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 prolen implants.

The **purpose** of our research was an estimation of efficiency of surgical treatment with use prolen 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 prolen 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 prolen 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 prolen 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 prolen 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 prolen imlants is one of the most effective methods of treatment SUI in modern gynecology.

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

Material and methods. We carried out the treatment

of 11 patients, using TVT-O and 8 patients using TVT. The diagnosis at all women was observed clinically and confirmed by means of urodinamic and 3D US investigations. There were estimated both subjective, and objective parameters of efficiency of SUI treatment. All patients were undergone the urodinamic investigation and US exam of urethra before and after operation.

Results of research. The average age of patients was 46± 5 years. The complete recovery was observed at women of both groups. We did not observe any complications both in time of urethropexy realization, and in postoperative period. The average duration of operations was 25 mines. Free voiding was observed for the first day after operation. US-control after operation did not reveal any attributes of SUI. All patients have noted improvement of quality of life. At dynamic supervision within 1 year the relapses of disease was not marked.

Conclusions. Analyzing the received preliminary results it is necessary to note high efficiency and safety of prolen implants TVT-O, TVT at treatment of SUI and also the simplicity of operations realization.

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THE EVALUATION OF CONTRIBUTING FACTORS AND OUTCOMES OF SURGICAL TREATMENT IN PATIENTS WITH STRESS URINE INCONTINENCE

Introduction. Stress urine incontinence (SUI), gets the important medical and social meaning in view of its extremely high prevalence among the women of senior reproductive age, occurrence and increasing of complex of the factors promoting development of moral-psychological and social – industrial disadaptation of the women

Objective. The purpose of our research was the study of anamnesis, contributing factors, outcomes of operative treatment at patients with stress urine incontinence, and also the optimization of diagnostic methods of this pathological condition.

Material and methods. Researched group included the women with clinicaly and urodynamicaly confirmed stress urine incontinence, who was observed in department of operative gynecology of D.O.OTT Research Institute of Obstetrics and Gynecology for the period since September 2004 till May, 2005. There were carried out following operations: IVS (n=6), TVT (n=6), TVT-O (n=11), such parameters as age, parity, index of body weight, menstrual function, signs of connective tissue displasia syndrom were investigated. In all women there were carried out ultrasound examination of urethra and urine infections tests. Analysing the course of postoperative period we took into account such parameters, as independent voiding, presence of intra – and postoperative complications, including a wound of urine ways, damage of nerves and vessels, erosion of a vaginal wall and urethra. The effect of carried out operative treatment also was estimated.

Results. The mean age of patients was 50 ± 4,1 years (48-52). The majority of the women (82%) was bipara. More than half of patients (56%) had various signs of connective tissue displasia syndrom. 42% of the women was postmenopausal, however only one received GRT. It is interesting, that almost all women had an excess of body weight (The BWI was 28,2 ± 9,8). At bacteriological study the urine infections were found in 63% of the women. We did not observe such complications of operative intervention as haematoma of obturator muscle, injury of vessels and nerves, wounds of urine ways, an overactive bladder, obstructive voiding. In 5% of cases such complication of operation was observed, as the erosion of a vaginal wall, that was required repeated operative treatment. It is necessary to notice, that patient' IVS was executed, and also there was expressed urine infection. The operative treatment resulted in complete recovery at 96% of the women.

Conclusions. Our data showed that the most important contributing factors of SUI development were connective tissue displasia syndrom, the estrogen deficiency in postmenopause, and also an excess of body weight. Urine culture should be carry out before surgery at the majority of patients. Sling antistressed operations with use of prolen tapes are safe and most effective at treatment of the patients with SUI.