tion in past history, 11 (40,7%) – acute adnexitis and 4 (14,8%) – acute endometritis. The condition of the uterine tubes was investigated by hysterosalpingography which helped to determine the fact of their impassability and also to reveal a level of occlusion. According to the examination, 11 patients had bilateral obstruction of intramural part of the uterine tubes, 9 – unilateral, 6 – one tube was impassable at the intramural part while the other was affected by hydrosalpinx, and 1 patient has revealed proximal occlusion of single uterine tube.

As a result of the transcervical recanalization of the intramural occlused uterine tubes the given method allowed us to restore the patency of even one uterine tube at 25 patients (92,6%) during the operation. In total the patency of 31 uterine tubes (81,6%) of 38 recanalized tubes was restored. The laparoscopic control has allowed to find out a pathology of the distal parts of the uterine tubes and peritubal area in 12 patients (57,1%), which were not revealed prior to the operation. 6 patients from this group had hydrosalpinx with a diameter from 1 up to 3 cm, and 9 – adhesive process of small pelvis bodies (I-II stage – 6, III-IV stage – 3 cases, classification by J.Hulka). At revealing of the given pathological changes we performed salpingo-ovariolysis, fimbriolysis or neosalpingostomy accordingly in each concrete case. During diagnostic hysteroscopy which was carried out before recanalization of the uterine tubes at 7 patients (29,6%) we revealed intrauterine pathology. 4 patients had endometrial polyps, obliterating orifices of uterine tubes that has required hysteroscopic polypectomy; 1 patient had submucous myomatous node with diameter of 1,5 cm in this connection we made its resection; and 3 patients have revealed intrauterine synechiae. One time the transcervical recanalization has become complicated by uterine tube perforation in it isthmic part, that at once was revealed by a parallel laparoscopy. The further movement of catheter has been stopped, and a proceeding bleeding was not observed after its extraction. The postoperative period was normal. Among 25 patients, who had even one uterine tube patent with the help of hysteroscopic transcervical recanalization with laparoscopy control, during postoperative supervision (not less than 6 months) 12 patients became pregnant (48,0%), among them 9 cases – uterine pregnancy, and 3 cases – extrauterine pregnancy in the recanalized tube. Four pregnancies have resulted in term labor, 2 patients are observed at the early gestation and in 3 cases there was a spontaneous abortion at the terms of pregnancy from 6 up to 12 weeks. Frequency of the reocclusion of the operated uterine tubes according to the hysterosalpingography in 1 year after the operation has made 46,2%.

Conclusions. Thus, transcervical recanalization of the uterine tubes is low invasive and effective method of treatment of the tubal occlusion at the intramural part, which helps to restore the patency of uterine tubes in 81,6% of cases. The given method is preferable at patients with possible combined affection of the distal and proximal parts of the uterine tubes and also with intrauterine pathology. Results of research show, that frequency of pregnancy at use of the given technique (48%) is comparable to frequency of pregnancy after microsurgical operations (20-50,8%), and also auxiliary reproductive technologies (19,2-65,4%) which economic expenses are many times higher than the cost of the given surgical method. The adverse factors lowering a reproductive outcome at the transcervical recanalization of the uterine tubes, in our opinion, is a presence of accompanying distal pathology of the uterine tubes, adhesive process in the peritubal area and also one uterine tube.

THE EXPEDIENCY OF MANDATORY COMBINED ENDOSCOPY IN INCREASING OF ASSITED REPRODUCTIVE TECHNOLOGY EFFICIENCY

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Introduction. Evaluation of 168 patients participating in IVF programs was performed depending on the results of combined endoscopic examination and subsequent treatment. The pathology of endometrium was detected in more than half of the cases, while hydrosalpinx was revealed in 20% of the patients, and every tenth patient suffered from endometriosis. The expediency of the approach under the study for preparing the patients for IVF programs has been confirmed. The present study was aimed an evaluation of expediency and efficacy of combined endoscopic examination in preparing for subsequent participation of female patients in IVF programs.

