

EARLY CLINICAL EFFECTIVENESS OF FAST-TRACK TECHNOLOGIES IN TUMORS OF THE FEMALE REPRODUCTIVE SYSTEM

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Abstract. The aim of this study was to evaluate the impact of implementing Fast-track protocols on early postoperative clinical outcomes in patients with tumors of the female reproductive system

Keywords: Fast-track (ERAS), oncogynecology, tumors of the female reproductive system, perioperative management, multimodal analgesia, early rehabilitation, length of hospitalization, postoperative complications.

Introduction: The postoperative period in oncogynecological patients is often accompanied by pain syndrome, delayed restoration of intestinal function, metabolic imbalance, and prolonged hospitalization. These conditions negatively affect the overall health status of patients and may delay subsequent stages of specialized treatment. In this regard, growing attention in modern oncogynecology is being directed toward Fast-track (ERAS) technologies aimed at optimizing perioperative patient management.

Objective: The aim of this study was to evaluate the impact of implementing Fast-track protocols on early postoperative clinical outcomes in patients with tumors of the female reproductive system.

Materials and Methods: The study included a total of 118 patients who underwent surgery for ovarian, uterine, and cervical tumors. The main group consisted of 57 patients managed according to Fast-track algorithms, while the control group included 61 patients treated according to the conventional protocol.

Within the Fast-track protocol, the following measures were implemented: preoperative patient education and psycho-emotional preparation, avoidance of prolonged fasting, multimodal analgesia, restriction of intraoperative infusion therapy, early verticalization within 6–8 hours after surgery, initiation of enteral nutrition within 12–24 hours, and minimal use of surgical drains. This approach was aimed at reducing the stress response and promoting faster restoration of physiological functions.

Assessment criteria included pain intensity (VAS scale), time to restoration of intestinal peristalsis, duration of hospitalization, and incidence of early postoperative complications.

Results: In the main group, pain intensity was on average 30–35% lower compared to the control group. Intestinal function recovered within 1.5 ± 0.4 days in the Fast-track group, which was significantly faster than 2.7 ± 0.5 days observed in the control group. The average length of hospital stay in the Fast-track group was 4.3 ± 1.2 days, compared to 7.0 ± 1.4 days in the



conventional treatment group, indicating a substantial reduction. Early postoperative complications were observed in 7.9% of patients in the main group and in 17.4% of patients in the control group, confirming the clinical safety of the Fast-track approach.

Conclusion: The implementation of Fast-track technologies in oncogynecological practice accelerates early postoperative recovery, reduces pain intensity, and shortens hospital stay. This approach not only improves the effectiveness of surgical treatment for tumors of the female reproductive system but also facilitates timely transition to subsequent stages of adjuvant therapy.