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ASSESSMENT OF THE CONDITION AND QUALITY OF LIFE IN WOMEN WITH URINARY INCONTINENCE AFTER KELLY SURGERY WITH U-SECTION MODIFICATION.

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Abstract. Urinary incontinence is a widespread clinical problem around the world, and many women are silent about it, leaving their doctor in the dark. More than 200 surgical procedures have now been described for treating urine, many of which are simply modifications of the same procedure. No particular method has been approved as the generally accepted definitive surgical treatment for this chronic disease. Over the past decade, the surgical treatment regimen for urinary incontinence has undergone striking changes with the development of minimally invasive techniques that minimize postoperative complications and the occurrence of new symptoms such as poor emptying [1].

Keywords: urinary incontinence, cystocele, Kelly surgery, U-suture, Pelvic Floor Distress Questionnaire-20 (PFDI-20), Pelvic Floor Impact Questionnaire-7 (PFIQ-7).

Aim of the study: effective surgical treatment in women with urinary incontinence by the imposition of a supportive U-suture during the Kelly procedure.

Materials and methods. We have been performing the proposed operation for the last 8 years, since 2012 in the gynecological department of the city maternity hospital No. 8 and in the CityMed clinic. The operation was performed on more than 300 patients diagnosed with cystocele.

Each surgical operation, as a rule, is accompanied and completed by a layer-by-layer connection of tissues. The main principles are the careful attitude to the sewn fabrics and the reliability of the seams. An error in suturing can be the cause of postoperative complications - urinary retention, bladder hyperextension, a consequence of this resulting discomfort and pain [3].

To prevent these shortcomings, a supporting U-shaped seam with a modification of the Kelly operation (Fig. 1, a, b) is proposed, the method of application of which is as follows.

Under aseptic conditions, bladder catheterization with a Foley catheter is performed. With bullet forceps, grab the anterior lip of the vaginal part of the uterus, exposing the anterior wall of the vagina. An oval flap is separated without hydropreparation, the mucous membrane of the anterior wall of the vagina, retreats posteriorly from the external opening of the urethra by 2-3 cm, both bluntly and acutely. The edges of the wound are separated by 1-2 cm on each side of the causing fascia. After detachment of the bladder from the cervix, it is necessary to separate its cervix and urethra for suturing under visual control. In the zone of the vesicourethral segment, a U-shaped suture is made, bringing the internal sphincter and the bladder neck closer together. As a result, the urethra rises upward and the main symptoms of the disease are eliminated. After that, the fascia is sutured, the excess of the vaginal

wall is removed and its integrity is restored using continuous or knotted suture techniques.

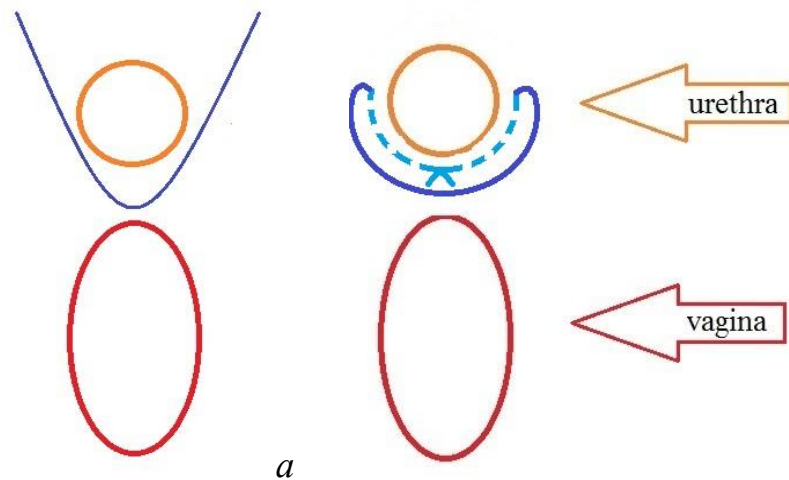


Fig. 1 diagram of the imposition of a U-shaped seam.

