

# Consideration of the Peculiarities of Non-Drug Rehabilitation Treatment After an Ectopic Pregnancy

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## Abstract

The features of the application of physical rehabilitation after undergoing an ectopic pregnancy and conducted surgical treatment of severe gynecological pathology requiring emergency care are considered. The program of physical rehabilitation in the early and late postoperative periods, aimed at restoration of reproductive function in patients conducted after surgery tubal ectopic pregnancy options.

**Key words:** ectopic pregnancy; laparoscopy; exercise, reproductive health; fitball; foot reflexology; physical rehabilitation; non-drug rehabilitation treatment; vibrating massage

## Introduction

The issue of treatment for ectopic pregnancy is, today, very relevant, as it carries an immediate danger to the life of the patient. This pathology accounts for 1.6-25% in the structure of gynecological diseases and ranks second in the structure of causes of maternal death in civilized countries of the world (Mishchenko V.P., 2007; Petrova E.V., 2008). The frequency of ectopic pregnancy remains consistently high in the structure of emergency conditions in gynecology, accounting for 1-12% in relation to all patients hospitalized in gynecological hospitals (Adamyanyan L.V. et al., 2000; Strizhakov A.N. et al., 2001). Almost 50% of women who have had an ectopic pregnancy develop infertility, and 8-20% experience repeated ectopic pregnancy, which makes the problem of great social importance [1,2].

If much attention is paid to the issues of surgical treatment and medical rehabilitation of various forms of ectopic pregnancy, then the available literature practically does not cover the issue of the use of physical rehabilitation after ectopic pregnancy and its surgical treatment, in particular, the use of methods and means of physical rehabilitation in the early and late postoperative periods, as well as at the sanatorium-resort stage of rehabilitation [3-5]. The main task of postoperative rehabilitation measures is the prevention of such complications as repeated ectopic pregnancy, infertility, the formation of peritubal adhesions, and impaired functional activity of the fallopian tubes [6-8].

## Aim of study

The purpose of our study is to develop a set of rehabilitation measures for women after surgical treatment of progressive tubal pregnancy, to evaluate

the effectiveness of the proposed rehabilitation measures in the program for restoring the reproductive function of women, using exercise therapy, various types of massage, and a number of special exercises.

The object of the study is the proposed set of methods and means of physical rehabilitation aimed at restoring reproductive function in women after surgical treatment of progressive tubal pregnancy.

## Material and methods

After studying the medical records, we selected a group of patients to conduct a study on the effectiveness of using a complex of physical rehabilitation methods after surgical treatment of ectopic pregnancy. The group is homogeneous in terms of age, diagnosis, complex of treatment and diagnostic measures. The group included 36 women who underwent rehabilitation activities according to the scheme we proposed. The average age of patients in the study group did not differ significantly from each other ( $p>0.05$ ) and was  $29.8\pm 6.2$  years. All women were observed in the conditions of the gynecological department and antenatal clinic. The general somatic and obstetric-gynecological anamnesis was studied in the patients, a complete clinical examination was carried out by conventional methods, including an assessment of the general somatic and gynecological status. The primary documentation for these women was also a specially developed questionnaire that contained history data on previous diseases, extragenital pathology, reproductive function of women, rehabilitation measures that were carried out after surgical treatment, data from laboratory and additional studies (measurement of basal temperature, ultrasound in dynamics), the questionnaire "Quality of Life of Women". 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. Statistical processing of the obtained data was carried out on a computer using licensed software systems DIAGNOST and Microsoft Excel 5.0/2005. The reliability of the results obtained was determined by Student's criterion. The coefficient  $p > 0.05$  was considered statistically significant, which is considered sufficient for medical research. All female patients who participated in this study gave their voluntary written consent to participate in it.

## Results and discussion

For the study, in the complex of methods of physical rehabilitation after surgical treatment of ectopic (tubal) pregnancy, we used exercise therapy, vibration and gynecological massage, reflexology of biologically active points (BAP) of the genital and endocrine systems on the feet, fitball [3,4,7,10]. The effectiveness of rehabilitation measures was evaluated immediately after application and in dynamics: after 1, 3 and 6 months. To determine the quality of life and subjective assessment of the condition of women who had an ectopic pregnancy, they were surveyed during their inpatient treatment and 6 months after it. It was reliably established that the main factors for the occurrence of progressive tubal pregnancy in patients were: dysmenorrhea (51.6%), artificial termination of pregnancy (50.2%), previous surgical interventions (41.0%), secondary infertility and attempts to treat it (32.3%), the use of intrauterine contraception (2.6%) [1, 2, 8].

