ACADEMICIA
An International Multidisciplinary Research Journal
(Double Blind Refereed & Peer Reviewed Journal)

DOI: 10.5958/2249-7137.2021.01581.0

FEATURES OF SIMULTANEOUS OPERATIONS FOR GYNECOLOGICAL AND SURGICAL PATHOLOGY IN A WOMAN OF FERTILE AGE

Negmajanov B.B*; Ganiev F.I; Rafikov S.Sh*****

*Head of the Department of Obstetrics and Gynecology,
Doc. Honey Professor of SamMI Samarkand State Medical Institute,
Republic of UZBEKISTAN

[2,3]Assistant,
Department of Obstetrics and Gynecology No.2 Sam MI
Samarkand State Medical Institute,
Republic of UZBEKISTAN

ABSTRACT

The presented work presents the concept of simultaneous operations, a review of domestic and foreign literature on the problems of performing simultaneous operations in gynecology - issues of terminology, classification, features of performing combined operations when combining gynecological diseases with another surgical pathology. The main advantage is the ability to reduce the burden on the patient's body, reduce the time of treatment and recovery. In some cases, such operations are not the surgeon's choice, but are dictated by the need, for example, in traumatology or in complex lesions.

KEYWORDS: *Simultaneous Operations, Gynecology, Surgery, Pathology.*

INTRODUCTION

Simultaneous (combined, one-step) operations are operations in which up to five different surgical procedures are performed simultaneously during one surgical intervention. Most often, such operations are found in general surgery, gynecology, vascular and plastic surgery. The main advantage is the ability to reduce the burden on the patient's body, reduce the time of treatment and recovery. In some cases, such operations are not the surgeon's choice, but are dictated by the need, for example, in traumatology or in complex lesions.

BENEFITS OF SIMULTANEOUS OPERATIONS

• Reducing the number of hours under general anesthesia. No matter how gentle the anesthesia is, it does not pass without leaving a trace for the body, in particular, for the vessels and the brain. Also, according to patient surveys, the most stressful moment of surgical intervention is precisely anesthesia.

• Possibility of simultaneous treatment of gynecological, surgical and urological pathology. For example, the simultaneous removal of the gallbladder and the treatment of gynecological diseases

• Saving time. The recovery period after surgery is on average from a day to 10. One-stage operations allow the patient to reduce the total time spent in the hospital.

• Cost savings. In the case of surgical interventions in a paid clinic, simultaneous operations can significantly reduce the total cost of treatment.

• Psychological comfort. For the patient, a simultaneous operation is perceived as one surgical intervention, which significantly reduces the stress and anxiety levels before and after the operation.

SIMULTANEOUS OPERATIONS IN SURGERY

Simultaneous (simultaneous, combined) operations are surgical interventions, during which several procedures are performed at once. Combined operations can solve several health problems at once. According to WHOM statistics, about a third of all surgical patients need simultaneous operations.

INDICATIONS AND BENEFITS

Simultaneous operations are shown to the patient in the case when several pathologies are found in him at once, requiring surgical treatment.

The main advantage of a simultaneous operation is to minimize the negative consequences of anesthesia. Since in the course of one session it is possible to treat several pathologies at once, the load on the body decreases, the area of influence and the degree of tissue trauma decreases, and it is also possible to avoid a repeated recovery period. And modern surgical equipment, the use of laparoscopic methods with low-traumatic access and the professionalism of surgeons make it possible to achieve the maximum efficiency of the operation.

Carrying out a one-step surgical intervention can reduce the patient's stress caused by the fear of surgery and anesthesia. And it will also reduce the cost of treatment, since there will be no need to undergo preoperative preparation several times, pay for repeated anesthesia and hospital stay.

PREPARATION FOR A SIMULTANE SURGERY

Preoperative preparation for a simultaneous operation includes the following examinations:

• Blood tests (general, biochemical, coagulogram, tests for hepatitis, syphilis, HIV);

• General urine analysis;

• ECG;

• Fluorography.

