

# OPTIMIZATION OF PRE-MEDICATION FOR SURGICAL INTERVENTIONS IN GYNECOLOGY

Khudoyberdieva Gulrukh Sobirjonovna

Samarkand State Medical University, Samarkand, Uzbekistan

e-mail:xudoyberdievagulruh@gmail.com

## Abstract:

The article is devoted to the study of the effectiveness of the drug etifoxine (strezam) in complex premedication in gynecological patients against the background of pathological menopausal syndrome with anxiety-depressive disorder. The use of stresam in premedication of gynecological patients has shown that the level of medical and social rehabilitation increases, and the length of stay of patients in the hospital is reduced.

**Keywords:** treatment, premedication, etifoxine, anxiety-depressive disorders, pathological menopausal syndrome, gynecology.

## Introduction

One of the most common pathologies in the structure of gynecological diseases in women is uterine fibroids. Uterine fibroids are a tumor that develops from its muscle fibers and connective tissue. Its appearance and development depend on the state of the immune and hormonal systems of the female body. It is diagnosed in 25-30% of women over 30 years of age, and among 45-year-olds – in 50-62% of patients. It should be noted that uterine fibroids can occur in women with a normal menstrual cycle, that is, without hormonal disorders. Heavy menstrual bleeding is the most characteristic sign of this disease, in which it gradually increases, the amount of menstrual flow and the duration of menstruation itself increase. Some may have acyclic extraordinary uterine bleeding (metrorrhagia). It should be noted that at the beginning of the disease, uterine fibroids practically do not manifest themselves at all. Pain occurs only in cases of a complicated course of the disease, that is, with necrosis of the uterine fibroid node or when its legs are twisted. With metrorrhagia, it is not the tumor itself that bleeds, but the uterine mucosa. As a result of fibroids, the muscles of the uterus contract worse and worse, which affects the amount of menstrual flow and its duration. Pain usually occurs in the lower abdomen and lumbar region, but when there is a disturbance in blood circulation in the myoma node, the pain becomes sharp, sudden, and if it is large, aching and pulling, usually throughout the entire menstrual cycle. The pain can also be paroxysmal (when a tumor grows in the uterine mucosa). The pressure of fibroids on the bladder or rectum leads to dysfunction of these organs. The diagnosis is established using a routine gynecological examination, ultrasound of the pelvic organs and hysteroscopy (if the node is located in the submucosal



layer). One of the methods of treating uterine fibroids is surgical methods. The main indications for their implementation are:

- myoma nodes of large sizes;
- a sharp increase in the size of myoma nodes in a short period of time;
- severe pain, which over time can lead to loss of ability to work;
- uterine fibroids in combination with endometriosis or ovarian tumor;
- malnutrition of the myoma node, its necrosis;
- submucosal location of the node, which in itself is a serious reason for surgery [1, 5].

The combination of gynecological and mental pathologies in uterine fibroids worsens the clinical prognosis of each of them, as well as the social adaptation and quality of life of women. This benign, hormone-dependent tumor requires a predominantly radical approach to treatment, and therefore, up to 50-70% of surgical interventions are performed in gynecological hospitals for uterine fibroids. Therefore, much attention is paid to studying the impact of various types of surgical interventions on the mental state and quality of life of women operated on for uterine fibroids [1, 4].

According to numerous studies examining the mental status of women with uterine fibroids, the most common are a combination of anxiety and depression, which have a negative impact on all functions of the body. Modern ideas about mental reactions to the upcoming operation give reason to believe that they are determined by the characterological characteristics of the patient's personality and require an individual approach to anesthesia. Personal and somatic characteristics of patients can complicate the course of the pre-, intra- and postoperative period, which ultimately can lead to an increase in the incidence of complications associated with anesthesia. It should be noted that premedication, including only narcotic analgesics and antihistamines, does not always prevent emotional stress, and therefore does not always ensure an adequate response of homeostatic systems in the preoperative period. Among the psychotropic drugs that are most often used in the treatment of anxiety and depressive conditions are tranquilizers. The presence of many undesirable effects on cognitive functions, as well as the development of addiction and withdrawal syndrome in patients, leads to the fact that many studies are aimed at finding safer drugs in this regard. One of these, in our opinion, is a new generation anxiolytic of non-benzodiazepine nature – etifoxine (strezam). It retains the powerful anti-anxiety effect inherent in benzodiazepines and has a more favorable safety profile [2, 3].

Purpose and objectives of the study. To evaluate the effectiveness of the drug strezam in the treatment of anxiety and depression in sick women with uterine fibroids against the background of pathological-menopausal syndrome.

### **Materials and Methods**

The clinical study was conducted at the gynecology department of the SamMI clinic No. 1. The sample was formed from 40 patients aged 45-65 years, average age 55. The duration of the disorders at the time of the examination varied from 7 to 10 years. All patients were divided into two groups: the first group consisted of 20 patients, who, in addition to standard premedication, were included in the complex treatment with the drug stresam (ethifoxine, one



tablet twice a day for 9 days; of which 5 days were before surgery, 4 days - after operation). Standard premedication includes the following drugs: solutions of atropine 0.1% -1.0 v/m, diphenhydramine 1% -1.0 v/m, morphine 1% -1.0 v/m. The second group of patients consisted of 20 people who received standard premedication.

### Research Results

Streets from the group who received etifoxine along with the usual premedication showed better indicators not only of the psyche (decrease or absence of anxiety-depressive states), but also more significant changes in blood pressure (if before the operation the pressure level remained within 150-160 SBP, 100-110 DBP, then after surgery SBP 130-140, DBP 80-90).

### Conclusions

The proposed treatment regimen for anxiety and depressive disorders using etifoxine in women with menopausal syndrome due to uterine fibroids increases the level of medical and social rehabilitation and reduces the patient's hospital stay to an average of 8-10 days.

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