

FEATURES OF THE FACTOR STRUCTURE OF QUALITY OF LIFE IN WOMEN WHO UNDERWENT SURGERY FOR PELVIC PROLAPSE

Khamdamova M.T., Akramova D.E.

Bukhara Medical University named after Abu Ali Ibn Sina.

hamdamova.muhammad@bsmi.uz

Summary. In patients with pelvic floor muscle failure and combined cervical pathology, the quality of life before surgery was reduced due to impaired physical activity and sexual functioning; after surgery, all parameters returned to normal, indicating a favorable effect of organ-preserving transvaginal surgeries on the quality of life of patients.

Key words: pelvic organ prolapse, quality of life, gynecological surgery.

Relevance. The problem of surgical treatment of genital prolapse (GP) remains very relevant. The prevalence of prolapse in women is 11.4-41%, increasing with age and the risk of surgery for this disease (2.7-11%), [1,2]. The only effective method of treating GP and pelvic floor failure is surgery. Currently, over 300 methods of surgical correction of GP are known [1,40]. The goals of surgical treatment of GP are relief of symptoms, one-stage restoration of the normal anatomical position of the organs involved in prolapse, elimination of all disorders in the structure of the pelvic floor, restoration of the function of the pelvic organs. It is fundamentally important to use minimally invasive surgical interventions that give a minimal number of relapses [4,12,13,14,15,16,17]. As a rule, surgical correction of PG using own tissues is associated with a risk of relapse of up to 40% due to the failure of own tissues [1, 2,27,28,29,30]. Currently, many options for surgical correction of pelvic girdle syndrome using mesh implants have been proposed, which are conventionally divided by the type of access used (vaginal, abdominal, or a combination of vaginal and abdominal) and by the method of biomechanical fixation model - rigid fixation to the pelvic walls or restoration of the supporting structures of the pelvic floor [1, 2,31,32,33,34,35,36,37].

The modern surgical concept of pelvic floor plastic surgery is based on the "replacement" of damaged and defective pelvic fascia with a "new" one (creation of neofascia), which is pathogenetically justified and provides a reliable framework for the pelvic organs [3,4,18,19,20,21,22]. The conducted studies have shown the advantages of using synthetic polypropylene meshes, the efficiency of which reaches 81-95.8% [2,3,5,23,24,25,38,39,40]. However, the advantages and disadvantages of vaginal surgeries using synthetic implants remain a subject of discussion [1,3,25,26]. In 2011, the FDA decided to ban the introduction of new mesh implants for surgical treatment of PG due to the development of frequent complications when they are used without preliminary multicenter clinical trials. At the same time, in 2012, the FDA presented a report noting that the use of mesh implants in surgical treatment of prolapse in the world is still not decreasing. On the contrary, there is a tendency to increase the use of synthetic materials with a simultaneous decrease in the number of operations without the use of implants. Thus, the relevance of this study is due to the significant prevalence of prolapse, the inconsistency of data on the occurrence of prolapse and its recurrence, the insufficient effectiveness of various methods of surgical treatment, the high frequency of relapses, and dissatisfaction with the quality of life of patients after surgical treatment.

THE MULTIDISCIPLINARY JOURNAL OF SCIENCE AND TECHNOLOGY

VOLUME-5, ISSUE-2

The purpose of the study to increase the effectiveness of surgical treatment and improve the quality of life of women with genital prolapse.

Material and methods. A total of 475 patients who had undergone elective radical and organ-preserving gynecological surgeries were examined. Depending on the indications for surgical treatment, the patients were divided into 3 groups: Group I - 180 patients operated on for benign tumors of the uterus and ovaries; Group II - 123 patients with prolapse of the vaginal walls, pelvic floor muscle failure, elongation, hypertrophy, cicatricial deformation of the cervix; Group III - 172 women operated on for uterine prolapse.

A comprehensive examination was conducted, including generally accepted clinical and laboratory-instrumental research methods.

