



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 culs 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-

ements. Oversprained front rectal wall was taken in and brought back into natural anatomical borders. The net from the superelastic TiNi threads was put to restored front wall of vagina, prototyping on the form and fixed with separate stitches on the area from external sphincter of rectum to the back code of vagina with seizure of lateral walls. Then we sutured the slips of rectovaginal fascia, adjoined fascial-muscular elements. After excision of excesses of back vaginal wall, colpoperineorrhaphy with insulated levatoroplastics was produced.

In that way, 7 patients were operated with full and incomplete uterine prolaps with forming of rectocele. The age of the patients was 46-65 years. The postoperative period run without complications in all cases. The seams from perineum were taken away on the

6th-7th days. Healing of seams were primary. The control examinations after 4, 6, 12, 24, 36 months after operation showed that gynecologic, proctologic and sexual complaints, and the signs of the prolapse relapse were absent. The implantat did not show itself negatively. The data of USD and X-ray of small pelvis showed the usual structure of tissues around the implantat.

Conclusions. The results of the patients observation showed high efficiency of reconstructions of rectovaginal septum by reinforcing of the front rectal wall by means of the net from superelastic titanium-nickel threads. The designed methods can become the alternative to sacrovaginopexy in cases of complete forms of genital and front rectal wall prolaps.

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THE EXPERIENCE OF SYNTHETIC MATERIALS APPLICATION IN PELVIC SURGERY

Introduction. The inconsistency of pelvic muscles is one of actual gynecological problems today, resulting in significant amount of pathological processes and decreasing a quality of life. Now most effective method in treatment of pelvic prolaps is surgical treatment with use of prolens implants.

The **purpose** of our research was an estimation of efficiency of surgical treatment with use prolens implants.

Material and methods. Research group included the women with the various forms of pelvic incontinency. All patients have been carried out surgical treatment in volume of colpotomia with Gynemesh plastics, back colpoperineolevatoroplastics. Under the indications sacrovaginopexy was carried out. We used prolens implant Gynemesh-soft (Ethicon). The efficiency of results of surgical treatment was estimated in view of subjective and objective criteria, anatomic parameters, and also

the quality of patients life was estimated at dynamic supervision within 1 year.

Results of research. We mark high efficiency of surgical treatment of pelvic prolaps with using of prolens implants. The average age of the women was 51 ± 5 years. At 50% of patients there were revealed the lowering of anterior vaginal wall of 2nd degree and cystocele, in one case the lowering of vaginal walls of 3d degree was observed. Using prolens implants the complete restoration of anatomical and functional solvency was marked. At dynamic supervision of patients within 1 year we did not observe complications. Relapses of disease also were not marked. All patients marked thenb satisfaction of result and improvement of life quality.

Conclusions. The surgical correction of pelvic muscles inconsistency with use of prolens implants is the most effective method of treatment and does not result in decrease of life quality.

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EFFICIENCY OF TVT AND TVT-O IN PATIENTS WITH STRESS URINE INCONTINENCE

Introduction. Stress urine incontinence (SUI) is one of the basic problems of modern gynecology. Getting high prevalence among the women of reproductive and senior age, SUI gets the medical-social importance, resulting in a number of pathological processes, and also significant decreases quality of life. The using of

suburethral prolens implants is one of the most effective methods of treatment SUI in modern gynecology.

Objective of our research was an estimation of efficiency of prolens suburethral implants TVT, TVT-O at surgical treatment of SUI.

Material and methods. We carried out the treatment