

IMPROVEMENT OF THE OUTCOME OF PLASTIC SURGICAL OPERATIONS FOR MODERATE-SEVERE GENITAL PROLAPSE

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Abstract

We conducted a comparative analysis of the results of treatment of 102 patients with genital prolapse of the III and IV degrees. The use of metostyle contributed to an increase in the rate of tissue regeneration and improved the effectiveness of surgical treatment of patients with prolapse of the internal genital organs. The use of metostyle allowed to reduce the duration of treatment by 1.6 ± 0.3 days.

Keywords: Genital prolapse, metostyle, plastic surgery.

Introduction

Genital prolapse is a serious problem not only in menopausal women, but often also in young women. In recent decades, the problem of prolapses of the genital organs in women has become particularly acute due to the high prevalence and extremely negative impact on the quality of life [5,6]. The problem of surgical treatment of genital prolapses is the subject of regular discussion at obstetric and gynecological congresses, congresses and conferences [2; 4]. Genital prolapse should be considered as a type of pelvic floor hernia. Very often, women have a history of hernias of other localizations [3]. If earlier the opinion prevailed that the main cause of this pathology was connective tissue dysplasia, then in recent years, high parity of perineal injury, weakness of the ligamentous apparatus of the uterus and impaired blood supply in the pelvic organs have been increasingly called among the causes of the disease [4,7]. All of the above creates a number of natural prerequisites for reducing the intensity of trophic regenerative processes, creating a risk of complications, defective epithelialization and recurrence of the disease. Traditionally used means of treating postoperative sutures in the vagina are aimed only at providing an antiseptic effect [1]. We used combined drugs: metostyl-an antibacterial, anti-inflammatory and antifungal drug in the form of vaginal suppositories. One suppository contains: 200 mg of metronidazole, 160 mg of clotrimazole and 8 mg of chlorhexidine. The drug has an antibacterial effect and stimulates the regeneration of mucous membranes.

The purpose of this study was to study the effectiveness of metastasis in the postoperative period in genital prolapse.

Research materials and methods. A clinical study was conducted at the perinatal center of the Bukhara region from 2017 to 2020. The study included 102 patients aged 39 to 67 years who underwent plastic surgery with vaginal access for prolapse and prolapse of the genitals. There were 28 (27.4%) women in the reproductive period, 33 (32.3%) in the perimenopausal period, and 41



(40.1%) in the postmenopausal period. All patients underwent a standard medical examination before surgery. The duration of the disease varied from 3 to 16 years.

The results of the study and their discussion. Our patients were admitted for surgical treatment with the following conditions: stage II genital prolapse - 24 (23.5%), stage III - 45 (44.1%); stage IV - 33 (32.3%) patient. The stage of prolapse was determined by the ICS (POP-Q) system of quantitative assessment of prolapse of internal genital organs. In most patients, genital prolapse was accompanied by a violation of the function of neighboring organs: 69 (67.6%) patients suffered from impaired urination, and the most common concern was frequent urination - 59 (57.8%) women, difficulty urinating 10 (9.8%) patients; constipation was detected in 38 (37.2%) patients. Concomitant pathology (signs of connective tissue dysplasia) was observed in 61 (59.8%) women; diseases leading to a chronic increase in intra-abdominal pressure - in 72 (70.5%) patients. An individual program of preoperative preparation, surgical treatment and postoperative management was compiled for each patient, taking into account age, existing primary and combined gynecological and extragenital pathology. The volume of surgical treatment: anterior colporaphy, posterior colporaphy with perineolevatoroplasty was performed in 102 (100.0%) patients, in 42 (41.1%) it was accompanied by amputation of the cervix, in 26 (25.4%) with ventrofixation and 8 (7.8%) with vaginal extirpation of the uterus. Depending on the treatment methods used in the postoperative period, all patients were conditionally divided into 3 groups. The first group included 32 (31.3%) patients who underwent postoperative vaginal suture sanitation with antiseptic solutions 1 time per day. The second group consisted of 36 (35.2%) women who had a suppository metostyle inserted into their vagina once a day for 5 days. 34 (33.3%) patients were assigned to the third group. In the postoperative period, patients of this group had suppository metostyle inserted into the vagina once a day for 7 days. The results of treatment were evaluated according to clinical indicators: the duration of the patient's stay in the hospital, the rate of healing of postoperative sutures in the vagina, subjective complaints: the presence or absence of itching, burning, pain, vaginal discharge. On examination and palpation: soreness, hyperemia, edema, characteristic discharge, signs of infection of postoperative sutures. An analysis of the treatment results showed that complaints of pain in the area of postoperative sutures were noted by patients of all groups during the first two days after surgery. Itching and burning in the vagina did not bother the patients. Gynecological examination showed good results in the group of patients where metostyle and olazole were used. In the group of patients who used metostyle for 7 days, mucous-blood discharge from the vagina stopped by 4.12 ± 0.16 days ($p < 0.05$), in the second group by 4.47 ± 0.65 days ($p < 0.05$) and in the first group by 8.34 ± 0.84 days ($p < 0.05$). Depending on the treatment methods, when analyzing the dynamics of such local signs of inflammation as edema, hyperemia of the postoperative suture, similar changes were recorded. A good effect was noted in the group of patients where metostyle and levomicol were used. Pronounced edema and hyperemia of postoperative sutures in 9 (28.1%) patients treated with antiseptic solutions persisted up to 4.58 ± 0.37 ($p < 0.05$) days, while in the group of patients treated with metostyle and levomicol, such a complication was not observed. Wound healing in all operated patients proceeded by primary tension. The duration of hospital stay of patients from the first group was 7.21 ± 0.27 days, in the group of patients treated with metostyle - 6.23 ± 0.18 days, in the group of patients treated with metostyle with levomicol - 5.32 ± 0.17 days $p < 0.05$.





Conclusion

Thus, the results obtained indicate that the use of metostyle in the postoperative period after vaginal surgery for genital prolapse increases the rate of tissue regeneration and improves the effectiveness of surgical treatment of patients with prolapse of the internal genitalia. The use of metostyle reduces the duration of treatment by 1.6 ± 0.18 days $p < 0.05$.

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