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Research Article

Consideration of the Features of Restorative Non-Drug 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.

Keywords: ectopic pregnancy; laparoscopy; non-drug rehabilitation treatment; exercise; reproductive health; fitball, foot reflexology; rehabilitation; vibrating massage

Introduction

The issue of treatment for ectopic pregnancy is, today, very relevant, since it carries an immediate danger to the patient's life. This pathology accounts for 1.6-25% in the structure of gynecological diseases and ranks 2nd in the structure of causes of maternal mortality 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, amounting to 1-12% in relation to all patients hospitalized in gynecological hospitals (Adamyan 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% have a repeat ectopic pregnancy, which gives the problem important social significance [1,2]. While much attention has been paid to the issues of surgical treatment and medical rehabilitation of various forms of ectopic pregnancy, the available literature practically does not cover the issue of the use of physical rehabilitation after an 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 to prevent complications such as recurrent ectopic pregnancy, infertility, the formation of peritubar adhesions and disturbances in the functional activity of the fallopian tubes [6-8].

Aim of Study

The purpose of our research 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 therapeutic physical training, various types of massage, and a number of special exercises.

Object of Study

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 documentation, we selected a group of patients to conduct a study on the effectiveness of using a set of physical rehabilitation methods after surgical treatment of ectopic pregnancy. The group is homogeneous in age, diagnosis, and the range of diagnostic and treatment measures. The group included 36 women who underwent rehabilitation measures 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±6.2 years. All women were observed in a gynecological department and antenatal clinic. The patients' general somatic and obstetric-gynecological anamnesis was studied, and a full clinical examination was carried out using generally accepted methods, including an assessment of the general somatic and gynecological status. The primary documentation for these women was also a specially developed questionnaire, which contained medical 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). Statistical processing of the obtained data was carried out on a computer using licensed software systems DIAGNOST and Microsoft Exel 5.0/2005. The reliability of the results obtained was determined using the Student's t test. A coefficient of $p>0.05$ was considered statistically significant, which is considered sufficient for medical research.

Abbreviation

- **BAP** - biologically active points;
- **TE** - therapeutic exercises;
- **TPC/Exercise therapy** - therapeutic physical culture;
- **OMC** – ovarian-menstrual cycle.

Results and Discussion

For the study, in the complex of methods of restorative treatment and 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 assessed immediately after application and over time: 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 hospital 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%), induced termination of pregnancy (50.2%), previous surgical interventions (41.0%), secondary infertility and attempts to treat it (32.3%), 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 (for example, OMC disorders) before surgery in the form of algomenorrhea. During a repeated survey 6 months after surgery, 63.2% of patients in the study group, whose postoperative physical rehabilitation included a set of special exercises that strengthen the abdominal and pelvic floor muscles (according to V.E. Vasilyeva's method) [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, affecting the BAP responsible for reproductive function [4,6]. When assessing ovarian function in the postoperative period by measuring 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 surgery, 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 surgery), we used a course of therapeutic gymnastics (TG) exercises aimed at general strengthening of the body. These exercises were aimed at improving breathing and were static and dynamic in nature [3,4,7]. A complex of gentle morning hygienic exercises plays an important role here. We also, at intervals every other day, used vibration massage on the lower abdomen (15-20 sessions) [4,6] and gynecological massage according to I.I. Benediktov, modified by M.G. Shneiderman. (15-20 sessions per rehabilitation course) [3,4,10]. We used these types of massage as a means of improving hemodynamics, for the prevention and non-drug treatment of the formation of adhesions and congestion in the pelvis. At the outpatient and outpatient stage, in order to strengthen the pelvic floor muscles, improve blood and lymph circulation, as well as prevent adhesions, 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 in the study group, after applying the proposed complex of physical rehabilitation, became pregnant. 12 (33.3%) patients had a progressive pregnancy, 2 (5.56%) women had a spontaneous miscarriage at 6-8 weeks of their pregnancies. Thus, after applying the rehabilitation treatment we proposed, after 6 months, reproductive function was restored in 41.67% of women in the study group, 18 women in the group subsequently became pregnant and gave birth. We carried out individual monitoring of the quality of life before the start of treatment, during the treatment process, as well as at the stages of early and late rehabilitation using the "Quality of Life of Women" questionnaire, assessing 5 parameters (physical and mental state, social and role functioning, general subjective perception of one's health status). Assessing the quality of life of patients allowed us to constantly monitor the progress of rehabilitation and, if necessary, carry out its correction [5,8,9]. During the rehabilitation period, after undergoing surgical treatment of tubal pregnancy, 65.0% of women have a favorable psychological adaptation, and 35.0% have a pathological psychological adaptation. The use of psychological support for women during the rehabilitation period contributed to a more rapid normalization of menstrual (53.8%) and fertile (30.8%) function of female patients. In addition, in the complex of rehabilitation measures for patients who have undergone surgical treatment for ectopic pregnancy, rehabilitation of their reproductive health is necessary, in the form of correction of their menstrual cycle, through the use of BAP reflexology on the foot, the preventive use of various types of massage (vibromassage, gynecological massage), and also the use of exercise therapy, in the form of special physical exercises according to the method of Vasilyeva V.E. [3,4,6,7].

