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Research Article

STUDYING THE STRUCTURE OF CESAREAN SECTION IN SAMARKAND

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ABSTRACT

Cesarean section surgery is included in moderate to severe caesarean section surgery. According to various sources, complications after surgery range from 7-19.5%. These complications are explained by obstetric and extragenital pathology. The first stage lasts on average 2-7 days from the moment of injury, its duration depends on the size and type of injury. Developing changes in microcirculation depend on changes in vascular tone, impaired permeability of vascular walls, and the nature of the biosynthesis of biologically active substances.

KEYWORDS

Caesarean section, examination methods, scar, analysis, anamnesis.

INTRODUCTION

Caesarean section is included in moderate and severe surgical operations. According to various sources, complications after cesarean section are 7-19.5%. These complications are explained by obstetric and extragenital pathology. Thus, according to domestic authors, the incidence of endometritis after cesarean section is 10-20%, and after spontaneous birth - 3-5%. According to the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists, endometritis develops in about 60% of

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women who have a medically indicated cesarean section and in 24% after a elective cesarean section.

The most unpleasant and relatively common (up to 38%) intraoperative complications during cesarean section include pathological and massive bleeding. The average volume of blood loss during a planned cesarean section is 800 ml, during an emergency - 1000-1200 ml, the volume of blood loss during an extended operation in the form of a hysterectomy can reach 1500-3000 ml. Bleeding associated with contractile dysfunction of the uterus (hypotonic, atonic) can be observed during surgery (21%) and during vaginal birth (22%). According to some scientific articles, cesarean section, complicated by large blood loss, helps to suppress many of the body's defense mechanisms and change immunological parameters. Therefore, when performing any surgical intervention on the uterus, obstetricians-gynecologists should try to reduce the amount of blood loss, which affects the course of the postoperative period and the general condition of the patient in the future.

An association has been reported worldwide between an increase in caesarean section rates and an increase in actual placenta accreta, which inevitably leads to an increased risk of bleeding, often complicated by massive, life-threatening bleeding. In order to expand the coverage of medical care for pregnant women with a scar on the uterus and placental abruption, to further improve the activities of advisory clinics, maternity centers, as well as for practical purposes, a new effective method has been developed to prevent and stop bleeding. methods need to be implemented. Many authors emphasize the effect of a uterine scar on subsequent pregnancies. A meta-analysis of 85,728 patients found that women who had a cesarean section were 9% less likely to become pregnant than women who gave birth vaginally.

Pregnancy with a scar on the uterus after a cesarean section is especially dangerous. In the domestic literature there are several studies describing cases of pregnancy with uterine scars. The level of modern equipment in diagnostic departments of healthcare institutions allows for timely detection of this dangerous pathology in the early stages of pregnancy, before the onset of severe conditions. The most serious obstetric complications that can arise are maternal mortality, and severe perinatal outcomes are uterine rupture. Sometimes the rupture does not even occur during childbirth, but at 22–24 weeks of pregnancy or earlier, after a medical abortion and during childbirth. Among all uterine ruptures, uterine rupture after a previous cesarean section plays an important role. In fact, a recent study found that uterine rupture occurs in 5.6 out of 10,000 births. Thus, an increase in the frequency of cesarean sections inevitably leads to an increase in complications in the mother, including long-term changes. In modern conditions, much attention is paid to the

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pathophysiological processes of myometrial restoration; their complete restoration can reduce maternal morbidity and mortality.

MATERIALS AND RESEARCH METHODS

When collecting anamnesis, childhood diseases, the formation of menarche, living conditions were studied, and the features of the obstetric-gynecological and objective condition of each patient were analyzed.

Particular attention is paid to the characteristics of the previous pregnancy, childbirth and their results for the mother and fetus, as well as changes that occurred after cesarean section. The patients were examined at the 1st department of Obstetrics and gynecology in Samarkand state medical university. A total of 30 women took part in the study, all of them have Caesarean section in anamnesis.

Research results and discussion. During the study, the following examination methods were used: collection of complaints and anamnesis, general clinical examination methods.

The youngest patient was 23 years old, and the oldest was 39 years old. However, most of them were women over 30 years old. The average age of the patients was 31.5±4.38 years. The distribution of patients by age is presented in the following diagram:

The majority of patients had a BMI within the normal range. However, 2 patients (6.67%) had grade 3 obesity.

The average number of existing pregnancies at the time of the examination was 1.61±0.66. The number of births was 35, and none of the women who had a vaginal birth were recorded. The number of cesarean sections was 35. The number of abortions was 11. The number of abortions among patients was 11, of which 8 (72.7%) had one abortion, 3 (27.3%) had two abortions. Reasons for abortion were related to fetal growth arrest, congenital fetal malformations, and antenatal mortality.

In 26 patients there was only one scar on the uterus - 86.7% (n = 30) (p>0.05). Only one patient had 3 scars, and three had 2 scars each. It should be noted that 3 women with scars had a history of antenatal death, and the fetus was removed by minor cesarean section.

In our study, the indications for cesarean section in most cases (35.0%) were disproportionate sizes of the pelvis and fetus. The next place was occupied by slow labor and premature migration of a normally located placenta.

When analyzing patient complaints, all patients (100%) had secondary infertility. The duration of secondary infertility varied (from 1 to 9 years), with an average of 4.5±1.03 years.

Marriage between relatives was registered in 3 patients (10%). These women's pregnancies had many complications and the highest rate of abortions. One of

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these women also suffered from primary infertility for 6 years.

The remaining complaints of the patients were menstrual irregularities - in 23.3%, increased duration of menstruation - in 16.67%, pain in the lower abdomen - in 10%, vaginal discharge - in 40%. 100% of patients had complaints of secondary infertility.

CONCLUSION

At the preparatory stage: the goals, objectives and samples of the study were clarified, the stages of work were determined, the analysis of methodological literature, the selection of practical research methods and a set of methods for studying the problem. . The main stage (organization and conduct of an empirical study): we examined and observed 30 patients with "local thinning after cesarean section (regiment symptom)." We analyzed the secondary infertility that arose in them. Analytical (primary and statistical processing of the data obtained) stage: after the study, average scores were calculated for all studied parameters, the results of the study were compared and the differences in the data obtained were statistically analyzed. A quantitative analysis of the distribution of all parameters was carried out according to the level of the indicator being studied.

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