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NEW TECHNOLOGIES IN GYNECOLOGY

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ABSTRACT

The Given work is devoted introduction and use of new technologies in gynecology. New directions are shined. It is noticed that use of high technologies in gynecology conducts to working out of new approaches to treatment of patients, promotes increase of efficiency of treatment, quality of a life of patients and improvement of reproductive health.

Keywords: new technologies, gynecology, reproductive health.

At present, the demographic situation in Uzbekistan is unfavorable both quantitatively and qualitatively (reducing the duration life, demographic aging and an increase in the incidence of all categories of the population, including women and children). The decrease in the incidence of women, whose reproductive health is the most important component of reproduction, dictates the need development of a set of measures for timely prevention, improving the quality of diagnosis and treatment of gynecological pathology. In a modern gynecological clinic, this has become possible thanks to the use of new technologies.

Despite the advances in modern drug therapy, surgical treatment is still the leading treatment for benign uterine diseases first of all, uterine fibroids - the most common gynecological disease. Traditional treatment of patients with uterine fibroids is to conduct drug therapy or surgery (hysterectomy or myomectomy). Due to various environmental, social, hereditary reasons, patients with combined somatic pathology have recently begun to appear, for whom any of the listed methods of treatment is contraindicated. Many patients categorically refuse surgery and hormone therapy because of a psycho-emotional moment or because of an unrealized reproductive function. For the treatment of such patients, it is advisable to use new technologies, which include X-ray endovascular embolization uterine arteries (UAE) [1,7,8]. The UAE procedure consists in performing pelvic arteriography followed by selective embolization of small branches of the uterine artery, blood supply to myomatous nodes. As embolisates, polyvinyl alcohol particles with a size of 350 to 700 microns are used. In myomatous nodes, focal infarction, sclerosis and hyalinization occur. At the same time, the blood supply to the surrounding myometrium is quickly restored due to multiple collaterals. Indications for UAE in patients with uterine myoma are: 1) submucosal and (or) interstitial location of myomatous nodes; 2) the size of the myomatous node is more than 2 cm; 3) non-effectiveness of drug treatment with prolonged use; 4) relapse uterine leiomyomas after conservative myomectomy; 5) heavy and prolonged menstruation, leading to chronic anemia of the patient; 6) woman's refusal traditional methods of treatment (hormone therapy, myomectomy, hysterectomy) for personal or religious beliefs; 7) infertility caused by fibroids; 8) contraindications to any surgical treatment. Contraindications for UAE include: pregnancy, acute inflammatory diseases of the pelvic organs, renal failure, suspicion of a malignant process in the genitals, allergic reactions to a contrast agent, coagulopathy. Relative contraindications are submucosal and subperitoneal

arrangement of nodes on the leg; knot sizes exceeding 10 cm in diameter; the total size of the uterus is more than 13-14 weeks of gestation [1,2,6,7].

Together with the Department of X-ray Diagnostics in the Gynecological Department of the Republican Clinical Hospital in 2008, EMA was performed on 72 women with single or multiple myomatosis ny nodes of intermuscular, submucous-intermuscular and subserous-intermuscular localizations. Among them, 3 women were aged 20-29; 18 - at the age of 30-39 years; 39 - aged 40-49; 12- aged 50 and over. 6 months after UAE in the observed patients, the volume of bloody discharge decreased by 62.4%, their duration - by 32.6%, 1 year after UAE, menstrual function returned to normal in most patients. Pain associated with fibroids disappeared after treatment by 3 months in 97.3% of patients, compression symptoms disappeared in all patients. The size of the uterus during the first 3 months decreased on average by 32.2%, and by the year the regression reached an average of 57.4%. The most pronounced regression of myomatous nodes was observed with their intermuscular localization. When conducting Doppler control, the greatest regression was observed in myomatous nodes with pronounced blood flow, the smaller one - in nodes with moderate blood flow, and the minimum - in nodes with weak blood flow. For the period in during which we observed patients after UAE in our clinic, relapses were observed only in two. Studies have shown that uterine embolization artery is a highly effective, minimally invasive, organ-preserving, low-recurrence method of treating uterine fibroids. Clinical efficacy and good tolerability The simplicity of the procedure allows it to be successfully used in the treatment of uterine fibroids. The problem of insolvency correction pelvic floor muscles, prolapse of the walls of the vagina and prolapse of the uterus, urinary incontinence is the focus of obstetrician-gynecologists, urologists and proctologists. Due With a constant tendency to “rejuvenate” this combined pathology, which brings severe physical and moral suffering and leads to social exclusion with a decrease in the quality of life, the issues of diagnosis and treatment of genital prolapse and urinary incontinence are of particular relevance, going beyond purely medical ones. In recent years, much attention has been paid to improving the technique of reconstructive plastic surgery for prolapse of the genital organs of varying degrees and dysfunction of the pelvic organs using minimally invasive methods, modern suture and synthetic materials [3,4]. Currently, there are 4 main causes that lead to the failure of the ligamentous apparatus of the internal genital organs and the pelvic floor, although their combination is also possible: 1) post-traumatic damage to the pelvic floor (most often occurring during childbirth), 2) failure of the connective tissue structures in the form of "systemic" insufficiency (manifesting Xia the presence of hernias of other localizations, the omission of other internal organs, i.e. splanchnoptosis), 3) a violation of the synthesis of steroid hormones, 4) chronic diseases accompanied by a violation of metabolic processes, microcirculation. Among the existing classifications of genital prolapse, the most famous and used in Clinical practice is represented by the classification of K.F. Slavyansky, according to which the degree of prolapse of the genitals is assessed in relation to the genital gap:

I. Displacement of the vagina downwards: 1) prolapse of the anterior wall of the vagina, posterior or both together; in all cases, the walls are not go beyond the entrance to the vagina; 2) partial prolapse of the anterior vaginal wall and part of the bladder, posterior and part of the anterior wall of the rectum, or a combination of both drops; the walls go outward from the

vaginal entrance; 3) complete prolapse of the vagina, often accompanied by prolapse of the uterus

II. Downward displacement of the uterus: 1) prolapse of the uterus or its cervix - the cervix is lowered to the level of the entrance to the vagina; 2) partial (beginning) prolapse of the uterus or its cervix; the cervix, when straining, protrudes beyond the genital gap; 3) incomplete prolapse of the uterus: outside the genital gap, not only the cervix, but also part of the body of the uterus is determined; 4) complete prolapse of the uterus: outside the genital gap (between the fallen walls of the vagina), the entire uterus is determined, while you can bring the index and middle fingers of both hands over the fundus of the uterus.

In conclusion, it should be noted that the gynecological department of the RCH provides highly qualified assistance to the female population of the Republic of Bashkortostan, in which modern diagnostic and therapeutic technologies have been introduced to achieve positive results in the treatment of gynecological diseases of varying degrees of complexity and aimed at normalization of disorders in the reproductive system. The use of the latest technologies in the diagnosis and treatment of gynecological patients will lead to the development of new types operations, alternative to traditional ones, the rejection of unjustified surgical and other medical interventions, which in general will contribute to improving the effectiveness of treatment, the quality of life of patients and improving the reproductive health of women as a factor in the demographic development of the republic.

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