

## COMPLICATIONS AFTER HYSTERECTOMY

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### Annotation:

The article presents the materials of research work based on the database of modern foreign and domestic literature on hysterectomy. The data on total hysterectomy in recent years were studied, the indications for hysterectomy and the course of the postoperative period were analyzed, the frequency of occurrence of complications and their structure were clarified. As a result of the study, predictors and the most frequent pathological processes were identified.

**Keywords:** laparoscopic hysterectomy (LH), total hysterectomy, subtotal hysterectomy, complications of hysterectomy, frequency, structure, inflammatory complications, pelvic pain, stump.

## INTRODUCTION

Complications of laparoscopy in gynecology are often specific and differ significantly from complications arising from laparotomy and vaginal access. Recently, the process of complicating operations performed by laparoscopic access has been accompanied by a number of specific problems, among which the leading place is occupied by the duration of the surgical intervention and related complications, as well as complications and failures of complex and/or radical operations proper. In this regard, in gynecology, complications of hysterectomy, extirpation of the cervical stump by laparoscopic access, as well as ways to overcome difficulties in patients who have previously undergone "open" operations, especially repeated ones, are usually discussed.

Currently, infections are in fourth place in the world in the structure of mortality and account for 11%, and in developing countries, septic shock associated with septic abortion and postpartum endometritis still occupies one of the leading places, and often leads to hysterectomy and complications.

The proportion of complications in the performance of complex and radical operations by laparoscopic access is small. The implementation of preventive measures is quite within the power of ordinary operating gynecologists and does not require any special knowledge or equipment.

Purpose of the study: **to study the frequency and structure of complications arising after hysterectomy surgery.**

**Materials and methods.** As a material, the results of studies of the last 5 years of foreign and domestic literature were studied according to research journals and official websites. The generally accepted methods of research, calculation of statistical data, generalization of results and substantiation of conclusions were used.

### Results and Discussion

Currently, hysterectomy occupies one of the leading places among obstetric and gynecological operations and is one of the highly effective, and sometimes the only method of treating various diseases of the female genital organs. However, quite often the result of hysterectomy is not only the elimination of the cause of the disease, but also the development of complications that reduce the quality of life of patients. In Sweden, the frequency of hysterectomy among abdominal gynecological operations is 38%, in the USA - 36%, in the UK - 25%, in Russia - 32.5 to 38.2% [1, 2]. Until now, 70% of hysterectomies in the US, 88% in the UK, 95% in Sweden are performed by abdominal access [3, 4].

Obtained in the dynamic observation by the authors Proshchenko O. et al. (2020) of the postoperative period, they demonstrated a high level of urogenital infection and violations of the microbiota of the genital tract in 53 observations (63.1%) already up to 3 years after hysterectomy, pelvic floor descent was diagnosed in every third patients, pollakiuria - in 14.3% of cases (in half of them - at night), stress urinary incontinence - in 9.5%, imperative form of urinary incontinence - in 11.9% of cases, cystocele and enterocele in their combination - in 13.1%, and without statistically significant deviations in groups.

Chronic pelvic pain syndrome was verified up to 3 years of follow-up in 27 patients (32.1%), and in the comparison group pain sensations were noted 1.8 times more often ( $p < 0.05$ ), as well as limitation of stump mobility, heaviness in application projections, tissue infiltration and compaction. Flatulence, intestinal discomfort and constipation were noted in almost the same proportion of patients in both groups.

It should be noted that in 12 cases in the late postoperative period (up to 5 years of follow-up), the patients underwent repeated surgical interventions (for adhesions and chronic pelvic pain, diseases of the stump and postoperative genital prolapse). It is reasonable to point out that the severity of late postoperative complications, urogenital dysfunction and clinical manifestations of the adhesive process was more significant in patients of the comparison group, and also showed clear correlations with the perimenopausal age of the woman, confirming the existing data on the significant influence of estrogen status in postoperative adhesiogenesis and pelvic floor dysfunction [1, 3, 5, 7, 8, 10].

Neurological complications are attracting more and more attention, which is obviously

associated with an improvement in the quality of diagnostic capabilities, as well as the results of recent research in the field of studying the pathogenesis and treatment of neurological disorders. So, only recently scientists began to think about the true causes of one of the most important neurological complications of hysterectomy, namely chronic postoperative pain. The main neurological disorders that develop after hysterectomy are: chronic postoperative pain, traumatic neuroma and residual ovary syndrome as possible causes of chronic pain, mononeuropathy, sexual and sleep disorders, cognitive and motor impairment, dysfunction of the lower urinary tract and intestines.

2/3 of women with this complication are women with obesity, in which during the conduct of a total hysterectomy This is a number of technical difficulties due to the pronounced fatty layer [2]. However, in recent years, the trend towards obesity among women has been increasing.

The prolapse of the vagina, as a rule, is accompanied by various unpleasant These are the symptoms that cause a woman to experience severe discomfort. Often this process is accompanied by severe pain, delay or, conversely, Early urine, frequent urination, problems with defecation [3, 4, 6, 7, 10]. In case of complete prolapse of the vagina after removal of the uterus, mucous membranes of its walls, is liable to severe injury, which leads to the development of infectious diseases, abscess and even tissue death [5, 9, 12].

Every fourth patient before the 5th year of observation noted descent of the pelvic floor and signs of prolapse of I-II degree, pelvic floor relaxation syndrome, anterior and posterior rectocele, which, undoubtedly, is the result of the involvement of the architectonics of the anatomical and functional structures of the stromal-muscular component of the pelvic complex [8].

## **Conclusions**

The study shows the presence of both immediate and long-term complications after hysterectomy. Their frequency varies within different limits, but the increase in complications with the passage of time remains statistically significant. It is necessary to develop methods for the prevention of these complications in order to improve the quality of life of women.

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