



# NEW TECHNOLOGIES IN TREATMENT OF ABNORMAL UTERINE POSITIONS AND STRESS INCONTINENCE

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## THE NEW POSSIBILITIES OF THE ELIMINATING THE LOWERING AND FALLOUTS OF THE FRONT WALL OF VAGINA AND CYSTOCELE

**Introduction.** For many years the problem of the lowering and fallouts of vagina and womb remains to be actual. The wide-spread way of the surgical treatment of the lowering and fallouts of the front wall of vagina and cystocele is an anterior colporrhaphia. Its using is limited by difficulties of the operative technics in case of thinness and atrophies of fascia vesicovaginalis, and the high frequency of prolaps relapse.

**Material and methods of the study.** The pre-operative preparation of a patient and the study of efficiency of the treatment included the standard clinical-laboratory examination, urodynamic methods, denervation tests, prognostic methods ("stress"-tests), vaginodynamic investigation, USD, questionnaire of life quality. At post-operative period there were conducted USD, overview X-ray of small pelvis, control urodynamic and vaginodynamic methods, questionnaire of life quality.

**Results.** In order to increase the efficiency of reconstructions of vesicovaginal septum in case of its prolaps, we used the net from superelastic titanium-nickel threads. It possesses the high resilience, capable to repeat the form of any surface without preliminary deformation that allows to fix not only restored back walls of the urethra and urinary bubble, but also lateral walls of the urethra and urinary bubble and vastly enlarges the area of consolidated vesicovaginal septum in the its weakest division. Making front colporrhaphia we avoided cystocele, consolidated urovesical segment by

means of nearing connective and muscular elements. The net from superelastic titanium-nickel threads was fixed by separate stitch to restored back wall of the urethra and urinary bubble in zone from preparaiting part of the urethra to the cervix. It embraces the lateral walls of the urethra and urinary bubble. Fascia was sewn by the type of the collation.

The reconstruction of vesicovaginal septum in case of its prolaps (at 2 observations there was the fallout of the cults of vagina with urethra- and cystocele after hysterectomy) with using of the net from superelastic TiNi threads was made in 8 womans at the age of 40-56 years. The operation was executed as the stage of plastics of pelvic bottom muscles when their insolveny took place. The postoperative period was without complications. The independent urination was on the 1st-4th days. The control examinations in 4, 6, 12, 24, 36 months after operation revealed the absense of urogynecological and sexual complaints, there were no signs of the prolaps relapse. Implantat did not show itself negatively. According the USD and X-ray data, the tissues around the implantat had usual structure.

**Conclusions.** The results of the observation of the patients gave gratifying results that reconstruction of vesicovaginal septum by reinforcing of restored urinary bubble and urethra by net from the superelastic titanium-nickel threads can become the alternative technologies of vaginopexy.

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## THE NEW POSSIBILITIES OF REKTOVAGINAL SEPTUM RECONSTRUCTIONS

**Introduction.** One of the serious problems of the surgical treatment of the lowering and falling of femal reproductive organs, is a reconstruction of rectovaginal septum at presence of rectocele. Levatoroplastics recommended in manual of the operative gynecology gives the good effect only in case of inferior rectocele, when hernial gates in rectovaginal septum are closed by levators contraction. The problem of reconstructions of rectovaginal septum in cases of the middle and superior rectocele remains open because of high frequency of relapse.

**Material and methods.** Pre-operative preparation of patients and the study of efficiency of the performed treatment included the standard clinical-laboratory

examination, proctologic methods, denervation tests, prognostic methods ("stress"-tests), vaginodynamic investigations, USD, questionnaire of life quality. At the postoperative period there were conducted USD, overview X-ray of small pelvis, control proctologic and vaginodynamic methods, questionnaire of lives quality.

**Results.** In order to increase the efficiency of the operative treatment of the lowering and fallouts of the back vaginal wall with forming of rectocele, we used the net from the superelastic titanium-nickel threads. During the reconstruction of rectovaginal septum, we produced the broad preparaiting of the front rectal wall from back vaginal wall and adjoined fascia-muscular el-