In the preoperative period, the condition of the patients in the group was characterized as follows: 54.1% of the patients in the study group noted menstrual dysfunction before surgery in the form of algomenorrhea. When re-questioning 6 months after surgery, 63.2% of patients in the study group, postoperative physical rehabilitation of which included exercise therapy in the form of a set of special exercises that strengthen the muscles of the abdomen and pelvic floor (according to the method of Vasilyeva V.E.) [3,4] noted normalization menstrual function. To activate the menstrual and endocrine functions of the ovaries, we used, as an alternative to drug treatment, the method of foot reflexology, with an effect on BAPs responsible for reproductive function [4,6]. When assessing the function of the ovaries in the postoperative period by measuring the basal temperature in the study group, in the first 2-3 months, ovulatory cycles were restored in 12 women (33.33%), at 3-4 months after the operation, ovulation was determined in another 15 women (41.67%), at 5-6 months in another 6 women (16.67%). Ovulatory cycles after 6 months were not recorded in 3 (8.33%) women in the group.

In the early postoperative period (from the 1st day after the operation) we used a course of therapeutic exercises aimed at general strengthening of the body. These exercises were aimed at improving breathing, had a static and dynamic character [3, 4, 7]. Of no small importance here is the complex of morning hygienic gymnastics of a sparing regimen. Also, with an interval every other day, we used vibration massage on the lower abdomen (15-20 sessions) [4, 6] and gynecological massage according to Benediktov I.I, in the modification of Shneiderman M.G. (15-20 sessions per rehabilitation course) [3, 4, 10]. These types of massage were used by us as a means of improving hemodynamics, for the prevention and non-drug therapy of the formation of adhesions and congestion in the small pelvis. At the outpatient-polyclinic stage, in order to strengthen the muscles of the pelvic floor, improve blood and lymph circulation, as well as prevent adhesion formation, we used fitball exercises 3-4 times a week [3, 4, 7].

In the next three months of the postoperative period, 14 (38.9%) patients of the study group, after applying the proposed complex of physical rehabilitation, became pregnant. In 12 (33.3%) patients, a progressive pregnancy was recorded, in 2 (5.56%) women, a spontaneous miscarriage occurred at 6-8 weeks of their pregnancies. Thus, after the application of the proposed rehabilitation treatment, after 6 months, in 41.67% of the women of the study group, the reproductive function was restored, 18 women of the

group subsequently became pregnant and gave birth. Individual monitoring of the quality of life was carried out by us before the start of treatment, during treatment, as well as at the stages of early and late rehabilitation using the questionnaire "Quality of Life of Women", with an assessment of 5 parameters (physical and mental state, social and role functioning, general subjective perception of the state of one's health). Assessment of the quality of life of patients allowed us to constantly monitor the course of rehabilitation and, if necessary, to correct it [5,8,9].

In the rehabilitation period, after undergoing surgical treatment of tubal pregnancy, 65.0% of women have a favorable psychological adaptation, and 35.0% have pathological psychological adaptation. The use of psychological support for women during the rehabilitation period contributed to a more rapid normalization of the menstrual (53.8%) and fertile (30.8%) function of patients. An analysis of the immediate and long-term results of treatment and rehabilitation measures after surgical treatment of tubal pregnancy showed that the use of a complex of physical rehabilitation methods helps to reduce the length of stay in the hospital, reduce the frequency of recurrence of ectopic pregnancy, early restoration of menstrual and reproductive function, and improve the quality of life of patients [1,5,8]. In the early and late rehabilitation period, women who underwent surgical treatment for tubal pregnancy are recommended to be monitored by a clinical psychologist or psychotherapist [3, 4, 6, 7, 9].

## Conclusions

1. In the complex of rehabilitation measures for patients who underwent surgical treatment for ectopic pregnancy, it is necessary to rehabilitate their reproductive health, in the form of correcting their menstrual cycle, through the use of reflexology of biologically active points on the foot, the preventive use of various types of massage (vibration massage, gynecological massage), and also the use of therapeutic exercises, in the form of special physical exercises according to the method of Vasilyeva V.E.
2. The developed complex of non-drug rehabilitation treatment, being methodically simple and not requiring large material costs, can be used in a wide network of medical institutions.
3. The inclusion in the practice of rehabilitation treatment in gynecological patients of this complex of therapeutic and rehabilitation measures, at the inpatient, outpatient and sanatorium stages, will significantly reduce the frequency and risk of recurrence of tubal pregnancy.

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