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CONSERVATIVE METHODS OF POSTPARTUM GENITAL PROLAPSE CORRECTION

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Abstract
Postpartum complications, such as vaginal wall prolapse and urinary incontinence, account for approximately 28-39% of gynecological diseases in women of reproductive age.
This problem is further exacerbated by the fact that about one-third of these patients are women of reproductive age planning pregnancy. Additionally, with age, pelvic organ prolapse takes on a progressive nature, leading to functional disorders, severe physical and emotional suffering.The most common complaints in the early stages of pelvic organ prolapse include recurrent bleeding, involuntary urine leakage during coughing or straining, as well as sexual dysfunction. This significantly reduces the quality of life for women. Previously undiagnosed pelvic floor muscle injuries identified through 3D ultrasound logically correlated with the results of perineal examinations, which can be interpreted as a clinical sign of post-traumatic vaginal laxity. Insufficient closure of the labia appears to be a cause of vaginal dysplasia and was found in 56% of women. According to the survey results, 23 (46%) patients noted a "hissing" sound during sexual intercourse, while 41 (79%) reported urinary incontinence during straining, weak intermittent stream, or splashing of urine during urination. Functional testing allowed for the diagnosis of uncomplicated urinary incontinence in patients with postnatal vaginal wall laxity. Urodynamic studies showed increased urination in 35% of women and obstructive urination in 27% during uroflowmetry, indicating weakening of the urethral sphincter against the background of vaginal wall laxity.Thus, early forms of pelvic organ prolapse in women of reproductive age are associated with recurrent infectious-inflammatory complications, bacterial vaginitis, urinary incontinence, and sexual dysfunction, all of which reduce the quality of life for these patients. There is no such concept as "asymptomatic" vaginal wall laxity. Even though the early signs of this complication may be asymptomatic, they serve as a prognostic factor for severe disability in the future.

Keywords: Urinary incontinence, female enuresis, overactive urinary tract, comprehensive urodynamic study, uroflowmetry, genital prolapse, cystocele, rectocele.

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Introduction

Postpartum complications such as pelvic organ prolapse and urinary incontinence affect approximately 28-39% of women of reproductive age, which underscores the seriousness of this gynecological problem. Complicating matters is the fact that about one-third of these women are planning future pregnancies. In addition, pelvic floor dysfunction tends to progress with age, leading to functional impairment and significant physical and emotional suffering.

The most common complaints associated with the early stages of pelvic organ prolapse include recurrent bleeding, involuntary leakage of urine when coughing or physical exertion, and sexual dysfunction, which significantly reduces women's quality of life. Another noticeable symptom, especially in the early stages, is the recurrent manifestations of bacterial vaginosis. Disruption of the anatomical and topographic relationship between the vaginal wall and the uterus leads to a decrease in the barrier function of the vagina and a change in the microbiome.

Modern literature distinguishes the early stages of prolapse from vaginal flaccidity syndrome. This distinction is important because in the early stages of prolapse, labia ruptures can cause a variety of sexual problems, while urinary incontinence is often a secondary problem. As a result, the quality of life of women with vaginal flaccidity syndrome deteriorates significantly.

Given the high birth rate in the Republic of Uzbekistan, pelvic floor dysfunction during childbirth affects at least 31.4% of women of reproductive age. Among patients with uncomplicated urinary incontinence, the vast majority (91-99.5%) have undergone spontaneous childbirth, often in several births, and many (56.4-72%) have experienced complications such as perineal trauma. Pelvic floor dysfunction progresses gradually, and by the age of 40-50, at least 40% of all women face prolapse of the pelvic organs and genitals. This highlights the importance of early diagnosis and intervention to improve women's quality of life, as well as the development of effective treatment strategies. In the pathogenesis of pelvic floor dysfunction syndrome, three morphological stages are distinguished: compensatory (before perineal injury), subcompensatory (pelvic floor dysfunction or the initial degree of prolapse of the vaginal walls without prolapse), and prolapse (manifestation).

In obstetrics and gynecology, 52 women of reproductive age were examined with uncomplicated childbirth or rupture of the posterior vaginal wall without documented perineal trauma during spontaneous childbirth and normal pelvic size. The reason for visiting a doctor in 38 (73%) patients was involuntary leakage of urine, in 24 (46%) - complaints of a sexual nature. From the anamnesis, 27 (52%) gave birth at 40-41 weeks of pregnancy, the fetus was large (3700±200 g). In 6 (11.5%) labor was protracted with the baby's head straightened due to a non-crisis condition, but it should be noted that most women had uncomplicated colitis during pregnancy. Women aged 2-5 years after childbirth assessed their size, quality of life, sexual history and underwent a special gynecological examination. A preliminary examination of the perineum showed that the genital fissure in these patients was slit-like not only under tension, but also at rest, with asymmetrically reduced muscle tone on palpation. Previously undetected injuries of the pelvic floor muscles, detected using 3D ultrasonography, showed a consistent relationship with the results of the perineal examination, which can be considered as a clinical sign of post-traumatic vaginal laxity. Insufficient labia closure is probably the cause of vaginal dysplasia and has been found in 56% of women. During the survey, 23 patients (46%) noted the presence of a "hissing" sound during

