

Rehabilitation of Women Who Have Undergone Tubectomy

Fayzullayevna Munira Alisher qizi

Samarkand State Medical University Department of Obstetrics and Gynecology No. 3

Tugizova D. I., PhD.

Department of Obstetrics and Gynecology No. 3, Samarkand State Medical University

Abstract: Purpose: Surgical treatment of ectopic pregnancy often involves removing the tube in which the pathological pregnancy has developed (salpingectomy), but sometimes it can be preserved (salpinotomy). Laparoscopy can be performed when planning a pregnancy after an ectopic with one tube or with two tubes, one of which has undergone surgical intervention. It is usually performed for diagnostic and therapeutic purposes, as this operation allows you to visually assess the condition of the pelvic organs and, if necessary, surgically correct any pathologies identified.

Materials and methods: The abdominal cavity was drained of exudate and the abdominal cavity was cleaned, which was considered appropriate, since inflammatory exudate removes cellular elements that contribute to the development of adhesions. In addition, this led to a rapid normalization of temperature after surgery. During dynamic laparoscopy, chromohydrotubation was performed to determine the patency of the fallopian tubes, which was not only diagnostic, but also therapeutic in nature, since it exerted a hydraulic effect on the adhesions formed in the ampullary parts of the tubes and mechanically removed the accumulated fibrin in the lumen of the fallopian tubes.

Results of the study. Adhesions were detected in 45 patients (64.2%) during dynamic laparoscopy, of which: in 15 patients - after laparoscopic access and in 30 patients - after laparotomy. In all patients who underwent dynamic laparoscopy, adhesions were in the form of soft, loose, avascular adhesions, which were easily separated with blunt instruments. Repeated dynamic laparoscopy in 15 patients showed no reorganization of adhesions. According to the data of chromohydrotubation performed during dynamic laparoscopy: in 51 patients the tube or tubes were passable (this was 72.9%), in 19 patients they were impassable (27.1%). 3 months after the operation, all patients were re-examined for patency of the fallopian tubes using kymographic perturbation or ultrasound sonocontrast hysterosalpingoscopy. The data from these studies are consistent with those obtained from chromohydrotubation performed during dynamic laparoscopy (tubules were patent in 72.9% of patients), which is significantly higher than in the general population of patients operated on for ectopic pregnancy.

Conclusion : The study showed that dynamic laparoscopy in the early postoperative period is an effective method for diagnosing and preventing adhesions in patients undergoing surgery for tubal pregnancy, which helps to optimize the results of surgical treatment of ectopic pregnancy and preserve reproductive function in patients.

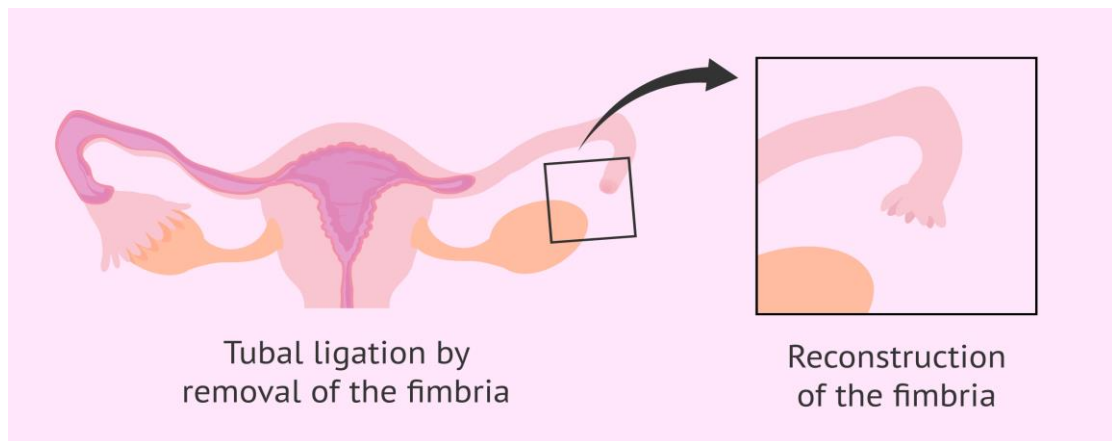
After an unsuccessful attempt to get pregnant and bear a child, as well as after surgery for ectopic pregnancy, every woman who has experienced this difficult situation asks herself the question: "Is it possible to get pregnant after an ectopic pregnancy? What are the chances that the next time the fetus will develop without complications and the whole process will end with the

