

Ukybasova T.M., Kotlobovsky V.I., Satenova Zh.K.

West Kazakhstan Medical academy after M.Ospanov, Aktobe,  
Kazakhstan Republic

## LAPAROSCOPY IN THE TREATMENT OF THE OVARIAN BENIGN TUMOURS

**Introduction.** The aim of the work is to study the opportunities of using endoscopy surgical methods for diagnosing and treating of different ovarian tumours.

**Method of investigation.** 238 women that had had laparoscopy operations in the treatment of ovarian tumours in 1995-2005 were analysed. There was the data of the endoscopy department of the children's hospital and the gynecology department. The average women's age was  $32,5 \pm 0,1$  years, from 14 to 60 years old.

**Results.** The tumours were not diagnosed previously at 4 (6%) women and firstly were found out at the laparoscopy operations for sterility. Among the removed tumours 156 patients (65,5%) had ovarian benign tumours, 3 (1,3%) had malignant tumours and 2 (0,8%) – border-lined ones. The intraoperative council had come to a decision that two patients with border-lined tumours should be operated on an affected side only. Then those patients were tested on biochemical markers and a computer tomography was produced. Now both of them have children and are observed by an oncogynecologist. Two patients with malignant ovar-

ian tumours were operated laparoscopically. 59 patients (24,8%) had benign tumours. The operation depended on the patients' age and the presence of concomitant female genitals pathology. In all the cases the genitals were tried to be saved. In one case a conversion-laparotomy and widening of the operation capacity was made. The laparoscopy operations didn't find out the ovarian tumours at 4 (1,7%) patients. The average continuation of a patient's stay in a hospital was  $2,0 \pm 0,3$  days, that depends on the presence of the concomitant pathology demanded additional methods of investigation and preparations for the operation.

### Conclusions.

1. Surgical laparoscopy is a perspective trend in the treatment of the ovarian benign tumours at any age and can be a standard in a surgical gynecology.
2. A qualified surgeon-gynecologist skilled in laparotomy and laparoscopy can choose a rational tactics during the operations on border-lined and malignant tumours.