Conclusions

1. Analysis of the immediate and long-term results of therapeutic 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 hospital stay, reduce the frequency of relapses of ectopic pregnancy, early restoration of menstrual and reproductive function, and improve the quality of life of female patients.

2. In the early and late rehabilitation period, women who have undergone surgical treatment for tubal pregnancy are recommended to be monitored by a clinical psychologist or psychotherapist.

3. The use of psychological support for women during the rehabilitation period contributed to a more rapid normalization of menstrual (53.8%) and fertile (30.8%) function of patients.

4. The developed complex of non-drug restorative treatment and rehabilitation, being methodologically simple and not requiring large material costs, can be used in a wide network of treatment and preventive institutions.

5. The inclusion of this complex of treatment and rehabilitation measures in the practice of rehabilitation treatment for gynecological patients, at the inpatient, outpatient and sanatorium stages, will significantly reduce the frequency and risk of recurrence of tubal pregnancy.

The author notes the complete absence of any conflicts, both with individuals and legal entities.

References

1. Kaushanskaya LV. (2008). Features of the clinical course of ectopic pregnancy // Russian Bulletin of Obstetrician-Gynecologist. Vol. 8. 4:59–62.
2. Petrova EV. (2008). Ectopic pregnancy in modern conditions // Obstetrics and gynecology: scientific and practical journal /

Scientific Center for Obstetrics, Gynecology and Perinatology of the Russian Academy of Medical Sciences, 1: 122–124.

3. Zaika K.O. (2009). The use of physical therapy and exercise therapy in patients after surgery with the drive of post-uterine vaginosis// Problems of physical health of the XXI century: materials of the III All-Ukrainian. scientific-practical conf. Kirovograd, P. 112–116.
4. Filatova GM. (2009). Comprehensive physical rehabilitation of women in the early postoperative period after surgical treatment of damaged tubal vaginosis: master's work / G. M. Filatova. Sumi: SumDPU im. A. S. Makarenka. 109 p.
5. Maiskova IY. (2008). Improvement of women's health after surgical treatment of tubal pregnancy: abstract. dis. cand. honey. Sciences Moscow. 132 p.
6. Krivonogova TS., Evtushenko I.D., Matveeva L.A. (2002). and others. Non-drug methods in the rehabilitation of women with secondary infertility // Mother and Child: Materials of the IV Russian Forum. Moscow., Pp. 194–195.
7. Kuranov PD., Lykov AA. Kabanova NV. (1992). Rehabilitation of gynecological patients using non-drug methods in the early postoperative period // State and current problems of operative gynecology: Abstracts of the report. St. Petersburg. 54 p.
8. Mazitova M., Lyapakhin A.B. (2010). Reproductive health of women after tubal pregnancy // Difficult Patient. Vol. 8. 8:25–26.
9. Zhuk SI., Yatsina, OI. (2008). Assessing the quality of life of women undergoing uterine vomiting using alternative methods // Women's Health. 3 (35):132–134.
10. Shneiderman MG. (2011). Gynecological massage: a practical guide for doctors. 2nd ed., rev. and additional Moscow: RITM. 96 p.

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