birth of a healthy child?”. Practice shows that the probability of a successful outcome is quite high. In order for the next pregnancy to occur and proceed normally, it is necessary to responsibly approach the possibility of conception, undergo a comprehensive examination, identify the causes of the development of an ectopic pregnancy, undergo rehabilitation and, if necessary, treat the identified pathologies.

Keywords: Examination methods, IVF after ectopic pregnancy, Tactics for pregnancy after ectopic pregnancy, Drug therapy, Physioprophyllaxis.

Preparing for pregnancy

beremennost-post-vnematochnoy-beremennosti.jpg After an ectopic pregnancy, future risks also increase. Therefore, it is important to approach this process responsibly and plan everything. After an ectopic pregnancy, the next attempt can be made no later than 6 months. During this time, you should undergo prenatal preparation, which includes three main stages.



First, the couple's reproductive health is assessed. For this, a comprehensive examination is ordered, which includes:

examination for urogenital infections (gonococci, chlamydia, ureaplasma, mycoplasma, trichomonas) and TORCH infections (toxoplasma, rubella, cytomegalovirus, herpes);

determination of a woman's hormonal background with assessment of the presence of ovulation;

checking the woman's somatic condition and, if necessary, correcting it;

sanitation of foci of infection;

spermogram of the sexual partner.

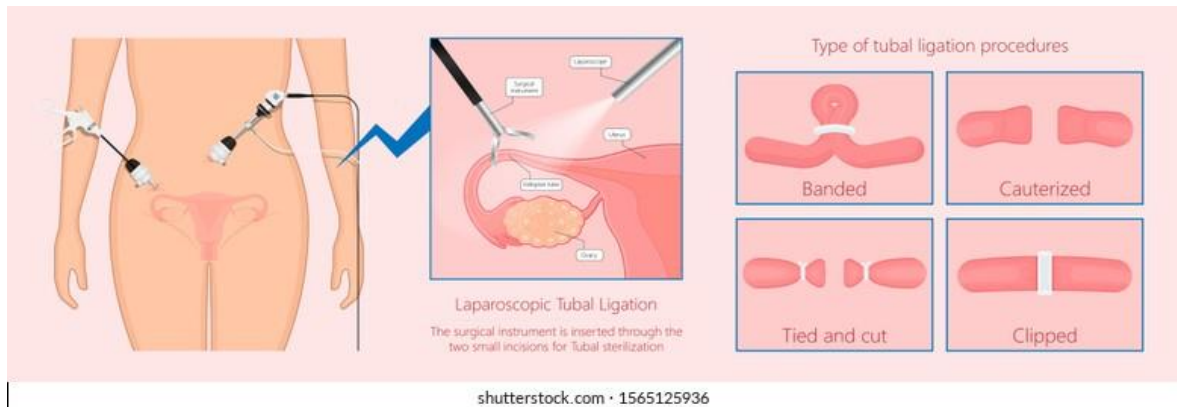
The couple is also prescribed medical and genetic counseling. This helps assess the risk of developing serious diseases and abnormalities before conceiving a child.

In the second stage, a woman prepares for motherhood. For this, 3 months before the planned pregnancy, vitamin and mineral complexes are prescribed, which should contain sufficient amounts of folic acid, antioxidants and iodine. These components help to significantly reduce the likelihood of intrauterine diseases, as well as the risk of miscarriage in the first trimester.

The third stage includes early diagnosis of pregnancy and the development of a management program, as well as measures aimed at preventing complications and ensuring the normal course of pregnancy in general.