A modified questionnaire "Quality of Life of Women" was used to assess the quality of life of patients. The questionnaire consists of 7 sections: physical activity (1), sexual life (2), mental state (3), social activity (4), role functioning (5), self-assessment of health (6), self-assessment of quality of life (7). The physical activity of the patients was assessed by the following parameters: degree of fatigue, lethargy, drowsiness; state of vitality and physical strength, endurance; ability to perform significant physical activity. The following criteria were used to assess the sexual life of women before and after the operation: changes in sexual life; feeling of discomfort during sexual intercourse; avoidance of sexual relations; feeling of sexual dissatisfaction. The mental state was assessed by the following parameters: memory impairment; feeling of depression, sadness, anxiety or nervousness, feeling of emotional instability; decreased interest in upcoming events. The study of social functioning included an assessment of interpersonal contacts and social connections. This category considers: changes in relationships with relatives; relationships with friends; intolerance towards other people; desire to be alone. The quality of life category related to role functioning includes the following aspects: problems in work; rapid fatigue when running a household; changes in relationships with a spouse; relationships with children. The woman's self-assessment of her health was based on her own analysis of the quality of sleep; changes in urination function; the presence or absence of pain in the lower abdomen or lower back; bowel condition.

In each section of the questionnaire, the woman subjectively assesses her well-being according to various parameters depending on the intensity of manifestations from 0 to 5 points.

from 32 to 78 years old. Working women made up two thirds of those examined. A study of the somatic history showed that most of the women had previously suffered from various extragenital diseases. On average, each patient had 3.1 extragenital diseases in their history, of which in Group I - 3.01, in Group II - 2.5, in Group III - 3.5.

At the time of examination, 235 (49.5%) patients were postmenopausal. The average age of menopause was 49.6 ± 2.5 years. In Group I (n=180), in 78.9% of cases, indications for surgical treatment were combined pathology of the genitals (uterine myoma, adenomyosis, ovarian cysts and cystomas, ovarian endometriosis), in 21.1% - isolated pathology of the uterine body (uterine myoma, adenomyosis). The following surgical interventions were performed due to the identified pathology: amputation of the uterus with and without appendages (73–40.6%), extirpation of the uterus with and without appendages (107–59.6%).

Indications for surgery in Group II (n=123) were combined genital pathology (pelvic floor muscle failure, cervical pathology). All women in Group II were diagnosed with pelvic floor muscle failure, stage I genital prolapse according to POP-Q (41.5%), and stage II genital prolapse according to POP-Q (58.5%). Combined cervical pathology was diagnosed in 68 (55.3%) patients. The volume of

THE MULTIDISCIPLINARY JOURNAL OF SCIENCE AND TECHNOLOGY

VOLUME-5, ISSUE-2

surgeries in Group II was: Manchester operation in 68 (55.3%) women, anterior and posterior colporrhaphy with perineolevatorplasty in 55 (44.7%). Indications for surgical treatment in Group III (n=172) were: genital prolapse, pelvic floor muscle failure, in some cases combined with benign tumors of the uterus (62–36%) and ovaries (10–5.8%). The scope of surgery in all cases was transvaginal extirpation of the uterus with colpoperineolevatoroplasty, combined with unilateral and bilateral removal of appendages in 8 (4.7%) women and in 2 (1.2%) with bilateral removal of appendages.

All patients underwent measures according to modern generally accepted methods of postoperative management.

The following results were obtained in the study of the quality of life of women. Physical activity before surgery was reduced in all groups, the most pronounced disorders were in patients with uterine prolapse.

After undergoing organ-preserving transvaginal surgeries, the physical activity of patients normalized in all parameters. After radical transvaginal surgeries, physical activity significantly improved compared to the pre-surgery level, which is associated with the elimination of negative symptoms associated with uterine prolapse after surgery. After transabdominal hysterectomy, physical activity indicators did not reach the pre-surgery level, which indicates an unfavorable effect of radical transabdominal surgeries on women's physical activity and the insufficiency of the body's compensatory capabilities after surgery.

According to the parameter of sexual functioning before surgery, the greatest violations of sexual function were found in women with genital prolapse, the maximum degree of sexual dysfunction was diagnosed in patients with uterine prolapse.

In patients with benign tumors of the uterus and ovaries, sexual function before surgery was practically not impaired. After transvaginal extirpation, the level of sexual dysfunction progressively decreased - a year after the operation at the level of 1-2 points. After transabdominal hysterectomy, the indicators are at the level of "moderate degree" (3 points), which corresponds to the level before the operation.

