

QUALITY OF LIFE AND SURGICAL TREATMENT IN WOMEN WITH GENITAL PROLAPSE

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Summary. The use of an ultra-light polypropylene implant according to the developed method of its installation reliably improves the quality of life of patients in comparison with preoperative indicators and with the use of a lightweight implant and their own tissues. The use of an ultra-light implant increases the physical component of health by 32.0%, and the psychological component by 40.7%, which is significantly greater when using a lightweight (26.1% and 29.4%) and own tissues (14.4% and 19.3%) ($p < 0.05$).

Key words: pelvic organ prolapse, failure of the pelvic floor muscles.

Relevance. The problem of surgical treatment of genital prolapse (GP) remains very relevant. The prevalence of prolapse in women is 11.4-41%, with a leHAcHnne increasing with age and the risk of surgery for this disease (2.7-11%) (1,2,3,4,5,6,7,8,9). The only effective method of treating GP and pelvic floor failure is surgery. Currently, more than 300 methods of surgical correction of GP are known (1,10,11,12). The goals of surgical treatment of GP are getting rid of symptoms, one-stage restoration of the normal anatomical position of the organs involved in prolapse, elimination of all disorders in the structure of the pelvic floor, restoration of the function of the pelvic organs. It is fundamentally important to use minimally invasive surgical interventions that give a minimal number of relapses (2,13,14,15,16). As a rule, surgical correction of PG using own tissues is associated with a risk of relapse of up to 40% due to the failure of own tissues (4,17,18,19,20). Currently, many options for surgical correction of pelvic girdle syndrome using mesh implants have been proposed, which are conventionally divided by the type of access used (vaginal, abdominal, or a combination of vaginal and abdominal) and by the method of biomechanical fixation model - rigid fixation to the pelvic walls or restoration of the supporting structures of the pelvic floor (1,21,22,23,24). The modern surgical concept of pelvic floor plastic surgery is based on the "replacement" of damaged and defective pelvic fascia with a "new" one (creation of neofascia), which is pathogenetically justified and provides a reliable framework for the pelvic organs (1,25,26,27,28,29). The conducted studies have shown the advantages of using synthetic polypropylene meshes, the efficiency of which reaches 81-95.8% (1,30). However, the advantages and disadvantages of vaginal surgeries using synthetic implants remain a subject of discussion (1). In 2011, the FDA decided to ban the introduction of new mesh implants for the surgical treatment of PG due to the development of frequent complications when they are used without preliminary multicenter clinical trials. At the same time, in 2012, the FDA presented a report noting that the use of mesh implants in the surgical treatment of PG in the world is still not decreasing. On the contrary, there is a tendency towards an increase in the use of synthetic materials with a simultaneous decrease in the number of operations without the use of implants.

Thus, the relevance of this study is due to the significant prevalence of PG, conflicting data on the occurrence of prolapse and its recurrence, insufficient effectiveness of various methods of

surgical treatment, high frequency of relapses, dissatisfaction with the quality of life of patients after surgical treatment.

The purpose is to increase the effectiveness of surgical treatment and improve the quality of life of women with genital prolapse.

Material and methods. The study was carried out on the basis of the gynecology department of the perinatal center and in the Carmen and Lorastom clinics of the Bukhara region from September 2017 to July 2023. According to the purpose of the study, 66 patients from 25 to 82 years old with a history of 1 to 7 births suffering from various forms of prolapse. There were no isolated forms of anterior PTO in the studied cohort. All patients were examined by general clinical methods, with special attention paid to studying the condition of the pelvic floor. All patients were assessed for general and gynecological status using bimanual, manometric (perineometry), sonographic examination and vaginal palpation with determination of perineal muscle strength according to the Oxford scale.