sexual intercourse, 41 women (79%) reported urinary incontinence when pushing, a weak intermittent stream or urine splashing during urination. Functional testing made it possible to establish the diagnosis of uncomplicated urinary incontinence in women suffering from postpartum weakness of the vaginal walls. Urodynamic examination revealed frequent urination in 35% of patients and obstructive urination in 27% during uroflowmetry, which indicates a decrease in the tone of the urethral sphincter against the background of weakened vaginal walls.

To improve the condition of the vagina, we have proposed and implemented non-invasive methods, including strengthening the pelvic floor muscles (Kegel exercises) and local use of Femavir. The main components of the drug: sodium salt of deoxyribonucleic acid (3.0 mg/g), hyaluronic acid, extracts of witch hazel, burdock, zinnia mallow, chamomile, as well as other excipients. The drug was administered intravaginally once daily for two weeks using a disposable applicator. Bowling exercises performed at home have been shown to be effective and help many women prevent the progression of vaginal dysfunction. These exercises restore the vaginal mucosa, eliminate dystrophic changes and improve tissue nutrition. Sodium salts of deoxyribonucleic acid contribute to increasing resistance to viral, fungal and bacterial infections. Before the start of combined treatment, all patients, if necessary, underwent local disinfection of the vagina. Monitoring showed that by the end of the first stage of therapy, 23 patients (44.2%) showed a significant improvement in sexual function, and 18 (34.6%) had no signs of urinary incontinence. In 5 cases (9.6%) pregnancy occurred, which was associated with treatment. Thus, early forms of pelvic organ prolapse in women of reproductive age are closely associated with recurrent infectious and inflammatory diseases, bacterial vaginitis, urinary incontinence and sexual dysfunction, which negatively affects the quality of life of these patients. There is no such thing as "asymptomatic" vaginal wall laxity, and even in the early stages, when there are no symptoms, this condition is a harbinger of possible serious problems in the future. Early detection of vaginal wall laxity, effective prevention and timely conservative treatment can stop the development of the disease, prevent its progression and improve the quality of life of patients. Prevention of pelvic floor dysfunction should include measures aimed at improving quality of life, such as vaginal muscle training in combination with non-invasive use of Femavir during preparation and during pregnancy.

In conclusion, the results of the study demonstrate the importance of early diagnosis and a comprehensive approach in the treatment of diseases associated with pelvic organ prolapse and pelvic floor dysfunction in women. Conservative methods, such as pelvic floor muscle strengthening exercises and topical use of Femavir have been shown to be effective in improving patients' well-being, reducing symptoms of urinary incontinence and sexual dysfunction. These measures not only help prevent the development of the disease, but also significantly improve the quality of life of women, contributing to the restoration of their physical and emotional well-being. It is important to remember that timely prevention and treatment in the early stages are the key to a successful outcome and the prevention of long-term complications.

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References

1. Karabulut A., Ozkan S., Kocak N., Alan T. Evaluation of confounding factors interfering with sexual function in women with minimal pelvic organ prolapse // Int. J. of gynecoljgy and obstetrics. 2014. Vol. 127. P. 73–76.
2. Kolesnikova S.N., Dubinskaya E.D., Babicheva I.A. Influence of early forms of prolapse of pelvic organs on the quality of life of women reproductive age. 2016. T. 12. № 1. Pp. 65–67 [Kolesnikova S.N., Dubinskaya E.D., Babicheva I.A. Vliyanie rannih form prolapsa tazovyh organov na kachestvo zhizni zhenshchin reproduktivnogo vozrasta/ / Akademicheskij zhurnal Zapadnoj Sibiri. 2016. T. 12. № 1. S. 65–67 (in Russian)].
3. Dobrokhotova Yu.E., Ibragimova D.M., Mandrykina Zh.A., Serova L.G. Microbiocenosis of the genital tract of women. Moscow, GEOTAR-Media Publ., 2014. 80 p. [Dobrohotova YU. EH., Ibragimova D.M., Mandrykina ZH.A., Serova L.G. Mikrobiocenoz genital'nogo trakta zhenshchin. M.: GEHOTAR-Media, 2014. 80 s. (in Russian)].

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