

## Improved surgical technique to treatment of genital prolapse.

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**Objective.** Genital prolapse in our Republic occurs in 45% of women who had 2-3 or more births, this creates discomfort, urinary incontinence, constipation and decreased libido. Consequence with which there is a need for surgical correction, which is accompanied by relapses of genital prolapse from 2 to 10% of cases.

**The purpose of our study:** Development of a new method of vaginal hysterectomy, followed by strengthening the vaginal cuff with synthetic prolene tape.

**Materials and methods:** The subjects of the study were 64 women with genital prolapse. The age of the patients ranged from 39 to 65 years. All patients were admitted to Maternity complex №6 of Tashkent city. Patients in the hospital underwent for all examinations, which consisted in clinical and laboratory analyses, ultrasound, dopplerometry, CT, MRI, etc.

**Results:** We studied a surgical treatment of 64 patients with genital prolapse. The size of the uterus reached values corresponding to an average of 15 weeks of gestation. All the women underwent surgery vaginal hysterectomy with the plication of the ligaments by prolene tape. (Eticon - 1.5 by 15 cm). The sacrum-uterine ligaments were plicated with synthetic prolene tape and fixing its distal section to the sciatic-coccyx ligament and vaginal cuff. During the healing of wound, the tape grows to the coccygeal-sciatic ligament and vagina cuff. Thus, vaginal cuff is fixed in the indicated ligaments. The second advantage of this technique is that the sacro-uterine ligaments are shortened, and the prolene tape does not allow the ligaments to stretch which creates the possibility of a normal sexual life. In addition it creates a deep vagina and strengthens the pelvic floor, which helps prevent recurrence.

This leads to the strengthening of the vaginal cuff, The duration of operation varied from 55 to 85 minutes with the new technology of vaginal hysterectomy. Average hemorrhage were  $170 \pm 25$ ml. There were no intraoperative complications. Duration of patients in the hospital was 4-5 days. The postoperative period proceeded smoothly. Long-term results are studied from 2 months to 2 years. Most operated women with stress urinary incontinence were satisfied with the results of surgery.

**Conclusions:** The using synthetic tapes by a new technique in the treatment of genital prolapse is promising. When performing operations for genital prolapse, the most important task is to reduce the number of complications and recurrences.

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