The increase in combined gynecological and surgical diseases and, consequently, the need for their surgical treatment, which is reflected in a number of publications The frequency of such a pathology, according to WHO, is 20-30%, while every tenth patient needs surgical treatment. According to modern foreign and domestic healthcare organizers and practicing surgeons and gynecologists, it is quite acceptable that up to 60% of all surgical interventions are performed on an outpatient basis, and their list increases with the development of new surgical techniques, and the active development and implementation of endoscopic methods of diagnosis and treatment of gynecological patients allows them to be widely used in one-day hospitals.

It has been shown that the combination of diseases of the female genital organs and cholelithiasis (GSD) is, according to summary data, from 16 to 63%, but of these patients, only 1.5–6% undergoes simultaneous surgical interventions. Thus, a number of studies have shown that in the period from 2000 to 2013, there was a steady trend in the world of an increase in the frequency of the combination of gynecological pathology with cholelithiasis, and chronic calculous cholecystitis was diagnosed in patients with uterine myoma in gynecological hospitals in 12, 7-20%.

Simultaneous surgical interventions, while simultaneous surgical interventions in gynecological patients with varicose veins of the lower extremities are preferable to start with an operation on the veins of the lower extremities. According to other authors, the optimal condition for the surgical treatment of gynecological patients with varicose veins of the lower extremities is to perform simultaneous surgery on the veins of the lower extremities and pelvic organs by two teams of surgeons, while it is preferable to start with an operation on the veins of the lower extremities, since when creating a pneumoperitoneum during endoscopic gynecological operations in patients without venous pathology, there are signs of a decrease in venous return from the lower extremities, which can contribute to thrombus formation in the veins (a decrease in the average blood flow velocity in the common femoral vein by 7.3% was noted). The author also notes that planned combined operations in gynecological patients with varicose veins of the lower extremities are an important method of intensifying the work of a surgical hospital.

The formation of intraperitoneal and pelvic adhesions is noted in 63–92% of cases in the recovery period after undergoing abdominal operations, and in gynecology this problem is especially urgent, since the development of the adhesion process not only leads to a deterioration in the quality of life of patients due to pain syndrome, an increase in the risk of repeated operations, but also contributes to the development of tubal-peritoneal factor of infertility in patients of reproductive age. Adhesive disease of the small pelvis I – II degree. revealed in 18 gynecological patients: with uterine leiomyoma - in 4, uterine myoma in combination with diseases of the appendages - in 4 and with diseases of the appendages of the uterus - 10. Using the laparoscopic technique, adhesiolysis and conservative myomectomy + ovarian resection were performed in 8 cases, cystectomy - at 5 and oophorectomy - at 5.

A large number of works have shown that even laparoscopic surgery practically does not reduce the frequency and prevalence of adhesions, and therefore it should not refute the basic surgical canons aimed at preventing adhesion, namely the use of special anti-adhesion barriers: self-absorbable membranes (Interceed, Preclud, Seprafilm) or liquid media (Intercoat, Adept, Spray shield, Intergel, Sepracoat, Hyskon). Therefore, after performing all operations, we used anti-

adhesive barriers Mesogel, Antiadgezin, Inter coat, Inter ceed. No complications, as well as relapses of adhesive disease, have been identified.

All groups of our patients had no intra- or postoperative complications. Although the literature data indicate that the number of postoperative complications after simultaneous operations in women with diseases of the internal genital organs, according to the combined statistics, is 2–7.0%, the mortality rate is 0–0.5%. According to a number of authors, the implementation of the simultaneous stage in most cases does not lead to an increase in the number of postoperative complications in comparison with isolated interventions.

When planning the surgical treatment of diseases of the pelvic organs, it is necessary to expand the standard of preoperative examination to identify combined extragenital diseases that require surgical correction.

Analysis of the treatment results in different groups of patients showed that the early postoperative period after isolated operations and simultaneous interventions does not have significant differences in the intensity and duration of pain syndrome, the timing of recovery of the main functional systems and physical activity of patients, as well as in the average indicator of postoperative temporary disability of the patient.

