature in °C	17	20	22	24	25	24	23

Climatic Table – Parga

www.viamare.cz



MUDr. ROMAN KUřA, PLASTIC SURGEON AND BEARER OF THE CZECH MEDICAL CHAMBER LICENCE IN THE FIELD OF PLASTIC SURGERY, GRADUATED FROM THE LONG-TERM SCHOLARSHIP IN GREAT BRITAIN AND WORKED AS A PLASTIC SURGEON IN GERMANY. HE SPECIALISES IN COSMETIC SURGERY, SURGERY OF HAND AND MICROSURGERY. APART FROM HIS PRIVATE PRACTICE IN PERFECT CLINIC, HE ALSO WORKS AT THE PLASTIC SURGERY CLINIC OF BULOVKÁ TEACHING HOSPITAL IN PRAGUE. HE IS A MEMBER OF JEP ASSOCIATION IN THE FIELD OF PLASTIC SURGERY, AESTHETIC SURGERY AND SURGERY OF HAND, FURTHERMORE HE IS A MEMBER OF THE ASSOCIATION FOR LASER APPLICATION IN MEDICINE AND A MEMBER OF THE INTERNATIONAL CONFEDERATION FOR PLASTIC RECONSTRUCTIVE AND AESTHETIC SURGERY (IPRAS.)

What kinds of problems do the clients visit you with?

The incoming patients require both cosmetic operations and operations for the health reasons as well. In the first instance the enlargement of breasts and sucking off the fat from trouble corporal parts, thus liposuction, is the most frequent desire at present. In the second instance this is mostly the question of the reconstruction of breasts after their removal because of a tumour.

How do you view plastic surgery from an expert’s point of view?

The plastic surgery is relatively a wide field of study. This is not just the question of cosmetic operations, but the plastic surgery solves the problems of inborn defects, skin tumours and skin defects as well. The stand-alone sphere – surgery of hand – solves inborn defects as well as the treatment of hand after injury including the replantation of amputated parts of limbs. A plastic surgeon also carries out reconstruction operations, for example, of breasts after their removal. So the plastic surgery solves these and other

problems and is apparently a great contribution in terms of medicine. In some aspects cosmetic or aesthetic surgery differs from operations for the health reasons. A patient comes voluntarily to undergo a surgical intervention, isn't ill and the only wish he has is just to modify his body and its part, respectively. It can seem to many people that this is the question of a mere human freak. These operations do really help to people. Anyway complexes can trouble a man minimally in the same way as health imperfections. We've all got the right of getting rid of the mental suffering. It's no exception that a client after the surgical intervention at the plastic surgery department will change positively as far as the outward appearance and inner temper are concerned. Naturally the operation must be well indicated and the physician must be sure that the operation can help to correct any patient's defect whether inborn or acquired. The nonsensical patients' requirements which are not a good solution must be refused.



breasts enlargement (augmentation)



liposuction



breasts reconstruction

Then I evaluate whether his requirements are achievable and meaningful and to get that I need to move the client to relatively wide openness and frankness. During the consultation I must learn as much necessary information as possible.

It can seem to many people that this is the question of a mere human freak. These operations do really help to people. Anyway complexes can trouble a man minimally in the same way as health imperfections.

What are the boundaries of contemporary plastic surgery?

The development of the whole medicine is moving fast ahead. The same is valid for the plastic surgery, too. What was unthinkable fifteen years ago, today is commonplace. And this trend is going to last. Artificial materials for breast enlargement, filling of wrinkles and lips are commonly used at present and endoscopic face operations are being made ... It's possible to alter your face literally from fundamentals, remodel the shape of eyes, nose, lips and cheeks. Operations of the kind of gender are being carried out. Of course, everything isn't possible by the wave of a magic wand, because this is always the question of the medical intervention and this matter must be approached in this way and nothing can be played down.

With what problems do the clients visit you most frequently in this field?

