ing to the periosteum of sacrum. First, it is necessary to make sutures on the periosteum, then to follow them through the fascia, 3-4 sutures must be made. Distal end of stripe is sewed to the apex of vagina, 3 separate synthetic nonabsorbtional sutures are made on the anterior wall of the vagina. The stripe of fixing material is laying on the vagina cupola and can be sewed to it, if it is necessary. Douglas space is closed by sewing of sacrum uteri ligament along medium line.

5. Parietal peritoneum is sewed above the stripe of the fixing material, small pelvis is peritonized.

Sacral vaginopexy with prolene net application was made in 8 cases. There were no recurrences during 5 years.

Conclusions. Sacral vaginopexy with prolene net application has many advantages in comparison with the other methods of genitalia prolapsus cure where only proper tissues are used. GyneMech series prolene stripe application when sacral vaginopexy takes place, makes possible to save the depth of vagina and to recover normal axis of vagina cupola. As sacral vaginopexy is followed by pelvis hernia closure, the prolene net usage for the anatomic correction is justified. This material is well modeling, demonstrates itself as unresolving and unreactive and easy in application.

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THE EXPERIENCE OF SURGICAL TREATMENT OF STRESSFUL URINARY INCONTINENCE OF AN AVERAGE AND HEAVY DEGREE

Problem: what is the effect of "sling" operations for patients with urinary incontonence.

Methods. Before surgical treatment of urinary incontonence we spend the certain algorithm of diagnostics: use of the modified questionnaire; carrying out of functional tests, bacteriological analises of urine, urodynamical researches, cystoscopy, urethrography.

We give the special value to carrying out of the stop-test, rectal-test in Savitskiy's updaiting, the Mazurek's test. In our opinion the group of patients with average and heavy degree of urinary incontonence should have the special attention. We performed 86 operations (with vaginal and laparoscopy acsseses and sling-operations).

Results. Having tracked the remote results of vaginal operations and having analysed same cases of combined surgical operations at these patients (with vaginal and laparoscopy acsseses) there has been drawn a conclusion about their rather low efficiency.

For last years we executed 52 "sling"-operations (of Gebbel-Shtekel and Oldridzh-Krasnopolskiy) at average and heavy degrees of urinary incontonence.

The age of patiens was from 34 till 52 years, duration of their disease varied from 2 till 7 years. On the basis of the direct and remote results the restoration of normal urination process was noted in 44 cases from 52. After "sling"-operations there was noted a long period of treatment caused by long restoration of urination process.

Conclusions. It is drawn a conclusion that the given sling-operations are the most effective in patients with an average and heavy degree urinary incontonence.

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BIOMECHANICS AND BIOCOMPATIBILITY OF SYNTHETIC SUBURETHRAL SLINGS

Aim of study: The aim of our work was to find the correlation between biomechanical properties of synthetic suburethral slings and tissue reaction after implantation of them.

Material and methods. For our research we took five kinds of polypropylene synthetic slings with different structure – TVT (Gynecare), Obtape (Mentor) and three types of synthetic implants, which were created in scientific department of Lintex Ltd (specimen №1, №2 and №3). All implants could be divided into two groups: woven (TVT, specimen №1, №2 and №3) and non-woven (Obtape). Detailed structural and mechanical analysis of implants was undertaken to get information of their thickness, surface density, bulk porosity, breaking load, maximum deformation, elasticity, middle square of cells, diameter of filaments, middle quantity of filaments in cell walls. Tissue reaction after implantation of selected materials was evaluated in rat model. Specimens were implanted into abdominal wall between skin and muscles. The explants were evaluated for: intensity of inflammation, the nature of inflammation, the development of granulations, intensity of fibrosis, vascularisation, minimal and maximal width of scarring zone around the implant.

Results. The evaluation of structure of implants allowed us to divide them into three groups: with relatively small cells and thin walls of cells (specimen №1), with intermediate characteristics (TVT) and with big-