Results. Taking into account the proven causes of complications during vaginal correction of PG using polypropylene meshes, in order to reduce intra- and postoperative complications and decrease the frequency of PG recurrence, we have developed and introduced into practice a new method of vaginal extraperitoneal colpopexy with a perforated polypropylene implant. The main surgical techniques of the proposed method of PG correction are as follows: 1) wide allocation of the paravaginal space with mandatory manual identification of the necessary anatomical landmarks; 2) use of two sleeves perforating the obturator openings; 3) preparation of an implant from a lightweight polypropylene mesh in the shape of an isosceles trapezoid with perforation holes to reduce the weight of the mesh and the area of contact of the implant with the tissues; 4) preparation of an implant of individual sizes in order to cover fascial defects; 5) subfascial placement of the implant and its careful straightening without tension, with fixation of the posterior edge of the mesh to the paracervical tissues when preserving the uterus or to the McCall mesh when performing hysterectomy, and the anterior edge to the pubocervical fascia at the anterior vaginal incision; 6) suturing the vaginal wound without excision of the mucosa. The study found that the average age of patients ranged from 46 to 72 years and was 58 ± 11.7 years in Group I, 59.5 ± 8.7 years in Group II, and 60.8 ± 8.3 years in Group I ($p > 0.05$), respectively. The average duration of the disease in the groups was 7.7 ± 5.5 , 7.5 ± 6.0 and 5.9 ± 4.2 years, respectively ($p > 0.05$), and the age of onset of the first symptoms of PG was 50.6 ± 6.5 , 51.1 ± 5.4 and 50.9 ± 8.8 years, respectively ($p > 0.05$). Analysis of social status revealed that most patients worked - 53.5% in group I, 52.0% in group II and 51.2% in group III. At the same time, heavy physical labor in the anamnesis was noted in 27.9% of patients in group I, 30.0% in group II and 30.2% in group III ($p > 0.05$). Housewives made up 14.0% in group I, 16.0% in group II and 16.3% in group III, respectively. The remaining patients were pensioners.

Analysis of complaints in patients with PG showed that the most common were sensations of a foreign body and discomfort in the vagina (94.1%), a feeling of incomplete emptying of the bladder (55.1%), Pollakiuria was noted in 39.0% of patients, urinary incontinence - 38.2%, constipation - in 22.8% of patients. Among extragenital diseases, cardiovascular diseases prevailed in 3 groups. The frequency of diseases accompanied by increased intra-abdominal pressure (COPD, constipation) was 30.2% in group I, 30.0% in group II and 30.1% in group III, respectively. We did not note any peculiarities in the development of menstrual function in the studied groups. Postmenopause was observed in 90.7% of patients in group 1, 90.0% in group 11, and 86.0% in group 111 ($p > 0.05$). The average age of menopause onset was 49.4 ± 3.4 in group

1, 50 ± 3.3 in group 2, and 50 ± 3.7 in group 3 ($p > 0.05$), and the average duration of postmenopause was 10.9 ± 8.4 , 10.2 ± 8.6 , and 10.6 ± 9.4 years, respectively ($p > 0.05$). In almost every fifth patient in all groups, the cause of menopause was a previous hysterectomy. The proportion of patients who were sexually active was: 62.8% in group 1, 64.0% in group 11, and 65.1% in group 3 ($p > 0.05$). According to the study design, patients with PH underwent corrective surgeries using polypropylene implants and their own tissues. During surgical treatment of PH, one-stage correction of all identified anatomical and functional disorders of the pelvic floor was performed with restoration of the normal anatomical position of the pelvic organs and their functions. The main indication for hysterectomy with and without ovariectomy in all groups was the presence of concomitant diseases of the uterus and appendages: recurrent endometrial hyperplasia, uterine myoma for more than 12 weeks, uterine myoma combined with adenomyosis, benign ovarian neoplasms, atypical endometrial hyperplasia. The average duration of surgery depended on the scope of the operation and was 50.9 ± 20.9 , 55.7 ± 19.7 and 57.6 ± 21.9 min in groups I, II and III, respectively ($p > 0.05$).