As I already said before, the greatest interest is in breast enlargement, liposuction, operations of face and nose. Women who underwent the ablation of breasts and require their reconstruction create a large group as well.



May it sometimes happen that a client is demanding a surgical intervention which isn't quite suitable for him? Are there any ethical aspects?

First of all the physician must be certain that the operation will help the client and makes sense. In opposite case he shouldn't execute the operation. A certain group of patients has really unrealisable requirements. The relatively frequent wish of obese people, to get rid of excess kilos by means of the liposuction, ranks among them. They demand body modelling by sucking off the fat instead of a reduction diet.

Do the requirements and ideas of foreign clients differ from that ones in the Czech Republic in any way?

Basically the requirements don't differ. The foreknowledge of the patients is very good in our country, too. The clients are often familiar with the operation procedure, know what they want and aren't too much taken by surprise.

What are the advantages of your Perfect Clinic workplace, what all does it provide the patients with?

The basic credo is a highly professional approach on the basis of sufficient experiences of the team of operators. The location of Malvazinky clinic on a quiet place with parking facilities certainly ranks among its pluses. The background which is equipped with an intensive care unit and continuous medical service is very important. Possibility of communicating in three languages or in the presence of woman translator directly on the spot is a pleasant fact for the foreigners who plentifully look for the Czech plastic surgery for its renown.

MUDr. (MD) ROMAN KUřA

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(Perfect Clinic - Plastic and Aesthetic Surgery Centre)

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KUřA

PHARMANORD

The welcome help



Dr. Walter Linzer

In its official documents the World Health Organization talks about obesity to be the plague of the 21st century. The occurrence of this disease assumes epidemic proportions in some countries. The figures for the Czech Republic are alarming: in the population over 20 years the overweight women comprise more than 50 % and men more than 60 %. There is, however, a certain group of people there who by no means can be termed obese, yet sometimes even all they life long suffer mentally from reasons of a silhouette deformation. This deformation is caused by an accumulation of subcutaneous fat in certain body areas, so called problem zones. Particularly this is the question of outer and inner sides of thighs, lower abdomen, inner knees, rarely then the upper half of abdomen, arms and the buttock. We have talked about the way of getting rid of these undesirable fat-pads to the surgeon and specialist in bodyshaping, Dr Walter Linzer.

MR DOCTOR, CAN YOU TELL US HOW YOU YOURSELF PERFORM LIPOSUCTION AND WHERE DO YOU SEE ADVANTAGES OF YOUR METHOD?
One of the greatest advantages is the fact that the surgical intervention is carried out only by means of ambulatory methods, in any case the patient can have a meal before that. A vast preoperative examination can be left out, we require the blood count only. Because of the fact that a total narcosis can be left out, no hospitalisation is needed and this projects very favourably into the price of surgical intervention. The patient will stay 3–4 hours at the clinic.

Within the first hour a great quantity of special lotion, which apart from other things also contains the substance for local skin and subcutis anaesthetisation, is put into the adipose tissue very slowly usually painlessly. For this quite new method of anaesthetisation the name tumescent local anaesthesia has become common in the world.

The word “tumesence” is of Latin origin and means “swelling”. And there actually lies a secret of the whole method in that.

During another hour, when the client is lying calmly, fat cells are literally greedily sucking this liquid in them, soften and aspiration.

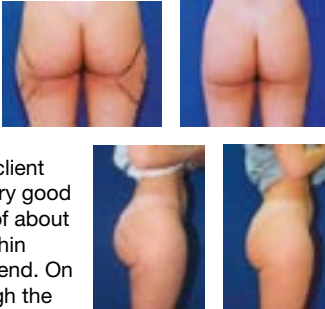
Within the following third hour the liposuction itself is then being carried out by special, only 2–3 mm thick cannulas. Little skin wounds caused by them are then treated with a thin narrow adhesive plaster. The suture is cancelled completely.