Thus, both organ-preserving and radical operations performed by transvaginal access have a beneficial effect on sexual function in women, which is associated with the elimination of anatomical disorders caused by genital prolapse.

Before the operation, most women experienced neurotic disorders of an anxiety-depressive nature in response to the stress of the upcoming operation, which was manifested by increased values for the parameters "feeling of anxiety or nervousness", "decreased interest in upcoming events", "feeling of emotional instability". In the postoperative period, the indicators of urinary dysfunction in women after transvaginal operations progressively decreased, which indicates a positive effect of the operations on urinary function. In women, a year after transabdominal hysterectomies, the indicators of urinary system dysfunction changed insignificantly (1-2 points). Pain in the lower abdomen and lower back before surgery bothered women with benign tumors of the uterus and ovaries, uterine prolapse, after transvaginal radical surgeries gradually decreasing to 1-2 points, in the group of transabdominal radical surgeries the frequency of pain syndrome increased insignificantly to 2-3 points ($p > 0.05$). Problems with stool before surgery bothered women with uterine prolapse to a greater extent, the severity of manifestations was at the level of "insignificant" (2-3 points), after 12 months the indicators in all groups normalized.

Before surgery in Group I, only 21.6% of respondents rated their quality of life as good, in Group II - 52.0%, in Group III - 26.7% (Table 7). After surgery, 35% of women in Group I, 70.7% in Group II and 48.2% in Group III considered their quality of life to be good.

Conclusion. In women with benign tumors of the uterus and ovaries, the quality of life before surgery is reduced in terms of physical activity and mental functioning. After surgery, mental, role and social functioning worsened, which indicates an unfavorable effect of radical transabdominal operations on the quality of life of women, despite favorable long-term results of surgical treatment, which is the basis for developing a program of social and psychological adaptation and rehabilitation of women.

Literature

1. Ward R.M., Velez Edwards D.R., Edwards T., Giri A., Jerome R.N., Wu J.M. Genetic epidemiology of pelvic organ prolapse: a systematic review // *Am. J. Obstet. Gynecol.* 2014. Vol. 211, N 4. P. 326-335.
2. Campeau L., Gorbachinsky I., Badlani G.H., Andersson K.E. Pelvic floor disorders: linking genetic risk factors to biochemical changes // *BJU Int.* 2019. Vol. 108, N 8. P. 1240-1247.
3. Weintraub A.Y., Gliner H., Marcus-Braun N. Narrative review of the epidemiology, diagnosis and pathophysiology of pelvic organ prolapse // *Int. Braz. J. Urol.* 2020. Vol. 46, N 1. P. 5-14.
4. Vergeldt T.F., Weemhoff M., IntHout J., Kluivers K.B. Risk factors for pelvic organ prolapse and its recurrence: a systematic review // *Int. Urogynecol. J.* 2018. Vol. 26, N 11. P. 1559-1573.
5. Khamdamov I.B. Experimental determination of the extensibility of the anterior abdominal wall tissues at different times of pregnancy using various approaches to hernioplasty // *Academicia: An International Multidisciplinary Research Journal* Vol. 12, Issue 04, April 2022 SJIF 2022 = 8.252 P.193-201 .
6. Khamdamov I.B. Improving tactical approaches in the treatment of hernias of the anterior abdominal wall in women of fertile age // *New day in medicine. Bukhara, 2022.-№10(48)- pp. 338-342.*
7. Khamdamov I.B. Morphofunctional features of the abdominal press in women of reproductive age // *New day in medicine. Bukhara, 2022.-№3(41)- pp. 223-227.*
8. Khamdamov I.B. Clinical evaluation of the effectiveness of the traditional approach to the treatment of hernias of the anterior abdominal wall in women of fertile age // *Doctor's Bulletin. – Samarkand 2022. No. 2.2 (104).-P.65-70.*
6. Khamdamov I.B., Mirkhodzhaev I.A. Khakimov M.Sh. Khamdamov B.Z. Evolution of the use of polymer implants for hernioplasty // *Tibbiyotda Yangi kun. – Tashkent; 2021,- No. 2 (34) P.-107-111.*
- 7.Khamdamov I.B., Khamdamov A.B. Differentiated approach to the choice of hernioplasty method in women of fertile age (Clinical and experimental study) // *Tibbiyotda Yangi kun. – Bukhoro, 2021.- No. 6 (38/1).-P. 112-114.*
8. Khamdamov I.B., Khamdamov A.B. Fertil yoshdagi ayollarda endovideo surgeon hernioplasty // *Tibbiyotda yangi kun. Bukhoro, 2021.-№6 (38/1) -S. 25-27.*
10. Khamdamov I.B. Experimental determination of the extensibility of the anterior abdominal wall tissues at different times of pregnancy using various approaches to hernioplasty // *Academicia: An International Multidisciplinary Research Journal* Vol. 12, Issue 04, April 2022 SJIF 2022 = 8.252 R.193-201 (Scopus).