As an example of the proposed invention, represented by a U-shaped surgical suture, we offer the following observations.

To compare the results of the effectiveness of the proposed method of surgery, 62 women of reproductive age (34 ± 2 years) with urinary incontinence were examined. All patients underwent Kelly's operation with a U-suture in the urethra.

To assess the quality of life of patients, I used two types of special questionnaires: Pelvic Floor Inventory-20 (PFDI-20) and Pelvic Floor Impact Questionnaire-7 (PFIQ-7), proposed by the International Association of Urogynecology [2]. Assessment of the quality of life before surgery and 1, 6, 12 months after surgery, and later - once a year. The period of postoperative follow-up of the patients ranged from 6 to 36 months (median - 18 months).

Research results and discussion. The results of assessing the quality of life in different periods after surgery using the above questionnaires PFDI-20 (Fig. 2) and PFIQ-7 (Fig. 3) showed the following features. By the end of the 1st month after the operational recognition of the achievement of results, which reached an even more pronounced value by the 6th month. Significant values of the quality of life indicators, according to the survey data, reached by 6 months, did not undergo significant changes and remained stable throughout the entire period of postoperative observation.

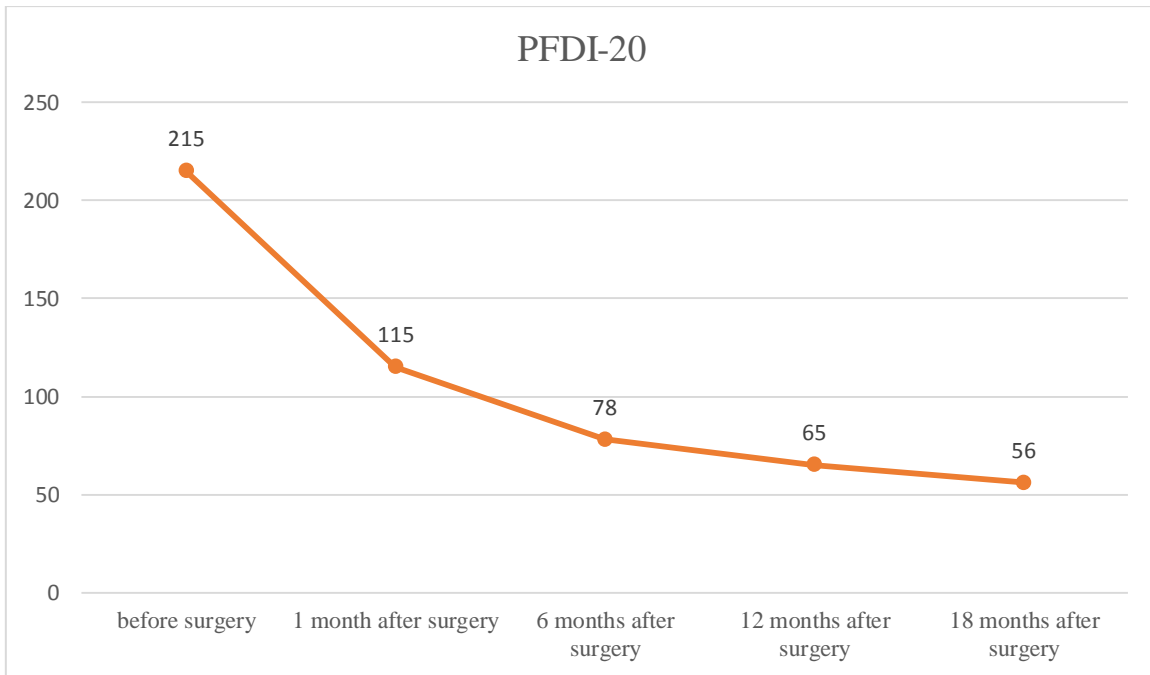


Fig. 2 Dynamics of indicators of the PFDI-20 questionnaire in points.