WHEN THE FAT HAS BEEN SUCKED OFF PAINLESSLY IN THIS WAY, DOESN'T THE SKIN THEN REMAIN PERMANENTLY SLACK IN THIS AREA OR DON'T ANY SKIN FOLDS EVEN EMERGE?

Nothing such will occur, namely nor even with the older ladies. My oldest female client was 75 years old, I also saw very good results with the female clients of about sixty. The trick lies in that that thin cannulas have got an rounded end. On their smooth penetration through the adipose tissue no lesions of fine veins and nerves occur and also the so-called skin hang-apparatus remains quite intact. Hence when the superfluous fat has been sucked off, thanks to this intact apparatus the skin stretches out completely within 2–3 weeks. Wearing a special tailored elastic garment for about 14 days helps to the skin a little bit simultaneously.

THE WHOLE SURGICAL INTERVENTION IS NOT THEN PAINFUL, BUT WHAT ABOUT HOURS AND DAYS FOLLOWING AFTER THAT?
From my own experience I can say responsibly that 95 % of clients do neither after the intervention nor in following days need any medicaments to ease the pain. To support this assertion I can add that the duration of disablement is 1–2 days. Sport can be practised after two weeks approximately.

CAN THE FAT IN THE SUCKED-OFF AREA GROW UP?
Our body has a total quantity and arrangement of adipose (fat) cells predetermined genetically from the cradle. They are capable of getting larger up to hundred times, but they have got no capability of reproduction. So if they were liquidated by suction, the sucked-off area can never acquire original thickness.



AND WHAT ABOUT THE CLIENTS' TOTAL CONTENTMENT?
95 of 100 are as content as me after the surgical intervention. Quite a small painless correction is needed with 3 – 5 % after several months. It's better a small rest of fat to suck off, than to suck off too much at the first surgical intervention. Thereby the aesthetically very ugly hollows, which later can be very hardly corrected, could emerge.

WHOM YOU DON'T RECOMMEND THIS SURGICAL INTERVENTION TO?
The liposuction can not be done to the people taking specific drugs, to those with total obesity and to the people who expect sorting-out partnership problems by it.

WHO MAKES UP THEIR MIND ABOUT THIS SURGICAL INTERVENTION MOSTLY?
It's the people unsatisfied with their body and those who have failed with all dietary measures.

MR DOCTOR, WHAT YOU HAVE SAID TO US UP TO NOW MUST BE LIKE MUSIC TO THE EAR OF THE OBESE. SIMPLY ONE TAKES A SUCKING CANNULA AND THE PROBLEM IS OVER ...
In no case is the liposuction more comfortable method for reduction of superfluous fat at total obesity. Also all the offered miraculous tablets, teas, devices and diets are failing here. In the final analysis, as millions of obese people all over the world can confirm, their purse gets thinner at the most.

That's why I recommend to consult a physician – dietologist.

The liposuction in tumescent anaesthesia offered by us is a verified worldwide tested effective method of permanent removal of fat deformities which resist to diets and exercises as well and which give the by-nature unjustly affected people a hard time.

Non-obligatory discrete consultation with a specialist of my branch may offer them a solution of the problem.

In the end I would like to add that most of my clients is very kindly surprised by painless course of the whole surgical intervention and a great rise in life optimism can be watch with them. As if a new life balance had come with new nice body contours back to them.

THANKS FOR THE TALK

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A GOOD AESTHETIC SURGEON (PRINCIPLES OF THEIR RECOGNISING):