Material and methods. The study involved 168 patients participating in IVF programs in accordance with a standard long-term protocol of ovulation induction from 21st day of 28 days cycle. Depending on ovulation time, volume of preliminary research and correction of detected pathology, the patient population was divided in three groups. Group I consisted of 40 (23,8%) patients, who had undergone a combined endoscopic examination prior to a subsequent IVF cycle. Group II comprised 61 (41,0%) patient with a history of various kinds of endoscopic and surgical treatment directed at correction of the reproductive function. 59 patients from Group III did not have an endoscopic examination.

Results. Besides previous faulty attempts at admin-

istering IVF, the indication for performing a combined endoscopic examination (including hysteroscopy and manipulatory laparoscopy) were clinical and ultrasound sings of pathology in endometrium, a suspicion for the presence of hydrosalpinx or genital endometriosis. During endoscopy, hysteroscopy revealed pathology of endometrium in more than half of the patients (65%), hydrosalpinx – in 20% of cases, and external genital endometriosis in every tenth patient (12,5% of cases). Corrected therapy was given and pregravidary preparatory measures were taken considering the revealed pathology. As a result of subsequent IVF procedures, gestation occurred in 37,5%, 30,4% and 30,5% of the patients from Group I, II and III, respectively.

Conclusions. Thus, combined endoscopic examination and subsequent correction of pathology are the mandatory stages in preparing of female patients for participation in the IVF programs in the event of preceding gestational failures and revealing of clinical and paraclinical evidences of gynecological pathology. Implementation of this particular approach promotes for an increase in efficacy of infertility overcoming through administration of supplementary reproductive technologies (IVF).

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TRANSVAGINAL ENDOSCOPY: NEW POSSIBILITIES IN OPERATIVE GYNAECOLOGY

Authors have applied the method of transvaginal hydrolaparoscopy (THL) in 108 patients with previous history of tubal surgery and 4 patients with benign ovarian masses and severe postoperative adhesions of peritoneal cavity. THL allows to evaluate the effect of reconstructive reproductive surgery and determine the tactics of the further treatment of women infertility. Visual control and biopsy of inner surface of ovarian cyst is the informative tool of differential diagnosis of ovarian masses.

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ADHESION PREVENTION IN REPRODUCTIVE SURGERY

Introduction. Adhesion formation in abdominal cavity is one of the leading disease. Adhesion formation after pelvic surgery is the cause of ileus, sterility and chronic pelvic pain. There is no foolproof method to prevent the adhesion constitution. There are some recommendations in the literature to prevent this process: to use crystalloids and colloids after basic operative stage, dosing irrigation the cavity with isotonic solution sodium chloride with heparin, administration of the glucocorticoid.

Design & Methods. The aim of our research is to make the protocol of application and valuation of adhesion barrier INTERCEED and gel INTERGEL effectiveness. The membrane INTERCEED was used after dissection of deep retrocervical endometriosis by laparoscopy in 11 patients, after myomectomy by laparoscopy in 35 cases, and in patients with sterility – in 18 cases. It's known that these types of operations have the high risk of postoperative adhesion constitution. INTERGEL was performed after laparoscopic adhesiolysis in 10 patients who had 2-4 open surgery before. We have done second-look laparoscopy in 34 cases after 4-6 months.

Results. Adhesion have been found in 6 cases but the intensive of adhesions was lower (number, quality, vascularisation etc.). 1 patient after 2 surgeries and laparoscopic adhesiolysis + INTERGEL was reoperated on 7-th day urgently (ileus). The gel and adhesion were not found.

There were 3 pregnant women after laparoscopic treatment of deep endometriosis + INTERCEED. There were 5 pregnancies after total laparoscopic adhesiolysis + INTERGEL in the patients with peritoneal infertility and 10 pregnancies after laparoscopic myomectomy.

Conclusion. Adhesion barrier is more important in the reproductive surgery. Now there are two kinds of barriers – membrane and gel. These data show the effectiveness and safety of both of them.

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