Inspection methods

To determine the causes and risk factors for ectopic pregnancy after surgery, it is necessary to assess the patency of the fallopian tubes and the general condition of the reproductive system organs. This can be done using the following examination methods:



An ultrasound of the pelvic cavity is recommended to determine the size of the uterus and ovaries, and to detect neoplasms (fibroids, cysts, etc.);

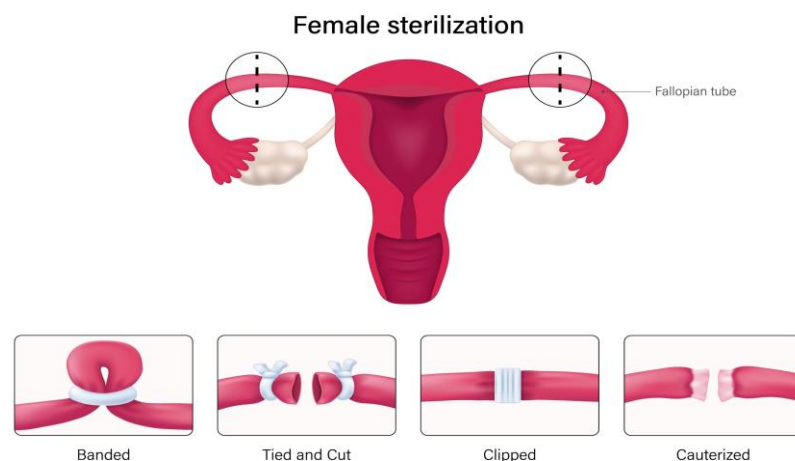
Hysterosalpingography is a diagnostic method in which the uterine cavity is filled with a contrast medium, after which X-rays are taken. The study allows you to assess the patency of the fallopian tubes, determine the size and shape of the uterine cavity, and identify congenital and acquired anomalies (submucosal fibroids, polyps, intrauterine synechiae - adhesions);

magnetic resonance imaging (MRI) is used according to indications to diagnose malformations of the internal genital organs, neoplasms, common forms of endometriosis, pituitary tumors, and to assess the strength of the uterine scar;

hysteroscopy is an endoscopic diagnostic method using an optical system that allows you to examine the uterine cavity from the inside and is the method of choice if intrauterine pathology is suspected;

Pregnancy after laparoscopy

Surgical treatment of ectopic pregnancy often involves removing the tube in which the pathological pregnancy has developed (salpingectomy), but sometimes it can be preserved (salpinxotomy). Laparoscopy can be performed when planning a pregnancy after ectopic pregnancy with one tube or with two tubes, one of which has undergone surgical intervention. It is usually performed for diagnostic and therapeutic purposes, since this operation allows you to visually assess the condition of the pelvic organs and, if necessary, surgically correct the identified pathologies.



During the operation, the doctor performs a chromosalpingoscopy, during which a contrast solution is injected into the uterine cavity and its penetration into the abdominal cavity is assessed. This checks the patency of the fallopian tubes. If an obstruction is detected, it is removed and patency is restored, for which the following reconstructive plastic surgeries on the tubes can be used:

salpingoneostomy;
fimbrioplasty;
fimbriolysis.

During laparoscopy, adhesions are separated that interfere with the normal functioning of the tubes, which subsequently contributes to the occurrence of intrauterine pregnancy.

Laparoscopy is a minimally invasive surgery performed using microinstruments under video control through small incisions in the abdominal wall. After an ectopic pregnancy, the technique is characterized by minimal trauma and a short rehabilitation period, while achieving an excellent cosmetic effect. To prevent the formation of adhesions during surgery, special adhesive barriers are used that dissolve without a trace after 7-10 days.

