

– in 2 patients (7,7%), tubectomy – in 2 (7,7%) patients and andectomy – in 1 patient (3,8%). Laparoscopic gynecological operations were combined with laparoscopic hernioplastics for umbilical incarcerated hernia (3), for post-operative ventral small hernias (2) and inguinal hernia (21). The operations for the patients under research, had been started from gynecological phase; hernioplasty with the use of MESH-prosthesis, as a rule, was performed as a last phase. Average duration of an operation was  $83,2 \pm 8,1$  minutes. The longest operations were in cases of relapse hernia, average duration of such operations was  $82,8 \pm 6,7$  minutes, as well as in cases of herniorrhaphy combined with TLH, aver-

age duration of such operations was  $65,4 \pm 8,1$  minutes. Average in-hospital stay of patients who had simultaneous herniorrhaphy was  $9,5 \pm 2,6$  days. 3 patients had minimal period of in-hospital stay, it was 5 days, the longest stay in the hospital was 16 days. There were no complications in post-operative period, the cases were typical. There were no lethal outcomes.

**Conclusions.** Planned simultaneous laparoscopic operations allow to perform simultaneously radical and reconstructive plastic surgical treatment of gynecological and surgical diseases, they do not increase traumatic effect of operations and have excellent cosmetic results.

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## THE EXPERIENCE OF SIMULTANEOUS LAPAROSCOPIC OPERATIONS IN GYNECOLOGY

**Introduction.** The invention of laparoscopic methods has allowed performing simultaneous operations on abdominal and pelvic organs without substantial increase in trauma caused by operational access. According to data from WHO (1985) – 20 – 30% of patients require simultaneous operations, however, only around 6% of them undergo such interventions.

**Material and methods.** We have an experience of treating 59 patients with gynecologic pathology and concurrent chronic gallstone disease, who underwent simultaneous operations.

The age of the patients ranged 23 to 78 years old.

**Results.** The indications to performing gynecologic operations were benign ovarian cysts and neoplasms

in 34 patients, uterine leiomyoma in 25 patients. In all patients we started with laparoscopic cholecystectomy, continued with a gynecologic intervention. There were no intra- and postoperative complications. The course of postoperative period and the length of stay in the clinic were not different from the average parameters from a similar group of patients without concurrent surgical pathology.

**Conclusions.** Therefore, our experience of simultaneous operations in gynecology using laparoscopic methods has shown its expediency in patients with concurrent chronic gallstone disease, because it does not lead to substantial increase of operational trauma and duration of treatment.

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## THE OPPORTUNITIES FOR SIMULTANEOUS GYNECOLOGICAL LAPAROSCOPIC OPERATIONS

**Urgency of the problem.** Extensive introduction of laparoscopy in surgery and operative gynecology, perfection of technique and low traumatic effect of endoscopic operations allow to expand indications for simultaneous laparoscopic interventions involving various abdominal organs.

**Material and methods.** In the Municipal center of laparoscopic surgery of Elizavetinskaya hospital of Saint Petersburg we have performed 138 simultaneous laparoscopic interventions. Average age of the women was  $36,4 \pm 4,8$  years.

**Results of the study.** In 29 cases (21,01%) the laparoscopic hysterectomy (LAVH or TLH) was combined with

laparoscopic cholecystectomy in case of cholelithiasis (average duration of the operations was 115,7 minutes, the average number of days spent in the hospital – 4,9). The laparoscopic adnexectomies (cystadenomectomies) in case of benign tumors and tumor-like masses of the ovaries were combined with laparoscopic cholecystectomy in 57 (41,3%) patients (average duration of the operations was 35,4 minutes, the average number of days spent in the hospital – 3,9). In 52 patients (37,7%) the laparoscopic adnexectomies (cystadenomectomies) were combined with hernia repairs in case of incarcerated umbilical (32), femoral (4), inguinal (11) and postoperative ventral hernias (5). In the latter group we preferred to start the op-

eration as a hernia repair and then we have been fixing optical trocar in hernial openings and carried out uterine appendages operation. The hernial openings were also used for removal of a macropreparation from abdominal cavity. The final stage of the operation was hernioplasty. In the postoperative period, there were no complications. The clinical course was typical. Average terms of hospitalization did not significantly differ from the parameters of

usual laparoscopic hysterectomy or adnexectomy (cystadenomectomy).

