

## THE USE OF SURGICAL PRACTICE IN WOMEN OF REPRODUCTIVE AGE WITH SEVERE DEGREES OF GENITAL PROLAPSE

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### Abstract:

In the article, the analysis of organ-preserving surgery performed on women of reproductive age is studied. Under our examination, 48 patients with III-IV level of prolapse of the genital organs encountered in our women were divided into their ages from 25 to 39 years of age. All methods of examination in our patients have been uttered IE general clinical-laboratory and gynecological examinations. The causes of genital prolapse have been studied and analyzed while the Anamnesis of patients under our examination has been thoroughly analyzed.

**Keywords.** Sexual prolapse, reproductive age, transvaginal hysterectomy, cystocele, rectocele.

### Introduction

Relevance of the topic: The urgency of the problem of genital prolapse is that it is widespread, early manifestation of clinical symptoms, and in many cases it is related to the recurrence of the disease after surgery, and the fact that the disease does not tend to decrease in statistics is the problem facing obstetricians and gynecologists today. remains one of the urgent problems. (Walters M.D. 2013). Nowadays, the occurrence of polyps in women, mostly with macrosomia of pregnancy, and in addition, the living conditions of women, which are often associated with heavy drinking, lead to the very early manifestation of pelvic organ prolapse in women, and currently, patients of reproductive age with the clinical picture of pelvic muscle insufficiency. (Chen G.D. – 2017) In recent times, genital prolapse has become "younger", the prevalence of severe forms of the disease and the involvement of adjacent organs in the process have been observed. Prolapse is widely accompanied by diseases of genital organs: 70% - urinary incontinence, 36% - defecation diseases, 53% - dyspareunia. (Adamyan L. B., Smolnova T. Yu., 2002).

Deficiency of the pelvic floor muscles, as well as the consequent descent and complete prolapse of the genitals, creates a serious medical and socio-economic problem. It remains in the center of attention of gynecologists and, at the same time, medical workers of allied specialties. Often, the disease begins in the reproductive age and has a progressive nature. If in previous years the descent and complete fall of the genitals was considered a disease of older women, in recent years, the trend of getting younger and the number of such patients of reproductive age has been noted. [M.K. Cho, J.H. Moon, C.H. Kim – 2017]. This is confirmed by the data of some authors [Lucot, J.P.– 2018.], according to which the prevalence of genital prolapse in women under 30 years old is 10.1%, in women aged 30 to 45 years it is 40.2% , and in women over 50 years old - up to 50 percent. [Bejenar V.F. 2013].

Surgeons and gynecologists are paying attention to the tendency of the disease to increase not only among older women, but also among young and middle-aged women. Today, the majority of surgical procedures are performed especially in young women, that is, in the reproductive age, which means

that the topic is more relevant. This situation has a serious impact not only on the health of women of reproductive age, but also on their psycho-emotional state.

**Research purpose:**

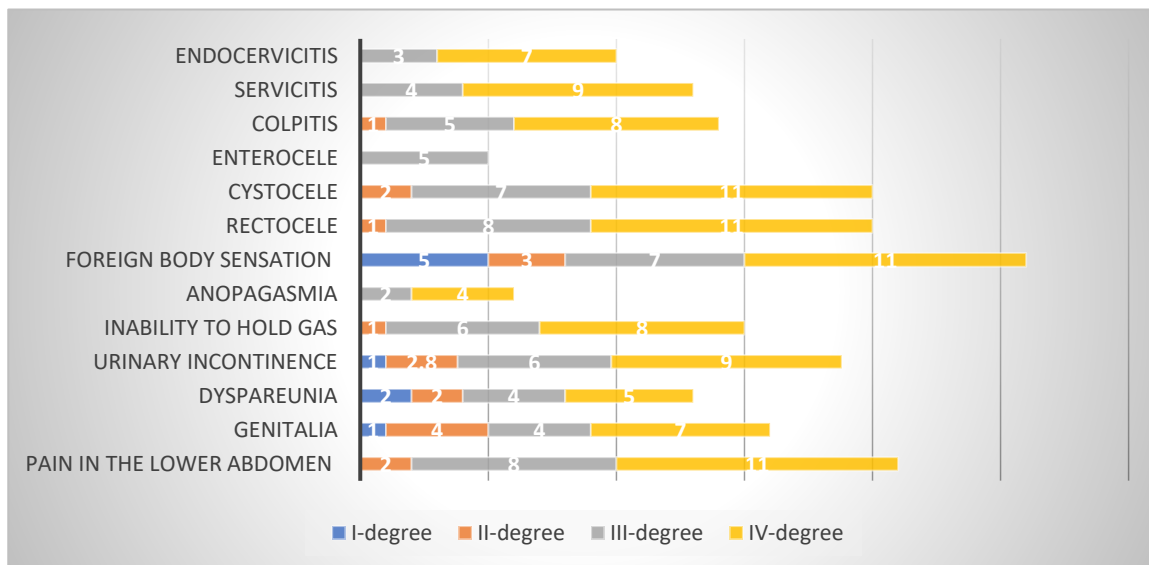
Treatment of stage III-IV prolapse of genital organs in women of reproductive age and determination of short-term and long-term results after surgery.