THE MULTIDISCIPLINARY JOURNAL OF SCIENCE AND TECHNOLOGY

VOLUME-5, ISSUE-2

11. Khamdamov I.B. Improving tactical approaches in the treatment of hernias of the anterior abdominal wall in women of fertile age // Tibbiyotda Yangi kun. Bukhoro, 2022.-№10(48)- pp. 338-342.
12. Khamdamov I.B. Morphofunctional features of the abdominal press in women of reproductive age // Tibbiyotda Yangi kun. Bukhoro, 2022.-№3(41)- pp. 223-227.
13. Khamdamova M.T. Ultrasound features of three-dimensional echography in assessing the condition of the endometrium and uterine cavity in women of the first period of middle age using intrauterine contraceptives // Biology va tibbiyot muammolari. - Samarkand, 2020. - No. 2 (118). - P.127-131.
14. Khamdamova M. T. Ultrasound assessment of changes in the endometrium of the uterus in women of the first and second period of middle age when using intrauterine and oral contraceptives // Биомедицина ва амалиёт журнали. – Ташкент, 2020. - №2. - 8 часть. - С.79-85.
15. Khamdamova M. T. Anthropometric characteristics of the physical status of women in the first and second period of middle age // A new day in medicine. Tashkent, 2020. - № 1 (29). - С.98-100.
16. Khamdamova M.T. Age-related and individual variability of the shape and size of the uterus according to morphological and ultrasound studies // News of dermatovenereology and reproductive health. - Tashkent, 2020. - No. 1-2 (88-80). - P.49-52.
17. Khamdamova M. T. Anthropometric characteristics of the physical status of women in the first and second period of middle age // Тиббиётда янги кун. Ташкент, 2020. - № 1 (29). - С.98-100.
18. Khamdamova M.T. Age-related and individual variability of the shape and size of the uterus according to morphological and ultrasound studies // News of dermatovenereology and reproductive health. - Tashkent, 2020. - No. 1-2 (88-80). - P.49-52.
19. Khamdamova M.T. Ultrasound features of three-dimensional echography in assessing the condition of the endometrium and uterine cavity in women of the first period of middle age using intrauterine contraceptives // Biology va tibbiyot muammolari. - Samarkand, 2020. - No. 2 (118). - P.127-131.
20. Khamdamova M. T. Ultrasound assessment of changes in the endometrium of the uterus in women of the first and second period of middle age when using intrauterine and oral contraceptives // Biomedicine va amaliyot journals. – Tashkent, 2020. - No. 2. - Part 8. - С.79-85.
21. Khamdamova M.T. Features of ultrasound parameters of the uterus in women of the first and second period of middle age using injection contraceptives // Tibbiyotda yangi kun. - Tashkent, 2020. - No. 2/1 (29/1). - pp.154-156.
22. Khamdamova M.T. Features of ultrasound images of the uterus and ovaries in women of the second period of middle age using combined oral contraceptives // Tibbiyotda yangi kun. - Tashkent, 2020. - No. 2 (30). - pp. 258-261.
23. Khamdamova M.T. Individual variability of the uterus and ovaries in women who use and do not use various types of contraceptives // Tibbiyotda yangi kun. - Tashkent, 2020. - No. 3 (31). - pp. 519-526.
24. Khamdamova M. T. Echographic features variability in the size and shape of the uterus and ovaries in women of the second period of adulthood using various contraceptives // Asian Journal of Multidimensional Research - 2020. – N9 (5). - P.259-263.
25. Khamdamova M. T. Somatometric characteristics of women of the first and second period of adulthood using different contraceptives with different body types // The american journal of medical sciences and pharmaceutical research - 2020. – N8 (2). - P.69-76.
26. Хамдамова М.Т., Жалолдинова М.М., Хамдамов И.Б. Состояние оксида азота в сыворотке крови у больных кожным лейшманиозом // Тиббиётда янги кун. - Бухоро, 2023. - № 5 (55). - С. 638-643.