**Conclusion.** Thus, simultaneous laparoscopic operations allow to carry out simultaneous radical or reconstructive-plastic surgical treatment of several gynecologic and surgical diseases, it has good cosmetic effect, essentially reduces the terms of postoperative rehabilitation.

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## SIMULTANEOUS OPERATIONS IN UROGYNECOLOGY

**The objective.** Investigation of genital and extragenital pathology in women with stress-induced enuresis (SE) and estimation of the possibility of using simultaneous operations in surgical treatment.

**Material and methods.** At the period from 2000 to 2003 in N. I. Pirogov Saint-Petersburg Multifield Clinic 59 patients were operated on for SE. TVT sling operations were carried out in 31 female patients (the 1<sup>st</sup> group). The worked out method of pubovaginal sling operation with prolen net was applied in 28 female patients (the 2<sup>nd</sup> group). The age of women varied from 31 to 66 (on average 47,1 years old) in the 1<sup>st</sup> group and from 37 to 74 (on average 52,7 years old). Complex system of patient examination (USE, CUDE, MRT, endoscopic, clinical and statistical methods) was used for postoperative diagnostics and control.

**Results.** Various extragenital diseases were found in 18 (64,2%) patients from the 1<sup>st</sup> group and in 23 (74,2%) in the 2<sup>nd</sup> group. Combination of SE with various vaginal wall deviations, urinary bladder and rectum dispositions was recorded in 23 (82,1%) patients from the 1<sup>st</sup> group and in 27 (87%) patients in the 2<sup>nd</sup> group. Different pathology of inner genitals was revealed in 20 (71,4%) patients from the 1<sup>st</sup> group and in 15 (48,3%) patients from the 2<sup>nd</sup> group. Other surgeries aimed at elimination of inner genitals ptosis, inner genitals pathology and pelvic floor restoration were performed simultaneously with surgical correction of SE. In 24 (85,7%) patients from the 1<sup>st</sup> group the following 29 operations

were performed: anterior colporrhaphy, posterior colpoperineorrhaphy with levatoroplasty in 14 (48,3%), anterior colporrhaphy in 9 (31%), laparoscopic and laparotomic conservative myomectomy in 2 (6,9%), laser vaporization of the cervix of the uterus in 2 (6,9%), hysteroscopy and diagnostic curettage of uterine cavity in 1 (3,4%), hemorrhoidectomy in 1 (3,4%) patients. In 27 (87,1%) patients from the 2<sup>nd</sup> group the following 37 operations were performed: anterior colporrhaphy, posterior colpoperineorrhaphy with levatoroplasty in 15 (40,5%), anterior colporrhaphy in 12 (32,4%), hysteroscopy and diagnostic curettage of uterine cavity in 4 (10,8%), Manchester operation in 2 (5,4%), elimination of ventral hernia and omphalocele in 2 (5,4%), vaginal hysterectomy in 1 (2,7%), laser vaporization of the cervix of the uterus in 1 (2,7%) patients.

**Conclusion.** High frequency of concomitant diseases with different variants of pelvic organs prolapse predominant is recorded in patients with SE. Combination of SE, genitals prolapse, varicose veins, abdominal hernia, biliary dyskinesia, nephroptosis, hemorrhoids may result from system connective tissue deficiency. The found inner genitals pathology demands considerable expansion of surgical operation. Surgical correction of SE with the use of both sling operations with prolen net is possible in combination with any extent of surgical operation in women. Sling operations can be carried out independently or as a stage of simultaneous surgical treatment.

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## LAPAROSCOPIC SIMULTANEOUS OPERATIONS IN WOMEN

**Introduction.** During the last years the method of simultaneous surgery, i.e. simultaneous operations using laparoscopic approach, has been elected in increasing frequency for combined surgical internal diseases. The efficacy of these interventions is controversial. The

lack of data about the influence of simultaneous operations on the quality of life in women suffering from gynecological and surgical pathology defined the relevance and objectives of this study.

**Material and methods.** 56 patients with different