

SURGICAL TREATMENT OF URINARY INCONTINENCE IN WOMEN

*Assistant: Negmadjanov B.B
Shopulatov E.X.*

ANNOTATION

In recent years, urinary incontinence (ST) has become one of the most common urogynecological diseases. Issues of prevention and treatment of urinary incontinence remain relevant for household, economic and psychological importance. Despite the improvement of medicine, the number of women suffering from urinary incontinence has not decreased all over the world

Keywords: Urinary incontinence, genital prolapse, connective tissue insufficiency.

Relevance of the topic. Stress incontinence in women is a common and complex problem of modern medicine. In recent years, urinary incontinence (UT) has become one of the most common urogynecological diseases. Issues of prevention and treatment of urinary incontinence remain relevant due to their domestic, economic and psychological importance.

Bump. R.C. Norton.P.A. according to the data, the prevalence of ST in the USA was 37%, in European countries 26%, in England 29%, in the countries of the eastern hemisphere (Singapore, Pakistan, Tunisia) 20%, in Russia 30-34%.

As the age of women increases, the occurrence of ST disease also increases, it is 20% in women under 30 years old and 30-56% in women over 50 years old. According to the results of anonymous surveys, 1 in 4 women are actually known to have STD, but only 1 in 10 of these women go to the doctor because of the feeling of shame. In patients with ST, inflammatory diseases are gradually added. In such patients, the psyche also changes in relation to the environment. In this respect, such a situation is considered a social disease.

The purpose of the search. Efficacy of surgical treatment of stress urinary incontinence in women.

Examination materials and methods. We conducted examinations on 64 patients between the ages of 25 and 70 who were treated in the gynecology department of the Samarkand regional perinatal hospital and maternity complex No. 3 in 2021-2024. A total of 85 transvaginal operations were performed at the center in 2021-2024, and 38 (44.7%) of these patients had some degree of ST disease. Investigations were conducted retrospectively and prospectively. Control objects were studied in two groups. The first main group included 38 (59.4%) female patients treated with surgery. The second control group included 26 (40.6%) women treated conservatively. The

average age of all patients was 42.8 years. When studying the lifestyle of the examined patients: 43 (67.3%) of the rural population, and 21 (32.7%) of the urban population. 39 (60.1%) of them were housewives, 14 (21.8%) were workers, and 11 (17.1%) were servants.

During the examination, the current menstrual functions of the patients were studied. Accordingly, in 41 cases, women's menstruation was preserved (18 cases in group 1, 23 cases in group 2), and in 23 cases (20 cases in group 1, 3 cases in group 2) women did not have menstruation.

Anamnesis information was used to determine the causes of the disease.

According to the results of the inquiry, the following were identified as the causes that caused the disease. Table #1.

1. with heavy cocktail activity	13 (20,3%)
2. multiple births (5 and more than ten)	15 (23,4%)
3. Vaginal and interstitial tears during childbirth	18 (28,1%)
4. with a large fetus and prolonged labor	8 (12,5%)
5. age-related prolapse of the genitals	4 (6,2%)
6. inflammatory diseases	6 (9,3%)

Duration of the disease: 13 patients from 6 months to 1 year. 29 people from 1 to 3 years. 3-5 years 15 people. 7 more than 5 years.

Mild and moderate degree of ST disease was most often detected in patients, and the reason for their referral to the hospital was the aggravation of the degree of the disease. It was not determined that patients with severe form applied. We used the criteria proposed by C Janssen to determine the severity of the disease. Mild level is determined by 4-6 points, medium-severe level by 7-9 points, severe level by 10-12 points. According to him, the severity of the disease is represented by the following table

Patients in the control group were treated with α -adrenomimetics, hormone replacement therapy (HRT) and exercise. Treatment was carried out for 2-3 months. Exercises such as Kegel gymnastics and pelvic floor muscle exercises were prescribed. Exercises were performed 5-6 times a day, with 15-20 repetitions of muscle contractions in each exercise. UBGD was given to patients according to the scheme. Treatment with α -adrenomimetics was carried out in courses.

A different surgical method of treatment was selected and performed for patients in the main group. The type of operation was chosen taking into account the clinical presentation of the disease and additional gynecological diseases. It is listed in table #3 above.

- Previous colpo-urethroplasty operation was performed in 8 patients,

-anterior colporrhaphy and back colpo-perineoplasty surgery was performed on 19 patients,

-Manchester operation was performed on patients with cervical pathology in 3 cases,

-In 8 cases, along with plastic surgery, vaginal hysterectomy was performed according to the instructions.

Inspection results. According to our investigations, the effectiveness of treatment in patients in the main group and in the control group showed a different result. Patients in the main group had a smooth post-operative period and received rehabilitation procedures in the hospital for an average of 7-9 days. After the operation, patients spent an average of 9 days in the hospital. A Foley catheter left in the bladder was removed after 5 days.

All patients in the main group had resolution of urinary incontinence before responding.

7 (18%) patients had partial or complete urinary retention on the first postoperative day. In 4 cases, it was found that it will pass by itself within 2 days. 3 patients had to undergo medical treatment and were treated with α -adrenomimetics. The result of the operation was monitored for 1 year. During 6 months, all patients did not complain of complications such as urinary incontinence and dysuria. Only 2 (5.2%) patients had mild ST symptoms at 9-11 months. In the 2nd year, 3 (7.8%) patients over 55 years of age had a recurrence of the disease, even with a mild degree. Thus, the effectiveness of the surgical method was 94.8% in the first year, and 86.9% in the second year. During two years, a total of 5 patients were treated with α -adrenomimetics and cholinergic blockers. In 1 case, the surgical method was used again.

Only 18 (69.2%) patients in the control group (26) were able to receive treatment and exercise for the full 2 months.

In the remaining 5 (19.7%) cases, patients could not perform the procedures regularly. In 3 cases, we had to stop treatment due to side effects of adrenomimetics. Of the 18 patients who received regular treatment, 12 cases had a mild degree of disease, and 6 cases had a moderate degree of ST. After 3 months, it was found that 9 (75%) of the patients with a mild degree of ST did not have symptoms. In the remaining 3 (25%) cases, the treatment was ineffective. However, during follow-up, ST symptoms recurred in 4 out of 9 women (44.4%) in the first 1 year after completion of treatment. Such patients were recommended to repeat the treatment. 5 patients who could not continue regular conservative treatments, and 3 patients who had to end the treatments as a result of side effects of α -adrenomimetics, were subsequently assigned and performed surgical treatment. In 4 (66%) of 6 cases with moderate ST, the disease progressed to a mild stage, and in 2 (34%) cases, the treatment ended ineffectively, and surgical treatment was offered to these patients. A satisfactory result in the control

group was observed in all cases in young women. In cases where the treatment effect was negative, it was found that the age of women was over 45 years.

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