- CONSULTATION WITH HIM TAKES A SUFFICIENTLY LONG TIME.
- TELLS A RELATION OF PRICES OF THE SURGICAL INTERVENTION AND LEAVES A THINKING TIME.
- DOES NOT SPEAK BADLY ABOUT THE OTHER PHYSICIANS.
- AN ERUDITE AESTHETIC SURGEON IS AN ARTIST AND PSYCHOLOGIST.
- IN CASE OF A PSYCHICAL PROBLEM HE TRIES TO DISCOURAGE THE CLIENT FROM THE SURGICAL INTERVENTION.
- SHOULD BE A MEMBER OF RENOWNED INTERNATIONAL SOCIETY IN HIS BRANCH.
- CLINIC WHERE HE WORKS HAS GOT AN ANAESTHETIST, POSSIBILITY OF POSTOPERATIVE CARE AND IS READY FOR UNEXPECTED EVENTS.
- DOES NOT OFFER COMPUTER ANIMATIONS AT ANY COST.
- RADIATES COMPETENCE AND TRUSTWORTHINESS.
- REFERS YOU TO THE OTHER CONSULTATION WITH ANOTHER PHYSICIAN AND SENDS YOU TO HIS FRESH PATIENTS.

This year MUDr. Linzer celebrated 10 years of continuous work and activities in aesthetic surgery specialized in liposuction.

Prague Plastic Surgery

MUDr. Tomas Dolezal

Prague Plastic Surgery, led by MUDr. Tomas Dolezal is a private plastic surgery clinic located in the center of Prague.



Its area of specialization is in plastic surgery for aesthetic purposes. The clinic is equipped with state-of-the-art facilities and provides a welcoming atmosphere. Alongside a large operating room, the clinic has an experienced and compassionate staff to guide you through even the most complex aesthetic surgical procedures. Examinations and pre-operative consultations are considered a given when undergoing surgery. Individual rooms for in-patients come equipped with private bathrooms, televisions

and telephones. Much attention is given to maximum comfort, privacy, post operative care which is accompanied by non-stop patient monitoring by trained medical personnel. The clinic offers the following operations.

Dr. Tomas Dolezal, born in 1967, studied medicine in Prague (Medical College of Charles University). After graduating in 1991 he worked in the eye surgery department at Kladno Hospital and then from 1993 at the surgical clinic of the General University Hospital in Prague. In 1996 he obtained his first qualification in surgery. From 1996 to 2002 Dr. Dolezal worked with the surgery team at the Plastic Surgery Dept. of the Prague Institute of Medi-

- **FACELIFT**
- **NOSE RESHAPING**
- **EYELID SURGERY**
- **EAR OPERATIONS**
- **BREAST AUGMENTATION**
- **BREAST LIFT**
- **BREAST REDUCTION**
- **FOREHEAD LIFT**
- **LIPOSUCTION**
- **TUMMY-TUCK**
- **HAIR TRANSPLANTATION**

cal Cosmetic and at the Plastic Surgery Clinic of the University Hospital within the framework of a long term attachment. In 2001 he obtained his qualification in plastic surgery and received a licence from the Czech Medical Council in this discipline. Dr. Dolezal has been on specialist attachments in the USA, Great Britain, Austria, Germany and Greece. In 1999 he gave a paper at the plastic surgery world congress held in the USA. He is the co-author of the 1999 publication "Surgery for Beauty" and has worked as an illustrator for many specialist publications. He is a member of the Plastic Surgery Society, the Aesthetic Surgery Society and the Society for the Use of Lasers in Medicine of the Czech Medical Society, the European Society of Aesthetic Laser Surgery and the International Confederation for Plastic, Reconstructive and Aesthetic Surgery.



WE ASKED MUDr. DOLEZAL

How would you connect the following two words; beautiful woman and a perfect body?

Unfortunately, I can't say. Obviously there are ideal proportions but these are limited by several factors; era, society and local culture. Elsewhere there exists a current ideal type, in Brazil, for example. The shifting concept of an ideal figure has changed from the twenties in the twentieth century and today. It is also important to realize that the phenomena of a woman's ideal of beauty is not just a current concern but has been ever-present.

Upon first contact with a prospective patient, if I may ask, what is the nature of your conversation?

During the first visit, which can last anywhere from thirty minutes to an hour, I get acquainted with the specific wishes of each patient. After careful evaluation, in which we find the most appropriate route for both parties, we choose the methods that are both technically and aesthetically fit. When necessary, I direct the patients desires to the bounds of reality.

