

RECONSTRUCTIVE SURGERY FOR SEVERE PROLAPSE OF FEMALE GENITAL ORGANS.

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Abstract: This article investigates various types of surgical operations performed on women of reproductive age, with a particular focus on organ-preserving surgical procedures. The study specifically examines 48 patients diagnosed with grade III-IV genital prolapse, all of whom were aged between 25 and 39 years. A comprehensive range of diagnostic methods was applied to these patients, including general clinical assessments, laboratory tests, and detailed gynecological examinations. The primary aim of the study was to explore and analyze the underlying causes of genital prolapse in these women, taking into account factors such as obstetric history, hormonal changes, and predisposing health conditions. The patients' medical histories were carefully reviewed to identify any potential risk factors or contributing elements that could have led to the development of prolapse. Additionally, the study assessed the clinical outcomes and effectiveness of various surgical interventions, with an emphasis on preserving organ function while addressing the prolapse. The findings from this research aim to improve understanding of genital prolapse in women of reproductive age, offering valuable insights into the best practices for diagnosis, treatment, and surgical intervention. By analyzing the causes and treatment options in depth, this study hopes to contribute to advancing both the prevention and management of genital prolapse, ultimately enhancing patient care and long-term health outcomes.

Key words. Genital prolapse, reproductive age, transvaginal hysterectomy, cystocele, rectocele

Relevance of the topic:

The relevance of the problem of genital prolapse is that it is a common, early manifestation of clinical symptoms and in many cases is associated with a relapse of the disease after surgery, as well as the fact that the disease does not tend to develop. The decline in statistics, currently obstetrics - remains one of the pressing problems facing gynecologists. (Walters, MD, 2013). Currently, the occurrence of multiple pregnancy in women, mainly with macrosomia of pregnancy, and the living conditions of women, often associated with alcohol abuse, lead to very early manifestation of pelvic organ prolapse in women, and in patients of reproductive age with clinical manifestation of pelvic organ prolapse. Picture of pelvic muscle insufficiency (Chen G.D. - 2017) Recently, prolapse of the genitals has become "rejuvenated", severe forms of the disease predominate, involvement of neighboring organs in the process is observed. Prolapse is widely accompanied by diseases of the genital organs: 70% - urinary incontinence, 36% - defecation diseases, 53% - dyspareunia. (Adamyan LB, Smolnova TY, 2002). Deficiency of the pelvic floor muscles, as well as prolapse and, as a result, complete loss of the genitals, create a serious medical and socio-economic problem. It remains the focus of attention

of gynecologists and, at the same time, medical workers of related specialties. Often, the disease begins in reproductive age and has a progressive nature. If in previous years prolapse and complete loss of the genitals was considered a disease of older women, then in recent years there has been a tendency for the number of such patients of reproductive age to become younger [MK Cho, JH Moon, KH Kim - 2017]. This is confirmed by the data of some authors [Lucot, J.P. - 2018.], according to which the prevalence of genital prolapse in women under 30 is 10.1%, in women aged 30 to 45 years - 40.2%, and in women aged 30 to 45 years - 40.2%. women over 50 years old - up to 50 percent. [Bezhenar V.F. 2013].

