

Practical Features of Recovery Treatment after Ovarian Apoplexis

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Abstract

The features of physical rehabilitation after ovarian apoplexy and the surgical treatment of this severe gynecological pathology requiring emergency care are considered. A program of physical rehabilitation in the postoperative period is presented, aimed at restoring reproductive function in patients after surgical treatment of ovarian apoplexy. Practical recommendations are given on the use of a complex of methods and means of physical rehabilitation and restorative non-drug treatment for this pathology at the inpatient, outpatient and sanatorium-resort stages of rehabilitation.

Key words: apoplexy; ovary; pelvic massage; menstrual cycle; ovulation; laparoscopy; reproductive health; special Kegel exercises; physical rehabilitation

Introduction

One of the urgent conditions most often encountered in gynecological practice, requiring urgent surgical intervention and subsequent postoperative rehabilitation, is ovarian apoplexy (V.K. Chaika, 2006; V.E. Radzinsky et al., 2007). The problem of ovarian apoplexy remains relevant to the present, due to a decrease in the age limit of the disease and a steady increase in this pathology [1-2]. Ovarian apoplexy (apoplexia ovarii) is characterized by a sudden onset of hemorrhage into the ovary, accompanied by a violation of the integrity of its tissue, bleeding into the abdominal cavity and pain [1-3]. This pathology occurs mainly at a young age and has not only medical, but also social significance. It requires the search for such methods of treatment and postoperative rehabilitation that would allow the maximum preservation of the affected organ, prevent the development of a pronounced adhesive process in the abdominal cavity and, thus, preserve the reproductive function of a woman [4-6].

Ovarian apoplexy cannot be attributed to rare diseases. Among intra-abdominal bleeding of gynecological origin, she occupies the second place after ectopic pregnancy. The frequency of this pathology among gynecological patients admitted to the hospital ranges from 0.3 to 5%, it can be severe and even life-threatening, and in 40% of patients it requires emergency surgical intervention [5-6]. The frequency of ovarian apoplexy is 10.9% among patients with acute surgical and 27.8% with acute gynecological diseases of the abdominal organs. Among the causes of intra-abdominal bleeding, 0.5-2.5% is due to ovarian apoplexy. The recurrence of the disease reaches, according to a number of researchers, 42-69% [7-8].

In our opinion, insufficient attention has been paid to the issues of physical rehabilitation and restorative non-drug treatment after ovarian apoplexy. If there are enough research works on the problem of the clinic, diagnosis and treatment of ovarian apoplexy, then there are no data on methods of recovery after surgical treatment of this severe gynecological pathology in the available sources of information, the issues of dispensary observation and rehabilitation therapy of patients who have undergone ovarian apoplexy have not been studied. The use of physical rehabilitation after ovarian apoplexy, as a complex restorative therapy aimed at regulating ovarian function, taking into account the age and reproductive behavior of patients, allows for the prevention of recurrence of ovarian apoplexy and contributes to the preservation of generative function in women of reproductive age [6-8]. The social significance of the problem, the tendency to increase the frequency of ovarian apoplexy and the increase in its role in the structure of gynecological morbidity, the lack of comprehensive physical rehabilitation programs to restore the reproductive function of patients of reproductive age determined the relevance of the problem and served as the basis for our study. The object of the study is a set of methods and means of physical rehabilitation after surgical treatment of ovarian apoplexy.

Aim of study

The aim of the work is to study the impact of the proposed set of methods and means of physical rehabilitation and restorative non-drug treatment on the reproductive health of women who have suffered ovarian apoplexy.

Material and methods

To conduct a study on the effectiveness of the use of a complex of methods of physical rehabilitation after surgical treatment of ovarian apoplexy, we selected a group of patients operated urgently after a rupture of one of the ovaries. The author's version of the questionnaire was also prepared, which included questions related to the psychological mood of the patients before and after their surgical treatment, expectations from the ongoing physical rehabilitation complex, regarding their sexual and reproductive functions, sensations and manifestations during the complex of ongoing rehabilitation and recovery measures. The author, in carrying out this study, used the method of literary-critical analysis, available sources of information on the problem under study, both domestic and foreign, as well as the method of mathematical statistics.