A comparative assessment of one-stage and simultaneous operations showed that with the correct selection of patients with combined pathology, adequate preoperative preparation, an individualized choice of the method and volume of the operation, a slight increase in the time and volume of the operation does not have a significant effect on the incidence of postoperative complications, however, it leads to significant savings in financial resources as at the hospital and at the outpatient stage of treatment.

CONCLUSIONS

One of the main criteria for the quality of the provision of surgical care in an outpatient setting is the predictable management of the postoperative period with the prevention of all possible complications. To this end, on the eve of the operation, all patients are invited by us for a clinical analysis, where, together with the anesthesiologist, we clarify the need and the possibility of maximally reducing the amount of drugs taken before the operation and work out the scheme of postoperative drug intake for the prevention of surgical complications and decompensation of chronic therapeutic diseases (the patient must know in advance, what drugs and in what regimen he will take in the coming days and weeks after the operation). Patients are given detailed reminders of behavior on the eve of the operation and in the immediate postoperative period, performed in a spirit of high optimism. Special attention of doctors of all specialties always requires the topic of discussing the prevention of thromboembolic complications, taking into account the patient's age, the presence of obesity and other concomitant pathology, as well as the risks of surgical treatment and anesthesia.

REFERENCES

1. HA Primova, TR Sakiyev, SS Nabiyeva Development of medical information systems // Journal of Physics: Conference Series. 1441 (2020)012160IOP Publishingdoi:10.1088/1742-6596/https://iopscience.iop.org/article/10.1088/1742-6596/1441/1/012160 1441/1/012160 (Scopus)

2. Primova Holida, SakievTemur, Nabieva Sevara Development of medical information systems // Internetional conference on information Science and communications technologies ICISCT 2019, Applications, Trends, Opportunities. 2019, 4-6 november.

3. SS Nabiyeva, AA Rustamov, MR Malikov, NI Ne'matov // Concept Of Medical Information // European Journal of Molecular & Clinical Medicine, 7 (7), 602-609 p, 2020

4. Karshiev A., Nabieva S., Nabiyeva I. Medical information systems. International Scientific Journal Theoretical & Applied Science. SECTION 4. Computer science, computer injineering and automation. Issue: 04 Volumes: 72. Published: 30/04/2019. 505-508 p.

5. Ganiyev F.I. NegmajanovB.B. ShopulatovE.Kh. Mamatkulova M.J. Simultaneous Operations in Gynecology and Surgery in Women of Reproductive Age/ Annals of the Romanian Society for Cell Biology, ISSN: 1583-6258, Vol. 25, Issue 2, 2021, and Pages. 3144 - 3149 Received 20 January 2021; Accepted 08 February 2021.

6. AK Islomovna, JG Ergashevna, IG Pardabaevna // Prevention of Vertical Transmission of Infection in Pregnant Women with Hepatitis B // JournalNX, p. 141-144

7. Bezhenar V.F., Tsypurdeeva A.A., Baylyuk E.N. Adhesive disease of the pelvic organs in gynecological patients: from pathogenesis to prevention. Oncogynecology, 2014, 4: 68-74. /Bezhenar VF, Tsypurdeeva AA, Bailyuk EN. Adhesive disease of pelvic organs in gynecological patients: from pathogenesis to prevention. Onkoginekologiya, 2014, 4: 68-74.

8. Berek J., Adashi I., Hillard P. Gynecology according to Emil Novak. M.: Practice, 2002, 896 p. / Berek J., Adashi I., Hillard P. Novak's gynecology. M.: Practika, 2002, 896 p.

9. Brian J. Pollard. Clinical Anesthesia Guide. M., 2006, 912 p. / Brian J. Pollard. Handbook of Clinical Anesthesia. Moscow, 2006, 912 p.

10. Aleksandrov LS, Ishchenko AI, Vedernikova NV. Concurrent gynecological procedures. Akush. i gin., 2003, 4: 11-4.