

PRIORITY OF CESAREAN SECTION IN MODERN OBSTETRICS

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Annotation: In this article, the author shows a number of priority areas for cesarean section in modern obstetrics. The patients were divided into 2 groups: in women of the first group, according to ultrasound data, swelling in the area of the postoperative suture was observed 4 times less than in women of the second group, and a statistically significant decrease in swelling was observed by the 9th day. The use of a single-row suture made it possible to reduce the incidence of purulent-septic complications in the postoperative period by up to 4.7 times compared to the second group.

Key words: caesarean section, pregnancy, scar, pathology, operation.

Conduction. The priority of abdominal delivery is due to its significantly more favorable consequences for the fetus compared to other methods of surgical delivery [1,2,4,5]. When applying obstetric forceps, abrasions and wounds of the soft tissues of the fetal head occur in mild cases, subcutaneous hematomas and cephalatomas, fractures of the collarbones and skull bones, conjunctival hemorrhages, injuries of cranial nerves and cervical spine [Golota V.Ya. et al., 1985; Carmody F. et al., 1986; Bowes W.A. et al., 1994].

The data of A.Y. Ratner (1990) indicate that in children who were born with obstetric forceps and a vacuum extractor, late complications of birth damage to the nervous system are much more likely to occur: peripheral cervical insufficiency syndrome, myatonic syndrome, acute circulatory disorders in the spinal cord and brain, as well as early cervical chondrosis.

A similar opinion is shared by J.R. Lieberman et al. (1995), who report a significantly higher incidence of somatic and neurological damage after spontaneous delivery in the pelvic presentation compared with that after abdominal delivery. That is why abdominal delivery has become one of the reserves for reducing perinatal morbidity and mortality [3,6,7].

One of the features of modern obstetrics is the expansion of indications for cesarean section due to the development and improvement of obstetric science, anesthesiology, intensive care, neonatology, blood transfusion services, pharmacology, asepsis and antiseptics, the use of new broad-spectrum antibiotics, new suture material and other factors.

Issues related to cesarean section surgery, as well as the tactics of pregnancy and childbirth in women with a scar on the uterus, are constantly discussed on the pages of the periodic domestic and foreign press [Savelyeva G.M. et al., 1989; Strizhakov A.N. et al., 1991; Kulakov V.I. et al., 1994, 1998; Peter J. et al., 1987; Shiono P.H. et al., 1987; Flam B.L. et al., 1994; Gifford D.S. et al., 1995].

The purpose of the study: to study the priority of cesarean section in modern obstetrics. Materials and methods of research. To compare the outcome of childbirth for mother and fetus, the structure of indications for abdominal delivery and identify factors affecting this indicator (the presence of possible complications associated with cesarean section and other indicators), we analyzed the therapeutic work of the 2-maternity complex in Andijan.

When a pregnant woman was admitted to the hospital, special attention was paid to the study of general and special anamnesis. In a specially designed examination card of a pregnant woman, all the necessary information was entered concerning heredity, infectious, somatic and gynecological

diseases, menstrual and generative functions, an indication of infertility, malformations of the genitals, in vitro fertilization, data on the course of previous pregnancies and childbirth. Special attention was paid to the presence of chronic infections (chronic tonsillitis, frequent acute respiratory viral infections, etc.), urinary tract infection (chronic pyelonephritis, urolithiasis, etc.), a history of peritonitis, complicated course of this pregnancy (suturing of the cervix due to isthmic-cervical insufficiency (ICN), taking corticosteroids due to the threat termination of pregnancy associated with AFS, hyperandrogenism, the presence of antibodies to HCG, etc.), drug allergy.

All pregnant women who had infectious diseases or suffered from infection during this pregnancy were classified as at high risk of infection. Attention was paid to the physique, the degree of development of subcutaneous fat, the presence of edema, the condition of the skin and mucous membranes, cardiovascular, musculoskeletal, nervous and endocrine systems, respiratory organs, digestion, urination.

Anthropometric measurements were made. The term of pregnancy and the expected date of delivery were determined by the date of the last menstruation, the expected day of conception, by the date of the first appearance at the women's consultation and clarified using ultrasound. Cardiomonitor examination, Doppler examination of blood flow in the mother-placenta-fetus system, hemostatic blood examination, X-ray kelvimetry (according to indications), etc. were performed. To determine the outcome of cesarean section depending on the technique of dissection of the lower segment of the uterus (according to Joel-Cohen) and the technique of restoring the incision on the uterus (single row), the type of suture material, we analyzed the outcomes of abdominal resolution in 60 women over the period 2013-2014. In order to study the possible causes of bleeding during surgery and in the early postoperative period, identify risk groups for bleeding, as well as develop preventive and therapeutic measures to combat this complication, we analyzed 48 cesarean section operations. The fetal condition according to Dopplerography data during pregnancy was assessed by the fetal condition indicator (PSP). The clinical assessment of the condition of newborns was performed on the Apgar scale within the first minute and five minutes after birth.