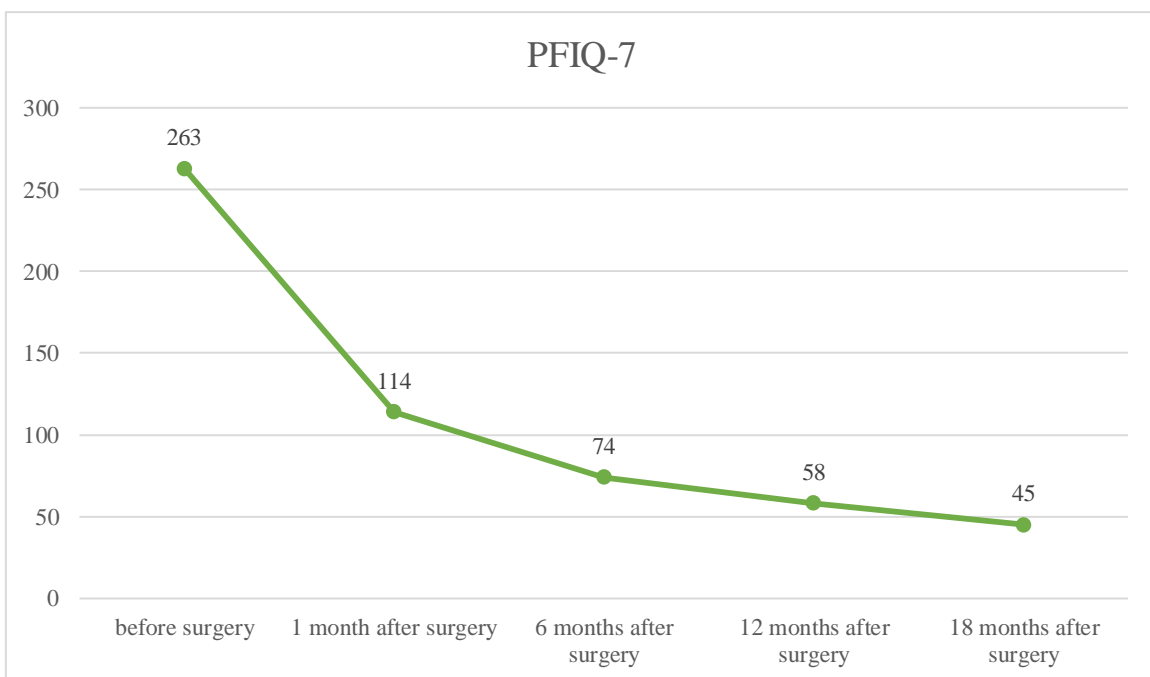


Fig. 3 Dynamics of indicators of the PFIQ-7 questionnaire in points.

Such a pronounced positive dynamics of the indicators of the quality of life of patients after the proposed operations for cystocele, urinary incontinence can be explained by the relatively low incidence of postoperative complications and the high efficiency of correction of urinary incontinence. In our study, compared with the data of most studies of recent years, according to which the success of operations ranges from 87 to 95% [4], while in our work the efficiency of surgical correction of urinary incontinence was 97.4%.

Conclusion: Consequently, the design advantages of our proposed U-joint are as follows:

1. No need for additional material costs, in contrast to the prototype, the insertion of rather expensive suburethral synthetic tapes;
2. In case of urinary incontinence, application of only a U-shaped suture in the absence of cystocele;
3. Less traumatic method of inserting a surgical U-suture with a modification of the Kelly operation;
4. Does not require additional surgical interventions in the postoperative period;
5. The greatest compliance with the rule of structural mechanics: "With the least material consumption, the greatest strength";
6. Is removed from complications such as rejection of the body of a foreign synthetic tape.

Thus, our proposed U-shaped suture with a modification of the Kelly operation allows to increase the reliability, efficiency and quality of surgical treatment of operated patients.

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