

of 11 patients, using TVT-O and 8 patients using TVT. The diagnosis at all women was observed clinically and confirmed by means of urodynamic and 3D US investigations. There were estimated both subjective, and objective parameters of efficiency of SUI treatment. All patients were undergone the urodynamic 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 minutes. 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 prolene implants TVT-O, TVT at treatment of SUI and also the simplicity of operations realization.

Bezhenar V.F.^{1,2}, Volkov N.N.¹, Blagodarnij G.V.¹

¹ The D.O.Ott Research Institution of Obstetrics and Gynecology RAMS,

² Department of obstetrics and gynecology Medical-Military Academy, Saint-Petersburg, Russia

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 clinically and urodynamically 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 $50 \pm 4,1$ 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 $28,2 \pm 9,8$). 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's 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 prolene tapes are safe and most effective at treatment of the patients with SUI.