

– Hanyn test, was mild (31 – 45 point; date of test authors), whereas the same indicator for the patients from IInd group was positively higher ($44,4 \pm 6,5$ и $39,9 \pm 8,0$ correspondingly). The same time, more then 65% of patients have displayed high level of anxiety (>46) and only every tenth of patients have shown low level of anxiety (<30). The biggest increase of the indicators

of anxiety was noticed among patients who was diagnosed of ectopic pregnancy ($47,75 \pm 0,46$).

Conclusions. These parameters were directly connected to the stress caused by hospitalization with urgent surgical diagnosis. We have found that usage of laparoscopic surgery decreases level of anxiety of patients with ectopic pregnancy.

Shaparnyov A.V.¹, Kobiashvili M.G.²

¹ St. George Hospital,

² Center of urgent and radiation medicine MES, St. Petersburg, Russia

CLINICAL SIGNIFICANCE OF ADAPTATIONAL REACTIONS OF FEMALE ORGANISM UNDERGOING LAPAROSCOPIC OPERATIONS ON UTERUS AND ADNEXA

Introduction. Laparoscopic operations on adnexa have become the "golden standard" now and those on uterus start to compete to traditional approach. But adaptational reactions of female organism and their clinical significance are not studied enough.

Material and methods. Clinical and laboratory study of 116 cases of laparoscopic operations on uterus and adnexa was performed. 86 (74%) of them were cases of benign adnexal tumors and 30 (26%) – cases of myomas. 78 (67,2%) cases were operated conservatively and 38 (32,8%) were treated radically. Type of adaptational reaction was evaluated according to L.H. Garkavy's method (1978, 1999) by correlations in WBC, which reflect the force of side influence. Statistic and discriminant analyses were held using p-criteria and Fisher's F-criteria.

Results. The most powerful influence was mentioned in radical operations on uterus, the less – in conservative operations on adnexa. In first postoperative day laparoscopic operation and its after-effects became powerful influence for 96% (25 cases) of patients operated on uterus and for 73% (66 cases) of patients operated on adnexae ($p < 0,05$). The most powerful influence among the operations on adnexae proved

to be operations due to teratomas and endometriomas with their content getting into abdominal cavity after their walls injuries or ruptures. The less powerful influence was fixed in cases of conservative operations for paraovarian cysts, even more then 20 cm in diameter. By the fifth postoperative day performed laparoscopic operation and its effects stayed powerful influence for 35,4% (41) of patients, influence of middle and low power was fixed in 64,6% (75) of patients. Discriminant analyses of significance of factors of influence showed the main role of mode of influence on tissues during the operation, volume of operation and kind of postoperative treatment. Considerable meaning was mentioned for postoperative pain levels, body temperature, intoxication indexes and WBC adaptational changings.

Conclusion. The results of this research served the pathogenetical basement for correction of using of various types of instruments, special operation techniques and adequate postoperative medicamentous treatment. Usage of received results showed the reduce of quota of patients with reactions on powerful influence in 5th postoperative day more then 4 times – to 8,6% (5 of 58 patients) in group of control.

Sheshunov I.V., Subbotin D.N., Rozuvan A.A., Danilov D.V.

Kirovsk State Medical Academy, Medical Centre-52, Federal medicobiological agency, Russia

ESTABLISHMENT OF URGENT GYNECOLOGICAL ENDOVIDEOSURGERY IN CONDITIONS OF SMALL TOWN

Objective: to show the possibilities of structure change, used diagnostic and treatment technologies in gynecological patients of medical units in small town on the example of establishment of endovideosurgical methods and 24-hours ultrasound diagnostics.

Materials and methods: we choose 2 groups of the most frequent diseases required surgery: extrauterine pregnancy and ovarian apoplexy.

Results: in patients with extrauterine pregnancy results of treatment after laparotomy and laparoscopy were compared and showed the decreasing of hospital-

stay, operation time, durations of postoperative pains in group of laparoscopy. In case of ovarian apoplexy 24-hours ultrasound diagnostics allowed to reject surgery.

Conclusion: endovideosurgical methods and 24-hours ultrasound diagnostics allowed to create the criteria of differential diagnosis, to refuse from additional invasive procedures such as cul-de-sac puncton, to reject surgery in case of ovarian apoplexy, to replace laparotomy in urgent adnexial surgery. All these advantages led to decreasing of treatment cost, reduced intraoperative trauma and hospital-stay duration.