
PREOPERATIVE PREPARATION OF GYNECOLOGIC PATIENTS

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The value of the quality of intestine preparation was conducted on 70 patients with different gynecologic diseases needed for operative intervention. All patients were divided on 2 groups by the methods of preparation. 1 group – traditional methods (37 patients); 2 group – with using of Macrogol 4000 (Fortrans) (33 patients). It was used the follow dosage: 2 sachets of powder Fortrans for oral solution during 2 hours before the day of operation. The lavage of intestine continued in 3-4 hours. The traditional methods of preparation included the 3 days of unresidual diet and evacuant enema. Intraoperatively in 67,6 % of 1 group patients was observed intestine distention. The full intestine evacuation was presented on 75,8 % of cases. The duration of operation in 1 group formed in average $1,5 \pm 0,4$ hours, in 2 group – $1,0 \pm 0,3$ hours. Intestinal peristalsis appeared in 20-25 hours after operation on 70 %, in 28 and more on 30 % of 1 group patients. In 2 group the intestinal peristalsis appeared in 20-25 hours in 97 % of cases, and after 28 hours in 3 % of patients. All patients of 1 group had not defecation during 5 days after operation. And were conducted by the additional treatment. In 2 group in 80 % of cases defecation appeared in 3 days. This research showed the good efficacy of intestine preparation for operative interventions with using of Fortrans in gynecological surgery.

DIAGNOSTIC VALUE OF DETECTING PRODUCTS TISSUE DESTRUCTION IN PUERPERAE WITH ENDOMETRITIS AFTER CESAREAN SECTION

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67 puerperae after cesarean section (CS) were followed up. 20 of these were controls in whom the puerperium ran an uncomplicated course and 47 with endometritis after CS were the main group. In addition to the general clinical studies, the pool of acid-extracting components of nucleic acids and medium-mass molecules (MMM) in blood serum and lochia were at least three times measured over the course of puerperium in all examinees. The above substances were denoted products of tissue destruction (PTD). In the controls the levels of PDT in serum reliably increased by days 5-6 and in the lochia were maximal during the first 4 days postpartum; by days 8-9 PDT reliably decreased both in the lochia and serum. In the main group the content of PDT was reliably higher both in the serum and lochia in comparison with the controls. Diagnostic values of the pool of acid-extracting components of nucleic acids and MMM were determined for each day of the postpartum period and the sensitivity of each test assessed. The proposed methods for measuring PDT in the serum and lochia permit the diagnosis of endometritis after CS to be made as early as on days 3-4 postpartum. Measurements of PDT in the serum are preferable on days 3-4 postpartum, whereas on days 7-10 investigation of the lochia is more informative.