

Gynecological Pathology in Women Athletes: Restorative Non-Drug Treatment After Gynecological Operations

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Abstract

It suggests that footwear, underwear, and antiperspirants commonly used by women may be implicated in a number of common women's diseases, including breast cancer. At the same time, it is shown here that the effectiveness of treatment for a number of female diseases is reduced due to the ongoing effect of these factors.

Keywords: cellulite; thrombosis; mammary cancer; breast cancer; ROS

Introduction

Today, issues related to the practical aspects of physical rehabilitation and non-drug rehabilitation treatment for female athletes of different age periods are quite relevant. This applies to both the restoration of their performance after injuries received as a result of stress in the training and competitive process, and recovery after acute and chronic diseases of various medical types [1-3]. For young female athletes, issues related to the various gynecological diseases they have, which require both medication and, sometimes, surgical treatment, are especially relevant. Athletes, like women, are naturally susceptible to a variety of gynecological pathologies, such as menstrual irregularities, abnormal uterine positions, ovarian apoplexy, ectopic pregnancy, and inflammatory diseases of the female genital organs [1-3].

Such acute gynecological pathology as ovarian apoplexy (bleeding into the ovary during ovulation) and disrupted ectopic pregnancy (most often tubal) require emergency surgical intervention due to a violation of the integrity of the affected organ, massive bleeding and the patient's state of shock, with a clear threat to her life [3-5]. In such cases, surgical intervention is performed either by laparotomy (transsection with dissection of all tissues of the abdominal wall) or by laparoscopy (carrying out three punctures of the anterior abdominal wall) to introduce all parts of the laparoscope [3-5]. Naturally, the severity and duration of the early and late postoperative period, as well as the time of rehabilitation treatment, will be different. This applies to both the duration and volume

of rehabilitation actions carried out at all stages of restoration of the level of performance and state of somatic health, incl. and reproductive in female athletes. Naturally, after laparoscopy there are fewer postoperative complications than after laparotomy, which allows athletes to recover faster and return to sports as their type of professional activity [3-5].

Aim of study

The purpose of the study conducted by the author was to establish the difference in the effectiveness of a set of methods of non-drug rehabilitation treatment, and to compare the timing of the recovery period in female athletes after laparotomy and laparoscopic surgical treatment.

Research hypothesis

During the course of this study, its author put forward the following working hypothesis, namely: complexes of non-drug, restorative treatment will be more effective in patients after laparoscopic surgical treatment, and will lead to faster recovery and a reduction in the time required for rehabilitation, than in patients after laparotomy surgical treatment.

Material and methods

When conducting this research, the author used such materials and methods as: literary-critical analysis of available works on the issue under study; data from available medical documentation of operated female athletes, both at the inpatient and outpatient stages of their treatment;

examination of patients; ultrasound data; An anonymous survey of well-being and the degree of restoration of performance (author's questionnaire, author - Bugaevsky K.A., 2017©). The study was carried out at the inpatient stage of rehabilitation, in the early postoperative period (1-3 days after surgery) and at the outpatient stage of rehabilitation, in the late postoperative period - in a antenatal clinic (1 month after the operation - and at home - 2-3 months after operation). All female athletes who took part in the study gave their voluntary, oral and written consent. The study took into account the opinion of gynecologist and rehabilitation specialists on the condition of female athletes at different periods and stages of the physical rehabilitation used, the methods and means of rehabilitation treatment used. Based on the results of the analysis of the effectiveness of the proposed methods, practical recommendations were formulated.

Results and discussion

The group of athletes who took part in the study included patients with the following gynecological pathology: those operated on for a disrupted ectopic pregnancy - 17 (45.95%), ovarian apoplexy, with removal of the affected ovary - 12 (32.43%), operated ovarian cysts – 8 (21.62%).

All young athletes with gynecological pathology that required surgical treatment and who took part in the study (n=37) were divided into two groups. The first group included athletes who underwent laparotomy operations (n=17), the second - laparoscopic operations (n=20). After applying the proposed methods of physical rehabilitation in each of the study groups, a control study was carried out, incl. and gynecological examination using ultrasound examination of the female genital organs and the developing postoperative scar (if necessary) in patients, to determine the degree of effectiveness of the rehabilitation treatment and, if necessary, correction of rehabilitation measures.

In the group of athletes who underwent abdominal laparotomy operations, the following methods of rehabilitation treatment were used: therapeutic exercises - in the early postoperative period, in the late postoperative period - therapeutic physical education, according to the method of D.N. Atabekov and K.N. Pribilov, modified by F.A. Yunusov, special Kegel exercises – 20 sessions, electrophoresis with lidase or polybiolin No. 15-20 on the area of the postoperative suture and/or lower abdomen on the operated side, exercises on a fitball – 20-25 sessions [6-9], control gynecological examination.