Does it ever happen that you refuse carry out a surgical procedure?

The patients' desire to change their appearance must come from a psychological root, and there must be much confidence placed in this desire. Sometimes, during initial conversations with a patient, I find out that they are seeking surgical procedures because of outside pressures. In these cases I obviously do not carry out the operation.

Can plastic surgery guarantee 100% result as such breast augmentation?

No plastic surgeon can guarantee the complete success of an operation after an invasive procedure. The risk involved in breast enhancement is carefully considered before allowing the patient to proceed with the operation.

What considerations time-wise, are required in planning an operation?

The optimal time is during the colder months. The summer months are not appropriate because scars and scar tissue should not be exposed to direct sunlight for two to three months, and perspiration under protective bandages does not promote the healing process.

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Private Plastic Surgery Centre of South Bohemia

SANATORIUM
ČESKÉ BUDĚJOVICE



Eva Štefllová MD

The plastic and aesthetic surgery department of the Sanatorium ART specialises in the operations solving cosmetic issues, operations rectifying the manifestations of aging, innate or traumatogenic (post-accident) variation in appearance. The above-standard equipment of the whole building of the Sanatorium ART corresponds to the specialisation of our department. The building is situated in the centre of the city of České Budějovice in the park zone with parking and public transportation facilities.

There is an ambulance section, where examinations, consultations, applications of injections and small skin lesion treatments are carried out, operating theatre and a postoperative department in the building. The operating theatre and postoperative rooms equipment complies with the latest medical requirements and provides the clients with maximum care, comfort and privacy.

The plastic and aesthetic surgery department of the Sanatorium ART carries out these operating performances:

OPERATIONS OF MANIFESTATIONS OF AGING

- operation of eyelids
- face lifting (slack face and neck operation)
- slack forehead and eyebrow operation
- wrinkle correction by fillings

OPERATIONS OF INNATE OR TRAUMATOGENIC VARIATIONS

- corrective operation of nose, chin, auricles and lips

OPERATIONS IMPROVING THE BODY RELIEF

- breasts enlargement
- breasts modelling
- breasts reduction
- modelling with breasts enlargement
- liposuction (suction of subcutaneous fat)
- slack abdominal wall operation
- operation of slack thighs, buttock, arms

CORRECTION OF THE PARTIAL LOSS OF HAIR

- transplant of own hair

REMOVAL OF CUTANEOUS AND SUBCUTANEOUS FORMATIONS



During the examination and consultation each patient is familiarised in detail with the issue of performance, operating method and real possibilities of obtaining a result.

Inquiries about intended performances will be answered also by e-mail, the suitability of performance can also partially be judged by a digital photograph sent in.

Operating performances are carried out under local anaesthesia, conduction anaesthesia (field blocking) or total anaesthesia. The way of anaesthetisation is chosen according to the type of operating performance, patient's health condition and with respect to his or her wish. The total anaesthesia (narcosis) is led by specialists in the branch of anaesthesiology and the best-tolerated preparations are being used.



After performances under local anaesthetisation a patient may either leave immediately or is shortly put to bed.

After performances under narcosis patients are hospitalised in the Sanatorium ART's in-patient department. Their stay is minimised to the most necessary period of postoperative convalescence. Non-stop postoperative care is provided by a trained staff and physician throughout the stay.

After release the patient is provided with necessary drugs, a term of the check-up in the sanatorium's ambulance is agreed and the patient gets the physician's telephone number to be possibly able to consult potential problems.

The care after an operating performance is being carried out not only until healing, but, with most more demanding operations, after a lapse of time to evaluate the quality of scars and the result reached.

We consider the patient's satisfaction to be a keystone to the success of our plastic and aesthetic surgery department.