The data obtained during the study were subjected to statistical processing on a Pentium-IV personal computer using the Microsoft Office Excel-2003 software package.

Research results and discussion:

In the third trimester, according to retrospective data, first of all, there was a high incidence of obstetric pathology 43.7%, premature birth 33.4%, polyhydramnios 26.1%, premature discharge of amniotic fluid 42.1%.

The indication for cesarean section in this contingent was severe myopia in 5, large fetus in 13 women, clinically narrow pelvis in 11 women, premature discharge of amniotic fluid in 20 women, multiple pregnancy in 8 women, fetal distress syndrome in 14, transverse presentation of the fetus, vaginal wall septum in 9, 15 a scar on the uterus.

The results of postoperative studies have shown that Joel-Cohen cesarean section helps to reduce the frequency of immediate and long-term purulent-septic complications in maternity patients. At the same time, a reduction in the time from the beginning of surgery to fetal extraction was noted, which is of great importance in situations requiring emergency delivery, and helps to reduce the frequency of anesthesia depression in a newborn. The use of a new modification of cesarean section is of great economic importance due to a decrease in the frequency of complications, a reduction in the cost of operating time, a reduction in the duration of surgery, and a decrease in the need for suture material.

In women of the first group, according to ultrasound data, edema in the area of the postoperative suture is observed 4 times less often than in women of the second group, while there is a statistically significant decrease in edema by the 9th day. Purulent-septic complication in the postoperative period with a single-row suture is 4.7 times less than in the second group.

In the diagnosis of postoperative diseases and assessment of the condition of postoperative sutures on the uterus, the ultrasound technique according to L.S. Logutova [1,4,6] suggests using the method of biocontrast echoscopy, which differs from conventional ultrasound in additional contrasting of the uterine wall due to the introduction into its cavity of a rubber balloon filled with 70-90 ml of sterile liquid. The study is carried out with a filled bladder.

According to M.V. Rybin [4,5,8], transabdominal and transcervical echographic examination makes it possible to determine the rate of uterine involution after cesarean section. These methods expand the possibilities of diagnosing and predicting the outcome of purulent infectious diseases after cesarean section in order to prevent the development of complications in a timely manner.

An analysis of the condition of newborn children, taking into account the delivery option used, allows us to note that according to the criteria of the Apgar scale, the best results were observed during childbirth using planned CS, in which 100% of newborns had a score of 8-10 points at 1 and 5 minutes.

Conclusions:

1. The conducted studies allow us to recommend a more widespread use of CS in obstetric practice.
2. For safe use of CS, we recommend making a skin incision in the transverse direction, no higher than 2-3 cm from the upper edge of the pubic joint) peeling and dissection of the transverse fascia.

Literature

1. Logutova L.S. Optimization of cesarean section. Medical and social aspects: Abstract. diss. ... doctor of Medical Sciences. M., 1996. 48 p.
2. Matyakubov B.U., Niyazmetov R.E. The effect of lymphostimulating lymphotropic therapy on cytokine parameters in women with cesarean section.//journal of theory. and a wedge.meditis.-2012.-No.1.pp.84-85.
3. Negmatullayeva V.N., Ikhtiyarova G.A., Karimova N.N. Clinical efficacy of prevention of septic complications after cesarean section.//Ross.vestn.akush.-gin.-2007.-No.2.- pp.38-39.
4. Radjabova Sh.Sh. Prevention of complications of cesarean section in pregnant women: Abstract. diss. ... candidate of Medical Sciences. Makhachkala, 1997. 24 p.
5. Rybin M.V. Immediate and long-term results of a new modification of the cesarean section operation: Abstract. diss. ... candidate of Medical Sciences. M., 1997. 24 p.
6. Filonov S.M. The outcome of cesarean section operations depending on the technique of suturing the uterus and suture material: Abstract. diss. ... candidate of Medical Sciences. M., 1997. 24 p.
7. Khadzhieva E.D. Peritonitis after cesarean section: Abstract. dissertation of the Doctor of Medical Sciences. St. Petersburg, 1996. 49 p.