**Research method and Material**

We observed a total of 48 patients with severe prolapse of the genital organs who applied to us. Their age is 25-39 years. All examination methods were given to the patients, their anamnesis, general clinical and laboratory examinations, degree of genital prolapse, ultrasound examination of small pelvic organs, additional complications, colposcopy, bacteriological and bacterioscopic examinations of vaginal smear were performed. In addition, the types and extent of primary surgical procedures performed, the postoperative period, and observed complications were thoroughly studied and analyzed.

**Research results and their discussion:**

The obtained results show that the complaints of (16) patients with recurrence of genital prolapse were studied according to POP-Q classification.



As can be seen from the table, it was determined that mainly the complications and clinical manifestations of the disease are clearly manifested in the III-IV level according to the POP-Q classification. In addition, additional complications (colpitis, cervicitis, endocervicitis...) were observed. In addition to the surgical practices used in inguinal prolapse, we analyzed the methods of surgical practice in which recurrence of the disease was observed.

We examined 36 patients who presented with genital prolapse. Their age is 31-43 years. All examination methods were performed on patients, their anamnesis, general clinical and laboratory examinations, levels of genital prolapse were determined based on the new modern POP-Q

classification. UTT examinations of small pelvic organs were conducted. The causes of genital prolapse in patients and their impact on quality of life were thoroughly studied and analyzed.

### **Research results and their discussion:**

He obtained results show that 24 of our examined patients had III-IV level of genital prolapse according to the POP-Q classification. The age of the patients is 34-41 years. In the clinic, 11 (45.9%) of our patients mainly complained of vaginal discomfort, dyspareunia, and genitalia, while the remaining 13 (54.1%) had severe complications of the disease, i.e. urinary incontinence, gas incontinence, cystocele, rectocele complications. observed. When examining the obstetric anamnesis of the patients, it was found that almost 19 (79%) of our patients had late delivery complications. In 9 patients with macrosomia of the fetus, there were traumas of the space and vagina, in 4 patients an episiotomy was performed, in the anamnesis of 6 patients there was a tear of the cervix when the fetus was born with a breech. Due to the above complications and complaints, limb-sparing surgery was performed in patients with severe prolapse.

### **Conclusion:**

The analysis of modern literature shows that. Genital prolapse in women of reproductive age is considered an urgent problem of gynecology. It should be noted that more than 35% of patients with recurrent prolapse of the genital organs undergo repeated surgery. The advantage of surgery is that patients get up the next day. It is allowed to sit and walk for 3-4 days. On the 7th day, the patients will be answered. The effectiveness of the treatment was evaluated in 3 phases, after 3, 6 months and 1 year, and the quality of life of women. Before surgery, 100% of women rated their quality of life as poor, and after 1 year after surgery, 40% of them rated it as "poor" and 60% of them rated it as "good". Complications observed in genital prolapse are reduced by 89%. It should be noted that no recurrence of prolapse of genital organs was observed for 3 years after surgery.

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