Conclusion. Vaginal surgeries for genital prolapse using polypropylene meshes and without them improve sexual function. The overall score of the sexual function index significantly increases in patients who underwent genital prolapse correction with ultra-light and light implants from 15.8 ± 5.3 to 25.2 ± 4.2 and from 15.5 ± 5 to 21.4 ± 6 , respectively, and in patients using their own tissues - from 16.1 ± 6.7 to 21.7 ± 8.5 .

Literature

1. Ward R.M., Velez Edwards D.R., Edwards T., Giri A., Jerome R.N., Wu J.M. Genetic epidemiology of pelvic organ prolapse: a systematic review // Am. J. Obstet. Gynecol. 2014. Vol. 211, N 4. P. 326-335.
2. Campeau L., Gorbachinsky I., Badlani G.H., Andersson K.E. Pelvic floor disorders: linking genetic risk factors to biochemical changes // BJU Int. 2019. Vol. 108, N 8. P. 1240-1247.
3. Weintraub A.Y., Gliner H., Marcus-Braun N. Narrative review of the epidemiology, diagnosis and pathophysiology of pelvic organ prolapse // Int. Braz. J. Urol. 2020. Vol. 46, N 1. P. 5-14.
4. Vergeldt T.F., Weemhoff M., Int'Hout J., Kluivers K.B. Risk factors for pelvic organ prolapse and its recurrence: a systematic review // Int. Urogynecol. J. 2018. Vol. 26, N 11. P. 1559-1573.
5. Khamdamov I.B. Experimental determination of the extensibility of the anterior abdominal wall tissues at different times of pregnancy using various approaches to hernioplasty// Academia: An International Multidisciplinary Research Journal Vol. 12, Issue 04, April 2022 SJIF 2022 = 8.252 P.193-201 .
6. Khamdamov I.B. Improving tactical approaches in the treatment of hernias of the anterior abdominal wall in women of fertile age // New day in medicine. Bukhara, 2022.-№10(48)- pp. 338-342.
7. Khamdamov I.B. Morphofunctional features of the abdominal press in women of reproductive age // New day in medicine. Bukhara, 2022.-№3(41)- pp. 223-227.
8. Khamdamova M.T. Ultrasound features of three-dimensional echography in assessing the condition of the endometrium and uterine cavity in women of the first period of middle age using intrauterine contraceptives // Biology va tibbyot muammolari. - Samarkand, 2020. - No. 2 (118). - P.127-131.
9. Khamdamova M. T. Ultrasound assessment of changes in the endometrium of the uterus in women of the first and second period of middle age when using intrauterine and oral

contraceptives // Биомедицина ва амалиёт журнали. – Ташкент, 2020. - №2. - 8 часть. - С.79-85.

10. Khamdamova M. T. Anthropometric characteristics of the physical status of women in the first and second period of middle age // A new day in medicine. Tashkent, 2020. - № 1 (29). - С.98-100.

11. Khamdamova M.T. Age-related and individual variability of the shape and size of the uterus according to morphological and ultrasound studies // News of dermatovenereology and reproductive health. - Tashkent, 2020. - No. 1-2 (88-80). - P.49-52.

12. Khamdamova M. T. Anthropometric characteristics of the physical status of women in the first and second period of middle age // Новый день в медицине. Бухара, 2020. - № 1 (29). - С.98-100.

13. Khamdamova M.T. Age-related and individual variability of the shape and size of the uterus according to morphological and ultrasound studies // News of dermatovenereology and reproductive health. - Tashkent, 2020. - No. 1-2 (88-80). - P.49-52.

14. Khamdamova M.T. Ultrasound features of three-dimensional echography in assessing the condition of the endometrium and uterine cavity in women of the first period of middle age using intrauterine contraceptives // Biology va tibbiyot muammolari. - Samarkand, 2020. - No. 2 (118). - P.127-131.

15. Khamdamova M. T. Ultrasound assessment of changes in the endometrium of the uterus in women of the first and second period of middle age when using intrauterine and oral contraceptives // Биомедицина ва амалиёт журнали. – Ташкент, 2020. - №2. - 8 часть. - С.79-85.