Results and Discussion

As a means of physical rehabilitation, we used therapeutic exercises, in the form of a set of exercises, with limited exercises for straining and increasing pressure in the abdominal cavity, special Kegel exercises according to the classical method, gynecological massage according to the method of I.I. Benediktov and its modifications according to M.G. Schneiderman [9-10]. All methods of physical rehabilitation were carried out in the intermenstrual period, in two stages. Reference was made to individual menstrual cycle charts based on measurements of "basal" temperature (BT) or using ovulation tests, which were carried out for 1-9 months. [5,6,8]. The first stage began from the moment the menstrual flow stopped and ended 2-3 days before the onset of ovulation (according to changes in the temperature curve on the BBT measurement chart or ovulation test indicators. The second stage began from the moment the end of ovulation was fixed, the death of the egg, and the beginning of the post-ovulatory period of the menstrual cycle according to individual BBT measurement schedules and / or ovulation tests We used the SOLO® and Frautest Planning® ovulation test during the process [5,8,9].

The group of patients who took part in the study consisted of 18 women. The average age of patients in the study group did not differ significantly from each other ($p > 0.05$) and was 27.1 ± 2.3 years. All patients had a "mixed" form of ovarian apoplexy, of moderate severity. When conducting this study, all patients who took part in it gave their voluntary written consent to it. According to the results of the survey and the data of the survey conducted by us, we have established the following data. So, it was found that the main risk factors for the development of ovarian apoplexy are previously transferred artificial (59.8%) and spontaneous abortions (21.2%); chronic inflammatory processes of the uterus and appendages (39.4%); menstrual dysfunction (42.8%), as well as previous gynecological operations (28.0%), including apoplexy of the other, opposite ovary (14.8.0%). In addition, in every fourth case, the development of ovarian apoplexy, it was after sexual intercourse. In other cases, women noted psycho-emotional stress (26.0%) or heavy physical exertion (22.0%) on the eve of the disease. Most of the interviewed women have a combination of etiological factors.

The clinical symptoms of ovarian apoplexy depended on its form: in the painful form, pain most often occurred, most often in the right iliac region (84.0%), with irradiation | in the epigastric region (22.0%) and lumbar (18.0%). In the hemorrhagic form, the pain radiated to the rectum (62.0%), subclavian region (38.0%) and perineum (24.0%). Menstrual dysfunction was more common in hemorrhagic form, and symptoms such as weakness, dizziness and nausea did not depend on the form of ovarian apoplexy. Thus, in patients in the study group, a rather high level of gynecological morbidity was revealed, primarily due to chronic inflammatory processes of the reproductive system (48.0%) and various menstrual dysfunctions (28.0%) in the group. When conducting

therapeutic exercises and determining the daily regimen, we took into account that in the late postoperative period, patients who underwent surgical treatment for ovarian apoplexy are contraindicated in excessive physical activity, weight lifting, physical activity in the form of walking dosed walking, starting from 1-2 km, then, as you adapt, from 3 to 5 km, without ups and downs, on a flat, unbroken terrain. We also used a course of therapeutic gymnastics (RG) exercises aimed at general strengthening of the body. Of no small importance here is the complex of morning exercises of a sparing regimen. The use of a complex of exercise therapy, Kegel exercises and, especially, gynecological massage, helps to increase blood and lymph circulation, prevent and eliminate adhesions that could form after bleeding due to rupture of the ovary [7-10] 3, 6 and 9 months after our rehabilitation complex, we studied the clinical course of pregnancy and childbirth in 8 (44, 44%) women who became pregnant and gave birth against the background of the rehabilitation therapy used.

Conclusions

1. It has been established that the use of the proposed rehabilitation technique in patients with ovarian apoplexy makes it possible to restore the ovulatory menstrual cycle in 35.0% of patients in 3-4 months; after 6 months - in 56.5%, after 12 months - in 77.0% of women. The clinical effectiveness of the proposed technique (achieving the planned pregnancy) is 44.44%.

2. Thus, we can assume that the proposed set of methods and means of physical rehabilitation and non-drug rehabilitation treatment can be offered for practical use in the late postoperative period, at the outpatient and sanatorium-resort stages of rehabilitation, as one of the leading factors in the postoperative restoration of reproductive function in women. reproductive age, after surgical treatment of ovarian apoplexy.

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