

OPTIMIZATION OF PREMEDICATION IN SURGICAL INTERVENTION IN GYNECOLOGY PRACTICE.

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Note: 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 menopause syndrome. The use of stresam as a therapeutic premedication in patients with pathological climacteric syndrome has shown an increase in the level of medical and social rehabilitation and a reduction in the length of hospital stay of patients.

Key words: treatment, premedication, etifoxine, anxiety-depressive disorders, pathological menopause syndrome, gynecology.

One of the most common pathologies in the structure of gynecological diseases in women is uterine fibroids. Uterine myoma is a tumor that develops from its muscle fibers and connective tissue. Its appearance and development depends on the condition of the immune and hormonal systems of the female body. It is diagnosed in 25-30% of women over 30 years old, and in 50-62% of patients over 45 years old. It should be noted that uterine fibroids can occur in women with normal menstruation, that is, without hormonal disorders. Heavy menstrual bleeding is the most characteristic symptom of the disease, in which it gradually increases, the amount of menstruation and the period itself increases. Some may have acyclic emergency uterine bleeding (metrorrhagia). It should be noted that at the beginning of the disease, uterine fibroids almost do not show themselves. Pain appears only when the disease is complicated, i.e. necrosis of the uterine fibroid node or its legs are twisted. With metrorrhagia, not the tumor itself, but the uterine mucosa bleeds. As a result of fibroids, the muscles of the uterus contract worse and worse, which affects the amount of menstruation and its duration. Pain usually occurs in the lower abdomen and lumbar region, but if there is a violation of blood circulation in the fibroid node, the pain is sharp, sudden, and if it is large, it hurts and pulls, usually the whole period during Pain can also be paroxysmal (when a tumor grows on the lining of the uterus). The pressure of the fibroid on the bladder or rectum causes dysfunction of these organs. The diagnosis is established by routine gynecological examination, pelvic ultrasound and hysteroscopy (if the node is located in the submucosal layer). One of the ways to treat uterine fibroids is surgery. The main indicators of their implementation:

- large fibroid nodes;
- a sharp increase in the size of fibroid nodes in a short time;
- severe pain that causes loss of working capacity over time;
- uterine myoma combined with endometriosis or ovarian tumor;
- malnourishment of the fibroid node, its necrosis;



- submucosal location of the nodule, which is a serious reason for surgery in itself [1, 5]. The combination of gynecological and mental pathologies in uterine fibroids worsens the clinical prognosis of each of them, as well as women's social adaptation and quality of life. This benign, hormone-dependent tumor requires a radical approach to treatment, and therefore 50-70% of surgical interventions for uterine fibroids are performed in gynecological hospitals. Therefore, much attention is being paid to the study of the effect of various surgical interventions on the mental state and quality of life of women who have undergone surgery for uterine fibroids [1, 4]. According to many studies examining the mental state of women with uterine fibroids, the most common is a combination of anxiety and depression, which negatively affects all body functions. Modern ideas about mental reactions to the upcoming operation give reason to believe that they are determined by the characteristic features of the patient's personality and require an individual approach to anesthesia. Personal and somatic characteristics of patients can complicate the pre-, intra- and post-operative period, which can ultimately lead to an increase in anesthesia-related complications. 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. Tranquilizers are among the most commonly used psychotropic drugs to treat anxiety and depression. 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 them, in our opinion, is a new generation anxiolytic of a non-benzodiazepine nature - etifoxine (strezam). It retains the potent anxiolytic effects of benzodiazepines and has a more favorable safety profile [2, 3]. The purpose and objectives of the research. Evaluation of the effectiveness of Strezam drug in the treatment of anxiety and depression in patients with uterine fibroids against the background of pathological-menopausal syndrome.

Materials and methods. The clinical study was conducted in the gynecology department of the Samarkand State Medical University clinic No. 1.

The sample consisted of 40 patients aged 45-65, with an average age of 55. The duration of violations at the time of 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 complex treatment with stressam drug (etifoxin, one tablet twice a day for 9 days; 5 days of it). before surgery, 4 days - after surgery). Standard premedication includes the following drugs: atropine solutions 0.1%-1.0 v/m, dimedrol 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. The group streets that received etifoxine along with the usual premedication showed not only better psychological indicators (reduction or absence of anxiety-depressive states), but also significant changes in blood pressure (if the pressure level before the operation was 150 degrees lsa). -160 SBP, 100-110 DBP, then after surgery SBP 130-140, DBP 80-90).

Summary. In women with menopausal syndrome due to uterine fibroids, the recommended scheme of treatment of anxiety and depressive disorders using etifoxine increases the level of medical and social rehabilitation and shortens the patient's stay in the hospital to an average of 8-10 days.



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