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before



after



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Estetica Professional PM is a highly perfected method. With the use of a microscopic needle we hypodermically inject natural plant pigments. Pigments are mixed individually, are specifically matched to each persons skin color. Permanent Make Up (PM) places great emphasis on a natural look, as it does not replaces the application of make up, as it is its foundation. The goal of PM is to add “some extra spark” to your look, and to give women more self-confidence. PM is a two phase process, and thus, included in the price are corrections, but only for a three month period. The longevity of PM is very individual but can last anywhere from 1-4 years. The professional method, Estetica Professional PM has earned its place as a frequent accessory. In the past few years it has only evolved and progressed. Currently, it is a highly recognized method to accentuate the natural contours of the face, and thanks to its subtle corrections, can provide any woman with a bright and natural look.



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AURA

AURA

French J. F. Rey in Bohemia.

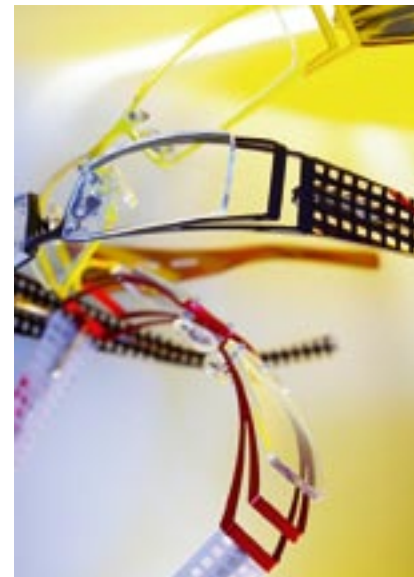
In the autumn of 2005 the ENCORE s. r. o. (Ltd.) company started representing the French J. F. Rey trademark. Here are a few pieces of information on the unique design of this trademark and on the collection intended for Czech women and men.



Jean-Francois Rey has been engaging in the design of ocular optics all his life long.



He was born in Jura mountain range, a region in eastern France where many fac-



ories producing spectacles can be found. His parents worked in industry.

Rey is a man with very human qualities, drawing inspiration from the events around him - from music, architecture, foregone civilisations and the natural world.



At the beginning of his career he was employed as a fashion designer in Japan and this culture has been influencing him



up to the present time. An evident influence of Japan on Rey can be seen. Also Japanese designer Issey Miyake has made a strong impression on him.

Jean-Francois, who is now known under the initials of his J. F. Rey trademark, has been working in the branch of the design of spectacles for more than twenty years.

In 1980 J. F. Rey issued a SKYEYES collection for a young generation, the sun models presented as fashion accessories.

With that the J. F. Rey trademark became a main leader, the BOZ a refined partner in the ladies' collection and the SKYEYES a sun collection with a similar objective and image.

For his proficiency in design he got an award from the IOFT for the best ladies' rim in last two years.

Since 1991 Rey has an unsubstitutable influence in the design of the BOZ collection which was nominated at the Silmo fair in France.

The BOZ was always inspired with African and Asian culture, with the sense of adventure, travelling and escape, which is appearing with many models.

The BOZ collection comprises the very female line which turns to the women over thirty years. Some models contain the leaves of trees, some the acetate hems of a withered flower. Each woman will be taken with something in this collection.

The J. F. Rey series was launched in 1995 and is both for men and women with miscellaneous tastes. His personal collection is the work of the designer who sets the trend with his natural appearance.

One of the strong points of J. F. Rey, a designer, is that he sets the new pace with the new and miscellaneous designs as far as not only the shapes, but also the materials are concerned. Cellulose acetate, titanium and drawn steel, all without aluminium, rank among the materials used.

In 1990 J. F. Rey bet the development of his own style, he longed for a modern optical line of products, an original collection and the design which he would give his name to. A lot of travelling all over the world and the inexhaustible need of creation was his inspiration. J. F. Rey revealed another part of himself when created the BOZ Frames & Fun collection, the line on a high level, designed for women.

encore

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Thank you for cooperation!

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- TREATMENT OF PARA- AND QUADRUPLEGIC PATIENTS INFERTILITY

Languages for communication
English, Deutsch, French, Russian

We help ground the family