

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.

Rykin P. A., Singaevskiy S. B., Komyakov B. K.,
Kustarov V. N., Borisov A. V.

N. I. Pirogov Saint-Petersburg Multifield Clinic I. I. Mechnikov
Saint-Petersburg State Medical Academy Saint-Petersburg Medical
Academy of Postgraduate Education, Russia

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 1st group). The worked out method of pubovaginal sling operation with prolene net was applied in 28 female patients (the 2nd group). The age of women varied from 31 to 66 (on average 47,1 years old) in the 1st 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 1st group and in 23 (74,2%) in the 2nd group. Combination of SE with various vaginal wall deviations, urinary bladder and rectum dispositions was recorded in 23 (82,1%) patients from the 1st group and in 27 (87%) patients in the 2nd group. Different pathology of inner genitals was revealed in 20 (71,4%) patients from the 1st group and in 15 (48,3%) patients from the 2nd 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 1st 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 2nd 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 prolene 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.

Singaevsky N.B., Borisov A.V., Bokuchava N.V.,
Jaroslavsky V.K.

Multi-Profile Clinic n. a. N.I. Pirogov, S.-Petersburg, Russia.

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

gynecological and surgical pathology made group I and 24 patients with genitals diseases made group II. In performing the basic stage of simultaneous operation in group I, the following findings were considered as an indication for this type of treatment: hysteromyoma (42,2%), cystic adenoma (20,4%), and uterine tubes lesion (26,8%); in performing the associated stage they were: cholecystitis (28,9%), chronic and acute appendicitis (8,9%), omphalocele and bubonocoele (5,6%). In group II, the one-stage operation was performed for hysteromyoma (58,8%), ovariitis and salpingitis (41,2%). Laparoscopic approach was used in all cases. The outcomes were evaluated basing on clinical and laboratory data, as well as the quality of life in a week, one, six, and twelve months after operation, according to the inquirer "Quality of Life in Women" (NTSAG and P RAMN). **Results.** Prior to simultaneous operation, the quality of life in women was characterized by low physical activity (86,3%), regardless of a type of combined pathology. 96,4% patients complain of depression, alarm, nervousness, and emotional instability. Changes in the role functions become apparent in the problems arising in the occupational activities (66,4%), the necessity to reduce working hours (58,4%). 67,8% patients demonstrated the changes in sexual activities, seen as the decrease in sexual contact rate in (53,6%)

due to sexual dissatisfaction (72,6%). The quality of life in women with combined pathology depends on the character of sexual damage, the degree and length of disease. Associated surgical diseases deteriorate the quality of life in patients to integral performance criterion of $3,88 \pm 1,07$ points. The quality of life in patients prior to one-stage gynecological operation is less impaired as to all the parameters, the integral performance criterion making up $2,84 \pm 0,87$ points. The data of investigations show that patients' quality of life after simultaneous operations depends on the type and scope of both basic and associated stage of operation. **Results.** Thus, organ-preserving operations (myomectomy, ovariectomy) improve the quality of life. Radical operations (hysterectomy, ovariectomy) can significantly upset the state of welfare, self-certification of health, and impair the quality of life. The comparative analysis of life quality factors after simultaneous and one-stage operations demonstrated that with initial lower parameters of the quality of life in patients with combined gynecological and surgical pathology, simultaneous surgery renders a more positive effect on the dynamics of the quality of life components after operation, showing a reliable improving of psychoemotional, social role functions, self-certification of health and quality of life in patients.