COMBINED AND SIMULTANEOUS OPERATIONS IN GYNECOLOGY

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URGENT SIMULTANEOUS LAPAROSCOPIC OPERATIONS IN GYNECOLOGY AND SURGERY

Actuality. At the contemporary level of surgery, anesthesiology and resuscitation development, simultaneous surgery can be performed not only previously planned but urgently as well. There is the opinion that in urgent surgery, number of urgent operations should be limited to minimum numbers; the top-priority for a surgeon must be life-safe procedures performed for a patient and the intentional risk can hardly be considered as defensible.

Aim of the research. To optimize surgical attitudes to urgent simultaneous laparoscopic operations combined with urgent diseases of peritoneal cavity and small pelvis organs.

Materials and methods. From January 2000 till August 2005 in the departments of gynecology and surgery of Regional S.V. Ochapovskiy Clinical Hospital № 1, 79 urgent simultaneous laparoscopic operations had been performed.

Results of the research. Laparoscopic adnexectomy (cystadenonectomy) operations performed for benign tumor and tumor-like mass of ovaries were combined with laparoscopic cholecystectomy in 48 (60,7%) patients (average duration of an operation was 45,3 minutes, average stay in hospital was 4,6 days). The operations started from surgery phase, that gave the time to identify method for gynecological surgery and examine gallbladder bed after gynecological surgery phase completion. Gallbladder bed drainage through trocar access along the anterior axillary line and drainage of small pelvis were performed in case of indications for that.

Laparoscopic adnexectomy and salpingectomy operations for uterine appendages inflammatory masses were combined with appendectomy in 31 patients (39,3%) (average duration of an operation was 52,6 min, average stay in hospital was 6,9 days). Acute inflammation and infiltrated changes in vermiform appendage were the indications for operations. Appendectomy unlike cholecysectomy had been performed as a second phase in compliance with aseptic principles. Preparation was extracted in plastic container together with gynecological preparation.

No complications in postoperative period were registered, the course after surgery was typical. There were no lethal outcomes. Average period of in-hospital treatment in case of simultaneous operations was not significantly longer than in case of a separate nosologic unit.

Conclusions. It is considered reasonable to perform simultaneous laparoscopic operations in urgent surgery and gynecology, as the duration of such operations were not significantly longer, there were no increase of post-operative complications and lethal cases; traumatic effect was not bigger and excellent cosmetic results were obtained. To get maximum result of the laparoscopic simultaneous operation, highly qualified gynecologist and surgeon should be included in surgery team, or an operation should be performed by gynecology specialists team and surgeon team, each team for specific phase.

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PLANNED SIMULTANEOUS LAPAROSCOPIC OPERATIONS IN GYNECOLOGY AND SURGERY

Actuality. Increase of traumatic effect during performance of simultaneous phases and additional accesses use are presented as a major reason of surgeons' rejection to perform simultaneous correction of combined diseases with laparoscopic methods. This major reason may become disputable as laparoscopic methods are introduced in contemporary medicine.

Aim of the research. To make comparative estimation of early and late post-operative periods with patients who had isolated and simultaneous laparoscopic surgery as well as to optimize the attitudes for performances of planned simultaneous laparoscopic operations in gynecology.

Materials and methods. From January 2000till August 2005 in the departments of gynecology and surgery of Regional S.V. Ochapovskiy Clinical Hospital № 1, 26 planned simultaneous laparoscopic operations had been performed.

Results of the research. Coagulation and/or removal of nidus of outer genital endometriosis (OGE) was performed in 5 patients (19,3%), total laparoscopic hysterectomy (TLH) was performed in 4 patients (15,4%), conservative myomectomy – in 4 patients (15,4%), cystadenonectomy – in 3 patients (11,5%), salpingolysis-ovariolysis and neosalpingoectomy were performed in 3 patients (11,5%), sub-total hysterectomy (STLH)

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