

ger cells and thick walls (specimens №2 and №3). TVT had the biggest material capacity (94 g/m²) and highest breaking load (80 N), but as well it had extremely unstable structure during tension (peak load deformation about 178%). Specimen № 1 had the smallest material capacity (56 g/m²), it had a little bit lower breaking load (57 N), but its structure was very stable during tension (peak load deformation not more than 30%). Specimen №2, №3 and Obtape had intermediate characteristics. Pathologic research showed similar inflammatory response when using of all selected polypropylene implants. However, when using Obtape, in three cases

(9%) we observed abscesses in the site of implantation. Considerable difference was in width of scarring zone and intensiveness of fibrosis surrounding the implant. Thin, delicate and equal width of scarring zone was when using Obtape and specimen №1. Thick and solid scarring zone was in cases of specimen №2 and №3. In case of TVT there were intermediate characteristics.

Conclusion. Our research demonstrated that structural and mechanical properties of synthetic implants have obvious influence on tissue reaction after implantation of them.

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Design & Methods: 265 patients were operated using TVT (198 patients) and TVT obt (67 cases) from 2000 to 2005 year. Age of patients is 14 to 79 year (average 49,7). There was 43,9% postmenopausal women. In most cases TVT/TOT and surgical treatment of genital prolapses have done in one time. There were TVT/TOT and colpography, VH, Manchester or colpoeliosis. There were been 24 complications, when TVT was done: bladder perforations – 5 (2,3%), hematoma – 2 (0,8%), disorders of bladder emptying – 17 (9%). There wasn't complication when TVT obt was performed.

DIFFERENT TYPES OF TENSION FREE VAGINAL TAPES (TVT, TVT-O) IN TREATMENT OF STRESS INCONTINENCE

Results. Long-term results (4 years) of surgical treatment of SUI by TVT/TVT-obt technology have shown 95,7% excellent and good results and 4,3% of patients have minor symptoms of incontinence (de novo incl.). The negative results were not noted after TVT-obt. All patients are "dry", without any disorders.

Conclusions. Now TVT is considered "gold" standard of surgical treatment of SUI. But transobturatorium way (TVT-obt) has some advantages: no risk of bladder perforation, no postoperative disorders of bladder emptying.

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Material and methods. IVS posterior plastics of rectocele was carried out since 2002 year among 42 patients in the age of 42-69 with recurrence of rectocele. All the patients had vaginal or abdominal hysterectomy with different methods of vaginopexy, colpoperineolevatoroplastics. Recurrence of rectocele developed during the 6-24 months and was accompanied by sexual discomfort, disturbances of defecation.

Method of IVS posterior plastics of rectocele was combined with plastics of defect of the peritoneal-perineum aponeurosis. We applied prolene Mash in the form of T-shot. The basis of the prosthesis applied to the defect and its loose ends took out on the

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skin of the perianal area behind the m. levator ani, with the assistance of IVS-tunneller.

Results. We have the long-term results of the technique (18 mounts). There were no sexual discomfort, disturbances of defecation or recurrence of prolaps. Analysis in 18 patients revealed the reliable differences of sexual status before and after surgical treatment. Thus 13 patients (75%) noted the satisfaction from sexual life. The frequency of sexual intercourse has increased in 10 patients (60%).

Summary. In spite of a small number of the patients and a short period of care there were noted the simple technique of this operation without any haemorrhagic or infection complications and good functional results.