In patients after laparoscopic operations for the corresponding gynecological pathology - therapeutic exercises in the early postoperative period, at the inpatient stage. In the late postoperative period, during the outpatient rehabilitation period and at home: exercise therapy according to the method of E.V. Vasilyeva, a set of special exercises according to the Blandine Calais-Germain method, with the aim of strengthening the muscles of the abdominal wall and pelvic floor [1, 3, 6, 10, 11].

Also in this group, light therapy was applied using a yellow filter in the Bioptron device, manufactured by Zepter, in the amount of 15-20 procedures. In this group of patients, upon completion of rehabilitation treatment, a control gynecological examination was also performed. Evaluation of the effectiveness of using a complex of methods of physical rehabilitation and non-drug restorative treatment was carried out by interviewing the operated athletes, questioning, using the author's version of the questionnaire for assessing well-being and assessing performance (Bugaevsky K.A., 2017), which involves self-assessment of athletes performing adequate physical activity, after the athletes return to active

training regimen. In both study groups, in accordance with modern requirements of practical medicine, active management of the early postoperative period was used, using active breathing exercises, dynamic-kinesthetic exercises and an early active-motor regime (in the first hours after recovery from anesthesia and/or the corresponding type of surgical intervention doctor (specialist)-rehabilitologist [3, 5, 8, 10].

In the group of patients who underwent laparotomy surgical access, therapeutic exercises were additionally used, in a lying position, sitting, on the opposite side, measured walking in the ward and along the corridor of the department. After laparotomy, patients were discharged from the gynecological department, mainly on days 5-6, with their subsequent transfer to the outpatient rehabilitation stage. Patients after laparoscopic surgical treatment were discharged from the gynecological hospital on days 3-4 after surgery. In both study groups, at the time of discharge, the patients were completely free of any postoperative complications. The subsequent stage of physical rehabilitation and a set of rehabilitation treatment methods was carried out in physical therapy and rehabilitation rooms, a physiotherapeutic department for a antenatal clinic and a community clinic. Classes with patients of both study groups were conducted by trained, highly qualified instructors, nurses from physical therapy rooms, and rehabilitation specialists.

When carrying out a complex of rehabilitation measures, patients' attendance at classes was systematically recorded, their well-being, pain during physical activity, and the ability of patients to independently perform the proposed physical therapy complexes during rehabilitation procedures and special physical exercises were recorded. In case of detection of pain, discomfort and difficulties when performing the proposed rehabilitation complex, individual correction of the volume, intensity and duration of physical activity was carried out.

During the first three weeks after undergoing laparoscopic operations, 8 (40.00%) began to gradually increase physical activity and resumed (in a gentle mode) training. After 1-1.5 months, 15 (75.00%) resumed their training in an adapted mode, with systematic monitoring of the condition and well-being of the athletes. After 2-2.5 months, all 29 (100%) of the laparoscopically operated athletes began training, continuing to perform exercises and procedures of the rehabilitation complex. Control examinations, surveys and questionnaires of female athletes showed their complete recovery and ability to fulfill the requirements of their specialized, sport-specific, training and competitive regimes. In the group of athletes who underwent laparotomy surgical interventions, the outpatient rehabilitation level for 12 (70.59%) of them lasted 3-3.5 months, and for 5 (29.41%) - for 4 months.

The main obstacles in the complete somatic recovery of the operated female athletes were periodic pain and varying degrees of healing of the postoperative wound and all tissues dissected during the incision, as well as the formation of a postoperative scar. All athletes of both groups noted the beneficial effects of the special physical exercises they used according to the methods of A. Kegel and Blandine Calais-Germain, fitball, and the use of physiotherapy (electrophoresis and light therapy) [1, 3, 6, 10, 11]. The least positive feedback from female athletes of both groups was the use of therapeutic physical culture in the proposed rehabilitation complex. Female athletes in both groups who took part in the study explained their negative approach to performing physical exercises in exercise therapy complexes by the fact that they had too much physical activity during training. Although, at the same time, all the athletes performed sets of physical therapy exercises. Also, all the athletes, during the interviews

and questionnaires, noted a positive attitude and acceptance of the proposed rehabilitation complexes.

The proposed restorative treatment in these two groups of patients, with different surgical treatment techniques, found a positive response and professional support from all those involved in rehabilitation and recovery activities, medical workers of different levels of professional competence, specialists in physical therapy, physiotherapy, and rehabilitation.

Conclusions

1. The implementation of rehabilitation and recovery measures carried out in athletes with a variety of acute gynecological pathologies and operated on by laparoscopy and laparotomy differ in both the volume, duration and intensity of rehabilitation and recovery complexes, and the rate of recovery of athletes after surgical treatment.

2. Patients recover faster and more fully after laparoscopic operations and, accordingly, return to their professional sports activities faster.

3. The proposed rehabilitation complexes that were used in the study can be proposed for use at the inpatient and outpatient stages of rehabilitation.

The author denies any conflict of interest in writing this article.

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