THE MULTIDISCIPLINARY JOURNAL OF SCIENCE AND TECHNOLOGY

VOLUME-5, ISSUE-2

27. Хамдамова М.Т., Жалолдинова М.М., Хамдамов И.Б. Значение церулоплазмина и меди в сыворотки крови у женщин носящих медьсодержащих внутриматочной спирали // Тиббиётда янги кун. - Бухоро, 2023. - № 6 (56). - С. 2-7.
28. Khamdamova M. T. Bleeding when wearing intrauterine contraceptives and their relationship with the nitric oxide system // American journal of pediatric medicine and health sciences Volume 01, Issue 07, 2023 ISSN (E): 2993-2149. P.58-62
29. Khamdamova M. T. The state of local immunity in background diseases of the cervix // Eurasian journal of medical and natural sciences Innovative Academy Research Support Center. Volume 3 Issue 1, January 2023 ISSN 2181-287X P.171-175.
30. Хамдамова М.Т., Хасанова М.Т. Различные механизмы патогенез гиперплазии эндометрия у женщин постменопаузального периода (обзор литературы) // Тиббиётда янги кун. - Бухоро, 2023. - № 8 (58). - С. 103-107.
31. Khamdamova M. T., Khasanova Makhfuza Toyqulovna, Umidova Nigora Nabieвна The role of genetic determinants in the occurrence of hyperplastic processes of the reproductive system of women's menopausal age // Journal of Advanced Zoology ISSN: 0253-7214 Volume 44 Issue Special Issue-2 Year 2023 Page 3724:3730
32. Khamdamova M. T. Bleeding when wearing intrauterine contraceptives and their relationship with the nitric oxide system // American journal of pediatric medicine and health sciences Volume 01, Issue 07, 2023 ISSN (E): P. 2993-2149. R.58-62
33. Khamdamova M.T. Reproductive Health of Women Using Copper-Containing Intrauterine Contraception // Eurasian Medical Research Periodical Volume 28 January 2024, ISSN: 2795-7624 .www.geniusjournals.org P. 39-45.
34. Khamdamov I.B. Advantages Of Laparoscopic Hernioplasty in Obesity Women of Fertile Age // Eurasian Medical Research Periodical Volume 28 January 2024, ISSN: 2795-7624 .www.geniusjournals.org P. 33-38.
35. Khamdamova M. T. Bleeding when wearing intrauterine contraceptives and their relationship with the nitric oxide system // American journal of pediatric medicine and health sciences Volume 01, Issue 07, 2023 ISSN (E): P.2993-2149. R.58-62
36. Khamdamova M. T. The state of local immunity in background diseases of the cervix // Eurasian journal of medical and natural sciences Innovative Academy Research Support Center. Volume 3 Issue 1, January 2023 ISSN 2181-287X R.P.171-175.
37. Khamdamova M. T., Khasanova M.T. Genetic mechanisms of development of endometrial hyperplastic processes in women in menopausal age // American Journal of Medicine and Medical Sciences 2025.- №15(2): P.372-375 DOI: 10.5923/j.ajmms. 20251502.22
38. Khamdamov I.B. Advantages Of Laparoscopic Hernioplasty in Obesity Women of Fertile Age // Eurasian Medical Research Periodical Volume 28 January 2024, ISSN: 2795-7624 .www.geniusjournals.org P. 33-38.
39. Токтар Л.Р. Женская пролаптология: от патогенеза к эффективности профилактики и лечения // Акушерство и гинекология: новости, мнения, обучение. 2017. № 3 (17). С. 98-107.
40. Blomquist J.L., Carroll M., Munoz A., Handa V.L. Pelvic floor muscle strength and the incidence of pelvic floor disorders after vaginal and cesarean delivery // Am. J. Obstet. Gynecol. 2020. Vol. 222, N 1. P. 62-65.