IMPORTANT! Pregnancy after laparoscopy can be planned after 3 weeks if the operation was performed for diagnostic purposes. If the operation included removal of the fallopian tubes or plastic surgery, or removal of adhesions in the pelvic cavity, the next six months are considered the most favorable for pregnancy.

beremennost-posle-vnematochnoy-beremennosti2.jpg.jpg Rehabilitation after an ectopic pregnancy is a very important step in maintaining a woman's health. It may involve the use of various methods.

Physioprophylaxis

The first stage of rehabilitation after surgery is physical prevention, which is carried out immediately after the operation in the hospital. Its purpose is to prevent postoperative complications, intestinal atony and adhesions in the pelvic cavity. Therapeutic and breathing exercises are recommended. Physiotherapeutic methods are widely used:

low frequency magnetic therapy;

laser therapy;

ultraviolet irradiation of the postoperative suture area.

Further rehabilitation takes place after discharge from the hospital and consists of a comprehensive examination of the woman, identifying the causes of the ectopic pregnancy and correcting them.

Drug therapy

With ectopic pregnancy, bleeding often develops, so iron-containing medications can be prescribed to prevent anemia. When sexually transmitted infections are detected, both sexual partners should be treated. If a woman is diagnosed with hormonal imbalance at the examination stage, then therapy is prescribed that helps normalize hormone levels and normalize the menstrual cycle. Immunomodulatory drugs can be prescribed to activate the immune system. During this period, repeated courses of physiotherapy (electrophoresis, mud applications, etc.) are indicated. In case of severe psychological trauma or increased anxiety, a consultation with a psychotherapist is possible.

Other recommendations

An important aspect of the rehabilitation process after an ectopic pregnancy is the choice of contraceptives. If you have an IUD as a contraceptive, it should be removed, since the likelihood of an ectopic pregnancy increases several times when using this contraceptive. As a rule, the doctor will recommend hormonal contraception or barrier methods (condoms).

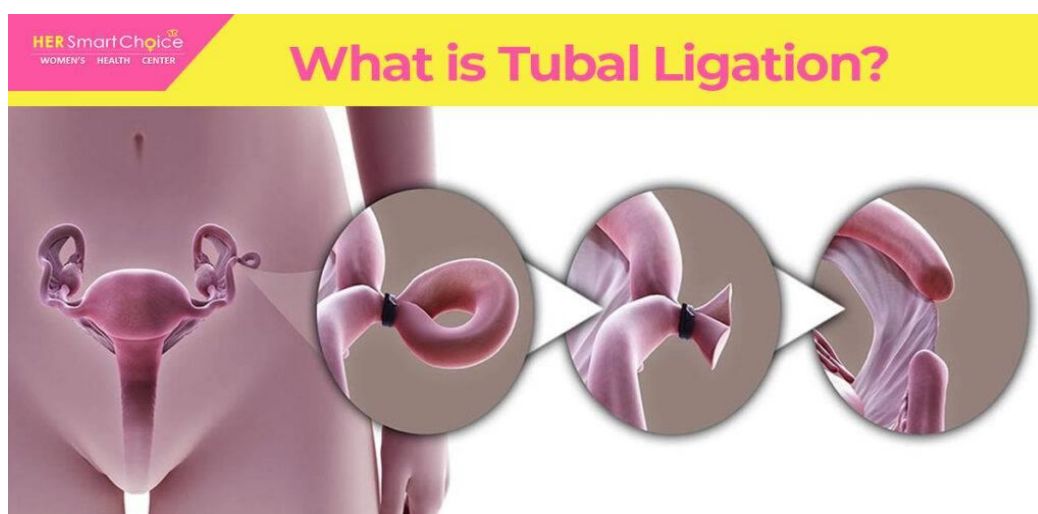
In addition, it is important to follow general recommendations - eat right, follow a work and rest schedule, avoid stress and nervous tension, and get enough sleep. For the overall health of the

body, the doctor may recommend physiotherapy, various relaxation procedures, and spa treatment.

