



## APPLICATION OF SURGICAL PRACTICE OF ORGAN-PRESERVING RECONSTRUCTIVE SURGERY IN SEVERE PROLAPSE OF FEMALE GENITAL ORGANS

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**Abstract:** The article examined the types of surgical operations used in women of reproductive age and surgical operations performed with organ-preserving operations. During our examination, 48 patients with grade III-IV prolapse of the genitals, occurring in our women, were divided into ages from 25 to 39 years. All examination methods in our patients were worked out, i.e. general clinical, laboratory and gynecological examinations were carried out. The causes of genital prolapse were studied and analyzed, and the anamnesis of the patients examined by us was carefully analyzed.

**Key words:** Prolapse of the genital organ, 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 pregnancies in women, mainly with macrosomia of pregnancy, and the living conditions of women, often associated with alcohol abuse, lead to a 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 prevail, there is involvement of neighboring organs in the process. Prolapse is widely accompanied by diseases of the genital organs: 70% - urinary incontinence, 36% - diseases of defecation, 53% - dyspareunia. (Adamyan L. B., Smolnova T. Yu., 2002). Pelvic floor muscle deficiency, as well as prolapse and, as a consequence, complete loss of the genitals create a serious medical and socio-economic problem. It remains in the center 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 character. 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 to get younger and the number of such patients of reproductive age [M.K. Cho, J.H. Moon, K.H. 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 – 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 aim of the study:** to determine the immediate and remote results after treatment and surgical practice for grade III-IV genital prolapse in women of reproductive age.

**Research method and material.** We observed 48 patients aged 25-39 who came to us with severe genital prolapse. The patients

were familiarized with all the examination methods, their medical history, general clinical and laboratory tests, the degree of genital prolapse, ultrasound examination of the pelvic organs, additional complications, colposcopy, bacteriological and bacterioscopic examination of vaginal smears. 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. 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.

**Results of the study and their discussion:** The obtained results show that 24 patients examined by us were diagnosed with III-IV level of 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 presented complaints 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 the patients, it was found that almost 19 (79%) of our patients had late complications of delivery. In 9 patients with fetal macrosomia, fetal cavity and vaginal injuries were performed, in 4 patients an episiotomy was performed, in the anamnesis of 6 patients there was a rupture of the cervix during childbirth with breech presentation. Due to 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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