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.