

fallen. Bei dem modifiziertem Eingriff nach Feirman wurden gute Ergebnisse bei 10 Kinder (62,5%), zufriedenstellende bei 3(18,7%) und unzureichende bei 3(18,7%) erreicht. Dieser Eingriff ist wirksam bei Kindern über 10 Jahre. Zur Vorbeugung der Komplikationen ist eine Anwendung vom medizinischem Ozon als Bestandteil der komplexen medikamentösen Therapie und Krankengymnastik sinnvoll.

SURGICAL PREPARATION OF WOMEN WITH GENITAL PATHOLOGIES FOR EXTRACORPOREAL FERTILISATION

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Infertility is a problem that occupies a particular place in medicine. It is very important to know the reasons which complicate the onset of pregnancy. The main reasons are a commissural process which occurs as a result of external and internal genital endometriosis and inflammatory diseases of fallopian tubes, fibrimyoma uterus of various localisations. In 90 % of cases, surgical correction is performed by endoscopic methods. The probability of pregnancy after the surgical preparation for the extracorporeal fertilisation increases by 12%.

The objective of the research was the endoscopic surgical preparation which makes it possible to increase the percentage of infertility treatment.

Materials and methods

917 couples with infertility problems turned to our centre in 213. 417 of them required extracorporeal fertilisation. 217 patients of the first group received laparoscopy and hysteroscopy before the extracorporeal fertilisation.

200 patients of the second group received extracorporeal fertilisation without the preceding surgical preparation. The effectiveness in the first group was 51.8% and it was 40% in the second group.

Surgical correction before extracorporeal fertilisation has several objectives:

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1. Die Modifikation der chirurgischen Korrektur konnte kurzfristige und langfristige Ergebnisse in der Behandlung der Stuhlinkontinenz verbessern.
2. Die Gesamtheit der konservativen Therapiemethoden vor und nach dem Eingriff und eine rehabilitative Therapie bei Kindern mit Stuhlinkontinenz verbessern die Funktionalität des Sphinkters.

1. Removal of the negative hydrosalpinx influence on the implantation and embryogenesis processes;
2. Risk reduction of the ectopic pregnancy when performing extracorporeal fertilisation;
3. Removal of small pelvis pathologies which can might have a negative influence on the results of the procedure.

In general, we single out 2 types of surgeries:

1. Plastic-reconstructive, in order to restore uterine tubes patency before natural conception;
2. Surgeries directed towards the creation of appropriate conditions for the extracorporeal fertilisation (removal of hydrosalpinx, ovarian cysts, paraovarian cysts) and creation of conditions for ovariocentesis (salpingoovariolysis, ovariopexy).

Clinical case

In October 2013 patient N. was accepted into the extracorporeal fertilisation programme with the diagnosis of infertility of the first endocrine genesis. Her medical history revealed appendectomy in childhood. Due to an intense commissural process in the small pelvis, anatomical shortening of the broad ligaments of uterus and uteroovarian ligaments, the transvaginal ovariocentesis was accompanied by technical difficulties. We only managed to obtain one oocyte and the pregnancy did not occur.

In November 2013 the patient had laparoscopy, salpingoovariolysis, ovariopexy and the anatomical position of the uterine appendages was restored.

In January 2014 the patient returned to the extracorporeal fertilisation programme; the transvaginal ovariocentesis was carried out without any technical difficulties. We received 11 oocytes and there was a single pregnancy.

Conclusion

Endoscopic surgical procedures (laparoscopy and hysteroscopy) make up a final and obligatory stage of diagnostics and infertility treatment for women with genital pathologies and before extracorporeal fertilisation.