and were ligated together with a special modified fixator. By this way there were no periphereal contacts of sutures. Sutures were fixed above aponeurosis.

Results. In 20 (71,4%) pts in postoperative period we corrected the pulling of sutures for obtaining of maximal results. In 22 (78,6%) pts symptoms of incontinense absolutely disappeared. In 4 (14,3%) – symptoms redused significantly. Transvaginal ultrasonography and vaginal exam of all patients didn't revealed any rough scarring defects in postoperated area. The follow up of patients was 2 years. Complete rehabilitation was attained in 21 (75%) pts, in 5 (17,9%) pts incontinence decreased, in 2 (7,14%) pts incontinence after operation didn't reduced. Postoperative complications: blockage of urine and need in catheterization were marked in 4 (14,3%) pts, activation of urinary infection was found in 7 (25%) pts. Pain in pubic area – in 10 (35,7%) pts In one patient (3,6%) there was the replace of incontinence due to straining exercise. Examined her we found the break of pubovaginal sutures.

Conclusion. Turndown from mobilization of anterior wall of vagina minimized the danger of development of dystrophic and scarring changes in vesico-urethral segments. The given method helps to form new anatomo-physiologic understanding between proximal urethra and pelvic diaphragma in short-term

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COMBINED SURGICAL TREATMENT OF CYSTO- AND RECTOCELE IN DESCENT AND ABASEMENT OF FEMALE REPRODUCTIVE ORGANS

The purpose of study: improvement of surgical treatment results of cysto- and rectocele in pelvic prolapse due to combined correction of anatomic and functional disorders using lesser invasive technologies.

The material and study methods. The results of treatment of 47 women with pelvic prolapse and complaints for uroclepsia in strain, astrictions, rectal dissatisfaction, incopresis, gas incontience were analyzed, necessity of manual textbook in defecation (pelvic distsention syndrome). Clinical, laboratory, ultrasound (including transvaginal), urodynamic, proctographical (including straining effort) and endoscopic investigations were carried out. According to indications and technique, surgical treatment was performed which included: loop urethroplasty (TVT and TVT-O), transvaginal sacrovaginopexy (LS MESH) and prolapse correction (front and dorsal vaginal hysterotomy, Shturmdorf operation and so on).

The results were being studied from 3 months to 3 years after operation. At that questionaries, clinical, laboratory and ultrasound investigations were used.

The results of study. From second day after operation in patients under investigation, the complaints connected with pelvic distsention syndrome disappeared. First of all, the patients noted disappearance of stress incontinence and then problems connected with defecation act.

As a result of clinical and laboratory-instrumental investigation we did not educe the cases of backset of relapse and pelvic distsention syndrome.

Conclusion. The optimal way for treatment of patients with pelvic prolapse complicated by cysto- and rectocele is combined operation which makes it possible to carry out correction of genital prolapse (including remodeling of pelvic floor) and to eliminate functional disorders of annexa. At that the best functional results are reached by means of loop urethronexy (TVT and TVT-O) and sacrovaginoplasty (LS-MESH). In addition, it is necessary to note that single-step prolapse correction, incontinence and disorders of defecation act using lesser invasive technologies, significantly decrease operational trauma, improve the results of surgical treatment, have high medical, social, economic effect and improve the quality of patient's life.

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LESSER INVASIVE TECHNOLOGIES IN CORRECTION OF STRESS UROCLEPSIA IN PELVIC PROLAPSE

The purpose: improvement of results of stress uroclepsia treatment in women with pelvic prolapse using free synthetical loops from prolen (TVT, TVT-O).

The material and methods. The analysis of treatment of 132 women with pelvic prolapse and uroclepsia. All women were operated for prolapse and correction of incontinence. Control group consisted of 53 women operated before who also suffered from prolapse and incontinence but surgical treatment was carried out only in respect of prolaspe. Then these patients were operated in urological hospitals where the operation of Kraats in modification using short autodermal flap was carried out. The operations in patients of main group were performed in two stages. At first stage the cor-

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