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An organ-preserving surgical operation for genital prolapse.

DEPARTMENT OF OBSTETRICS-GYNECOLOGY №2

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Abstract: In the article, the prolapse of genital organs in women, their occurrence rate, the course of pregnancy and the principles of carrying out pregnancy are studied and analyzed. The average age of the patients with prolapse of the genital organs is 29 to 40 years old. Our patients were subjected to clinical laboratory tests and analysis, in addition, the severity levels of genital prolapse and observed complications were analyzed.

Keywords: Genital prolapse, ventrofixation, transvaginal hysterectomy.

Genital prolapse in women is widespread, early manifestation of clinical symptoms (28%-39%) and in many cases it is related to recurrence of the disease after surgery, and the fact that the disease does not tend to decrease in statistics remains one of the urgent problems facing gynecologists today [*Ishchenko, T.V. Gavrilova, A. A. Ishchenko [etc.] // Issues of gynecology, obstetrics and perinatology. – 2020*]

Often, the disease begins in the reproductive age and has a progressive description. If in previous years prolapse of the genital organs was considered a disease of older women, in recent years there is a trend of aging of women with genital prolapse and an increase in the number of patients of reproductive age 2. According to some authors, the prevalence of prolapse of the genital organs in women under 30 years of age is 10.1%, 30 40.2% in women under 45, and up to 50% in women over 50. In recent years, prolapse of the genital organs has become "younger", the predominance of severe forms of the disease and the involvement of adjacent organs in the process, especially with urogenital and anorectal dysfunction at the III-IV level of the prolapse. other associated diseases: inflammatory diseases of the vagina (bacterial vaginosis) and trophic ulcers of the cervix (cervicitis), cervical elongation, chronic endocervicitis, or two or more of these complications occur together. Pelvic floor prolapse, especially in late reproductive age women with complicated obstetric anamnesis, has a rate of up to 39.5%.

[*B.B. Negmadjanov. H.Sh.Shavkatov. American Journal of Medicine and Medical Sciences 2021, 12(3): 265-267*]

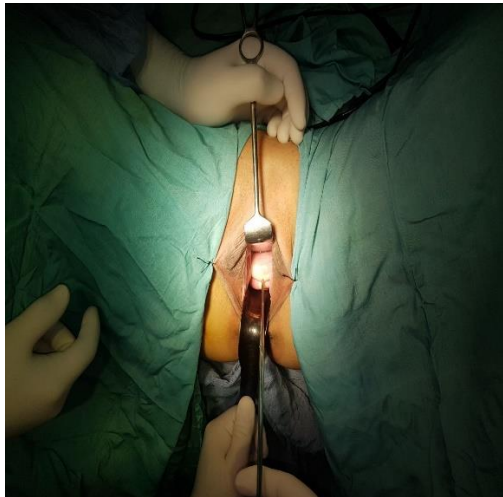
Research purpose: To study the possibilities of organ-preserving surgical procedures in prolapse of genital organs in women of reproductive age.

Research method and material.

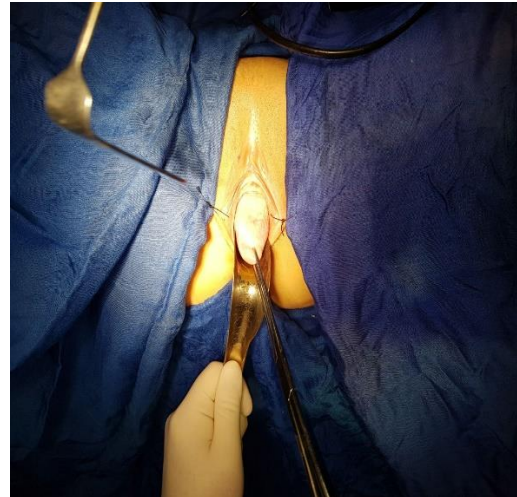
We examined 39 patients under our observation. Their age is 29-40 years. All clinical laboratory tests were performed on the patients. In the main group of patients, 53.8% of the 21 patients underwent Manchester surgery for severe prolapse of genital organs in women of reproductive age. For the purpose of comparison, group II (comparison) 18 (46.2%) patients with severe prolapse of the genitals underwent surgery for ventrofixation of the uterus.

Research results and their discussion: The obtained results indicate that genital prolapse in women of reproductive age is not only in early stages, but also in severe

levels of the disease, and this has a serious impact on the health of women of reproductive age, as well as their psycho-emotional condition. The severity of pelvic organ prolapse in patients under our observation was studied according to POP-Q (Pelvic Organ Prolapse Quantification), which is widely used today. As a result of the tests, when the nature of genital prolapse was studied, 28.6% of III-level genital prolapse and 28.6% of IV-level prolapse made up of the main group. In addition, the fall of the front and back walls of the vagina is 57.14% and 33.30%.



Patient. A., 256. Genital prolapse. III-degree prolapse of the uterus.
Cystocele.



Patient. T., 214 Gynaetal prolapse. III-degree prolapse of the uterus. Complication: Cystocele. Rectocele. Elongated cervix.



Patient. Z., k/t 536h Genital prolapse.
III-degree prolapse of the uterus.
(state after uterine ventrofixation)
Cystocele. Rectocele.



Patient. M 235. Genital prolapse.
Uterine miscarriage III degree

The results of the Manchester surgery performed on 21 patients in the main group and the surgical procedures performed in the comparison group were carefully analyzed and the results were studied. The volume of blood loss in surgical practice is 300-400 ml in the main group, which means 250 ± 10 ml on average. Significant loss of blood volume is observed in the surgical group, i.e. up to 400-500 ml depending on the size and volume of the surgical procedure performed, that is, on average, up to 300 ± 50 ml.

Indicators	Groups	Pointer	Result
Тўқималар тикланиши	Main group (b=21)	89,1%	positive
	Comparison group (b=18)	41,9%	positive
Репродуктив саломатлиги (Хомиладорлик)	Main group (b=21)	38.08%	positive
	Comparison group (b=18)	-	was not observed
Психоло- эмоционал холат	Main group (b=21))	90%	Good
	Comparison group (b=18)	64%	Good
Жавоб бериш	Main group (b=21)	4-5	Good
	Comparison group (b=18)	7-10	positive
Жаррохлик амалиётидан кейинги рецидив	Main group (b=21)	-	
	Comparison group (b=18)	27,7%	observed

Conclusions: The incidence of severe pelvic organ prolapse depends on obstetric anamnesis and complications during childbirth, and this indicator is 39.8% in women of reproductive age. Severe levels of genital prolapse in women of reproductive age have been found to have a negative impact on the general and sexual lifestyle of patients. It was found that urinary and gas incontinence - 38%, anorgasmia - 42%, genitalia - 46%, complications of which affect not only the reproductive health, but also the social and sexual life, negatively affect the quality of life. Among the organ-preserving surgical procedures performed in the III-IV levels of genital prolapse, this Manchester surgical procedure is considered the elective surgery, and the

complications of the disease are completely eliminated during the surgical procedure and the postoperative period, and the relapse is not observed in the postoperative period.

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