



TOTAL HYSTERECTOMY IN MODERN MEDICINE

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ABSTRACT

The article presents the materials of the research work on the basis of the Department of Obstetrics and Gynecology No. 3 in the Department of Obstetrics and Gynecology of the Maternity Complex No. 1 of the city of Samarkand. The data on total hysterectomy in recent years were studied, the indications for hysterectomy and the course of the postoperative period were analyzed. As a result of the study, predictors and risk groups among women were identified depending on the stage and form of the pathological process. The frequent complications of the surgical process and the postoperative period were studied.

KEYWORDS

Laparoscopic hysterectomy (LH), total hysterectomy, subtotal hysterectomy, frequency, complications, indications.

INTRODUCTION

Currently hysterectomy after appendectomy is the most frequent operation performed in the world [2, 6, 8, 13]. The introduction of the latest technologies into

medical practice has changed the traditional views on the surgical treatment of many gynecological diseases [3, 11, 18]. The use of laparoscopy and hysteroscopy as

operational approaches has significantly reduced the invasiveness of operations and increased the effectiveness of treatment in gynecological patients [2, 9, 11, 13]. In the late 1980s, it was proposed to use a laparoscopic approach to perform hysterectomy.

Laparoscopic hysterectomy (LH) has firmly entered the world practice of operative gynecology [4, 5, 7, 15]. Currently, in the leading gynecological clinics, laparoscopic operations account for more than 80% [1, 4, 12]. Despite the accumulated experience of performing OH in the world, such issues as the search for the optimal technique for performing the operation are still ambiguous; conflicting data on the complications of laparoscopic hysterectomy, there are also studies on the state of the stump after total hysterectomy.

Purpose of the study: to determine the frequency of total hysterectomy in the conditions of the city of Samarkand over the past 2 years based on the materials of the maternity complex No. 1.

Materials and methods. The data of modern literature on the frequency of total hysterectomy, indications and complications of this operation were studied.

The survey data of patients admitted to the departments of obstetrics and gynecology of the maternity complex No. 1 of the city of Samarkand for 2021-2022, who underwent a total hysterectomy, were analyzed. Patients made the following methods of

examination: complete blood count; blood biochemistry; coagulogram; blood clotting time, ultrasound of the pelvic organs.

Patient data from 2021 were studied retrospectively, and 2022 prospectively. The data obtained during the material analysis were collected and analyzed in a database developed using Microsoft Office software (Access 2010). Descriptive statistics methods included arithmetic mean (M), mean error (m) and mean squared deviation (σ) of markers with normal distribution.

Results and discussion. When analyzing the frequency of hysterectomy by age group, women over 45 years of age predominated. The mean age of the patients was 56.4 ± 1.4 years.

Indications for hysterectomy were: fibroids accompanied by meno-metrorrhagia, rapid growth, dysfunction of neighboring organs in 70% of patients in 2021, and in 2022 74%, adenomyosis, a combination of benign ovarian tumors with uterine pathology was the cause of hysterectomy in 25% in 2021 and 22% in 2022. In 5% of cases, hysterectomy was performed in women of reproductive age for obstetric reasons: cuveler's uterus, premature detachment of a normally located placenta with bleeding. Hysterectomy was accompanied by adhesiolysis in 23% of patients, removal of uterine appendages from one or both sides - in 28%, excision of endometriosis foci - in 17%.

When studying the results of histological examination of the endometrium in the examined patients, endometrial hyperplasia was diagnosed in 28.4% of patients. Fragments of the endometrial polyp were diagnosed in 42.3% of patients. The endometrium of the secretory phase of the menstrual cycle was detected in 41.3% of patients.

The duration of the operation in patients with total hysterectomy was 75-110 minutes, on average 83.4 ± 2.6 minutes. The amount of blood loss ranged from 100 to 300 ml (average was 175.14 ± 23.8 ml). The average duration of the postoperative period after total hysterectomy was 5.5 ± 1.2 beds/day.

Conclusions: The analysis of the results of surgical treatment of the examined women showed that gynecological diseases often become the cause of hysterectomy, women over 45 years of age prevailed in the age group. According to the dynamics of observation of the causes of hysterectomy, myomatous lesions prevailed, which increased over the year.

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