
THE OPTIMIZATION OF ANESTHEZATION IN GESTOSIS PATIENTS DURING LABOR

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With the purpose of optimization of anesthetization in gestosis patients during labor the parameters of central hemodynamic and cerebral blood flow has been investigated. The patients has been compared in anesthesiology methods during labor and deviated in 3 groups. The 1 group included 27 patients with easy forms of gestosis, where intravenous interdiction of promedol has been used as anesthesia. The 2 group included 22 middle current gestosis patients with easy forms of gestosis, where intravenous continuous interdiction at calipsol 0,02 mg/kg of weigh during minete has been used as anesthesia .The 3 group included 46 haid current gestosis patients, where epidural anesthesia. The impedance rheocardiografy by Kubicek method and impedance rheoencephalography by Paleev has been used. Patients in 1 group before promedol had hyperkinetic type of blood circulation, cerebral blood flow has been sufficient. Patients of the 2 group outside of contraction previa these patients had hypocynetic type of blood circulation and the reduction of cerebral blood flow. During contraction previa these patients had the increase of cardiac evaluation volume, but angiospasm phenomenon presented even in the cerebral blood flow and cerebral vessels and has been sufficient. Patients of the 3 group had hypocynetic type of blood circulation. During anesthesiologic methods the most favorable parameters of hemodynamic presented in 1 and 3 group where the volumes of average dynamic pressure and cerebral blood flow achieved normal parameters. Peripheral angiospasm in 2 group patients has not differed during labor. We recommend promedol anesthesia in-patients with easy forms of gestosis and epidural anesthesia in-patients with hard gestosis.

SURGICAL CORRECTION OF STRESS INCONTINENCE

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Objective and methods: 126 patients were operated for stress incontinence since 1994 using different methods of surgical correction: Ls Burch - 62 patients, Ls MESH - 39, by Pereyra - 11 and Min. Sling -14. In 102 cases surgical correction of urine incontinence were performed together with surgical treatment of pathology of internal genital organs including genital descent. The surgical method varied according to the type of urine incontinence, the age of the patient and the presence of internal genital organ diseases. In type I urine incontinence (by McUuir) among patients of mean age group the best operation was Ls Burch, in the older age group - Pereyra. Among patients of the mean age group with type II urine incontinence - Ls MESH vaginopexy, in older patients - operation Pereyra. Colporraphy was done according to indications. In type III incontinence the min. sling operation was carried out.

Results: Through the use of the above chart for the surgical treatment of urine incontinence 92 % excellent and good results in a 4 year follow up study was achieved.

Conclusions: Operation Burch cannot be the «golden standard» in the surgical correction of stress incontinence. In the presence of incontinence with genital organ descent another type of operation for pelvic floor reinforcement is necessary.