Tactics for pregnancy after ectopic

If there is a delay in menstruation after an ectopic pregnancy, it is necessary to consult a doctor as soon as possible for a diagnosis. The cause of the delay may be menstrual irregularities due to inflammatory processes or hormonal imbalances that occur after surgery, or a long-awaited pregnancy. In women with an ectopic pregnancy, the risk of subsequent pregnancies also being ectopic is significantly increased. Usually, after a gynecological examination, the doctor prescribes two tests:

Transvaginal ultrasound of the pelvis. If during ultrasound a fertilized egg is visible in the uterine cavity, this is a reliable sign of intrauterine pregnancy. But sometimes, when menstruation is delayed for several days, it is not possible to detect a fertilized egg in the uterus, that is, it is not possible to accurately determine the location of the fetus using ultrasound and it is impossible to exclude an ectopic pregnancy. In this case, it is necessary to focus on the dynamics of clinical signs and be sure to donate blood for hCG.



Blood for the determination of hCG. This hormone is produced by the membranes of the embryo and is the main indicator of pregnancy. alpha and beta hCG are released. This is the most important and the second indicator that must be determined. Normally, the concentration of beta-hCG increases from the first days of pregnancy. If this does not happen or the level, on the contrary, decreases, this may indicate the development of various pathologies.

IVF after ectopic pregnancy

beremennost-post-vnematochnoy-beremennosti.jpg Sometimes rehabilitation, comprehensive examination and treatment cannot help women who have experienced an ectopic pregnancy to become pregnant naturally. There are also cases when the patient underwent tubectomy on both sides, that is, both tubes were removed. Such cases occur with recurrent ectopic pregnancies or significant changes in them, often with the removal of appendages of an inflammatory nature (pyosalpinx, hydrosalpinx). Even in such difficult situations, there is a way out. Modern medical development has reached a fairly high level in the reproductive sphere. Assisted reproductive technologies come to the rescue, in which case the method of choice is in vitro fertilization (IVF).

This procedure helps a woman get pregnant with various forms of infertility. IVF technology itself includes several stages:

First, you need to get healthy eggs. This can be from the woman herself or from a donor.

Then the sperm that will participate in fertilization is taken. As in the previous case, they can be taken from the husband or from a donor.

In the next step, several eggs are fertilized "in vitro." The result is embryos that are evaluated under a microscope. During this procedure, the highest quality embryos can be hand-selected and transferred into the woman's uterus.

The IVF method has been used in medicine for quite some time and has already established itself as an effective method of treating infertility, but it does not always allow a couple to become parents. In the most extreme cases, surrogacy can be used. In this case, the genetic material (eggs and sperm) is taken from the spouses, but the child is carried and born by another woman.

List of used literature:

1. Arjanova ON, Kosheleva NG Etiopathogenesis of abortion // Journal of Obstetrics and Gynecology. 2004; 53(1): 37–41.
2. Anokhin VA, Khapiullina SV Bacterial vaginosis as a cause of premature birth and intrauterine infection // Kazan Medical Journal. 2001; 82(4): 295–8.
3. Goda IB, Melnik DM, Maksimova TA, Atlasov VO Prevention of preterm birth after high-risk pregnancy in the second trimester. Ambulatory Surgery. 2004; 3:11–4.
4. Kulakov VI, Serov VN, Sidelnikova VM Preterm birth - management tactics taking into account gestational age. Journal of Obstetrics and Gynecology. 2002; 51(2): 13–7.
5. Makarov OV, Gankovskaya LV, Kozlov PV, Bakhareva IV, Romanovskaya VV, Kuznetsov PA Prevention and treatment of pregnancy and premature birth. Obstetrics and Gynecology. 2008; 5: 19--24.
6. Savelyeva GM Caesarean section and its role in modern obstetrics. Obstetrics and Gynecology. 2008; 3:10–5.
7. Sidelnikova VM Obstetric tactics for the management of preterm labor. Obstetrics and Gynecology. 2000; 5:8–12.
8. Sidelnikova VM, Antonov AG Premature birth. Premature baby: a guide for doctors. M.: GEOTAR-Media; 2006. 447 p.