16. Khamdamova M.T. Features of ultrasound parameters of the uterus in women of the first and second period of middle age using injection contraceptives // New day in medicine. Bukhara, 2020. - No. 2/1 (29/1). - pp.154-156.

17. Khamdamova M.T. Features of ultrasound images of the uterus and ovaries in women of the second period of middle age using combined oral contraceptives // New day in medicine. Bukhara, 2020. - No. 2 (30). - pp. 258-261.

18. Khamdamova M.T. Individual variability of the uterus and ovaries in women who use and do not use various types of contraceptives // New day in medicine. Bukhara, 2020. - No. 3 (31). - pp. 519-526. Khamdamova M. T. Echographic features variability in the size and shape of the uterus and ovaries in women of the second period of adulthood using various contraceptives // Asian Journal of Multidimensional Research - 2020. – N9 (5). - P.259-263.

19. Khamdamova M. T. Somatometric characteristics of women of the first and second period of adulthood using different contraceptives with different body types // The american journal of medical sciences and pharmaceutical research - 2020. – N8 (2). - P.69-76.

20. Khamdamova M.T., Zhaloldinova M.M., Khamdamov I.B. The state of nitric oxide in blood serum in patients with cutaneous leishmaniasis // New day in medicine. Bukhara, 2023. - No. 5 (55). - pp. 638-643.

21. Khamdamova M.T., Zhaloldinova M.M., Khamdamov I.B. The value of ceruloplasmin and copper in blood serum in women wearing copper-containing intrauterine device // New day in medicine. Bukhara, 2023. - No. 6 (56). - pp. 2-7. 22. Khamdamova M. T. Bleeding when wearing intrauterine contraceptives and their relationship with the nitric oxide system // American journal of pediatric medicine and health sciences Volume 01, Issue 07, 2023 ISSN (E): 2993-2149. P.58-62

23. Khamdamova M. T. The state of local immunity in background diseases of the cervix // Eurasian journal of medical and natural sciences Innovative Academy Research Support Center. Volume 3 Issue 1, January 2023 ISSN 2181-287X P.171-175.
24. Khamdamova M.T., Khasanova M.T. Various mechanisms of pathogenesis of endometrial hyperplasia in postmenopausal women (literature review) // New day in medicine. Bukhara. 2023. - No. 8 (58). - pp. 103-107.
25. Khamdamova M.T. Reproductive Health of Women Using Copper-Containing Intrauterine Contraception // Eurasian Medical Research Periodical Volume 28 January 2024, ISSN: 2795-7624 .www.geniusjournals.org P. 39-45.
26. Khamdamov I.B. Advantages Of Laparoscopic Hernioplasty in Obesity Women of Fertile Age // Eurasian Medical Research Periodical Volume 28 January 2024, ISSN: 2795-7624 .www.geniusjournals.org P. 33-38.
27. Khamdamova M. T., Khasanova M.T. Genetic mechanisms of development of endometrial hyperplastic processes in women in menopausal age // American Journal of Medicine and Medical Sciences 2025.- №15(2): P.372-375 DOI: 10.5923/j.ajmms. 20251502.22
28. Khamdamova M. T., Akramova D.E. The problem of pelvic organ prolapse in women in modern gynecology // American Journal of Medicine and Medical Sciences 2025, 15(2): 483-486 DOI: 10.5923/j.ajmms.20251502.47
29. Khamdamova M. T., Umidova Nigora Nabi kizi. Endometriosis and women's reproductive health // American Journal of Medicine and Medical Sciences 2025; 15(2): 407-410 DOI:10.5923/j.ajmms.20251502.28
30. Blomquist J.L., Carroll M., Munoz A., Handa V.L. Pelvic floor muscle strength and the incidence of pelvic floor disorders after vaginal and cesarean delivery // Am. J. Obstet. Gynecol. 2020. Vol. 222, N 1. P. 62-65.