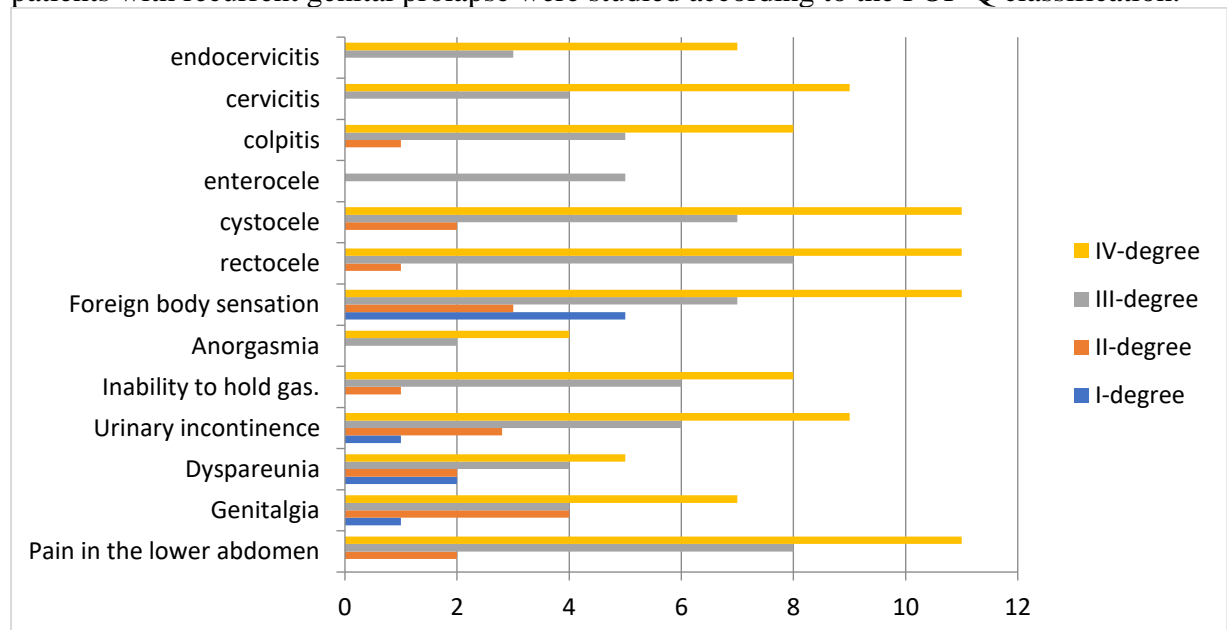
Surgeons and gynecologists pay attention to the tendency of the disease growth not only among older women, but also among young and middle-aged women. Today, most surgical interventions are performed especially on young women, that is, in reproductive age, which means the topic is more relevant. This situation has a serious impact not only on the health of women of reproductive age, but also on their psychoemotional state.

The purpose of the study: To determine the immediate and remote results after treatment and surgical practice for prolapse of the genital organs of grade III-IV in women of reproductive age.

Research method and material.

We observed 48 patients who came to us with severe prolapse of the genital organs aged 25-39 years. The patients were familiarized with all the examination methods, their anamnesis, general clinical and laboratory tests, the degree of prolapse of the genital organs, ultrasound examination of the pelvic organs, additional complications, colposcopy, bacteriological and bacterioscopic examination of smears from the vagina. In addition, the types and volume of primary surgical interventions performed, the course of the postoperative period, and the observed complications were carefully studied and analyzed.

Research results and their discussion: The results obtained show that the complaints (97) of patients with recurrent genital prolapse were studied according to the POP-Q classification.





As can be seen from the table, it was found that complications and clinical manifestations of the disease are mainly clearly manifested at levels III-IV according to the POP-Q classification. In addition, additional complications were observed (colpitis, cervicitis, endocervicitis...). In addition to the surgical practice used for inguinal prolapse, we analyzed the methods of surgical practice in which a relapse of the disease was observed.

We examined 36 patients with genital prolapse. Their age was 31-43 years. The patients underwent all examination methods, their anamnesis, general clinical and laboratory studies were collected, the levels of genital prolapse were determined based on the new modern POP-Q classification. An ultrasound examination of the pelvic organs was performed. The causes of genital prolapse in patients and their impact on quality of life were studied and analyzed in detail.

Research results and their discussion:

The results obtained show that 24 patients examined by us were diagnosed with level III-IV genital prolapse according to the POP-Q classification. The age of the patients was 34-41 years. In the clinic, 11 (45.9%) of our patients complained mainly of vaginal discomfort, dyspareunia and genital dysfunction, and the remaining 13 (54.1%) had severe complications of the disease: urinary incontinence, gas incontinence, cystocele, rectocele complications. observed. When studying the obstetric history of patients, it was found that almost 19 (79%) of our patients had late complications of childbirth. In 9 patients with fetal macrosomia, fetal cavity and vaginal injuries were performed, 4 patients had an episiotomy, in the anamnesis of 6 patients there was a rupture of the cervix during childbirth with breech presentation. In connection with the above complications and complaints, limb-preserving operations were performed on patients with severe prolapse.

Conclusion:

Analysis of modern literature shows this. Genital prolapse in women of reproductive age is considered a pressing problem in gynecology. It should be noted that more than 35% of patients with recurrent genital prolapse undergo repeated surgery. The advantage of the operation is that patients get up the next day. They are allowed to sit and walk for 3-4 days. On the 7th day, patients will be given an answer. The effectiveness of the treatment was assessed in 3 stages, after 3, 6 months and 1 year, as well as the quality of life of women. Before the operation, 100% of women rated their quality of life as poor, and 1 year after the operation, 40% of them rated it as "poor" and 60% as "good". Complications observed in genital prolapse are reduced by 89%. It should be noted that no recurrence of genital prolapse was observed within 3 years after the operation.

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