

# Recovery Treatment and Rehabilitation of Women After Laparoscopic Gynecological Operations

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## Abstract

### Annotation

This article presents a comparative analysis of the characteristics of methods of physical rehabilitation in patients after gynecological laparotomy and laparoscopic surgery. This article is a review; it presents and characterizes various methods of restorative treatment and rehabilitation of women after they have undergone surgical interventions performed laparoscopically.

**Kew Words:** physical rehabilitation; physiotherapy; gynecological surgery; laparoscopy

## Introduction

Currently, surgical treatment is considered as a safe and effective treatment procedure, which ensures the rapid development of surgical gynecology and increases the total number of operations [1,6]. But the problem of physical rehabilitation in gynecology, especially after surgical treatment, remains relevant. This is due to the fact that in the current unfavorable environmental, economic, social, psychological situation, gynecological patients are characterized by the presence of various extragenital pathologies, a decrease in the body's adaptive capabilities, emotional lability, nutritional imbalance, physical inactivity [1,2,4,5]. In recent years, quite effective drug therapy has been used in gynecological practice to prevent postoperative complications and medical rehabilitation. In addition, non-drug recovery methods are increasingly being used - a variety of natural factors are used, physiotherapeutic methods, various means of physical rehabilitation are widely used: therapeutic physical education, massage, physiotherapy, api and herbal medicine [1,4,5]. A large number of gynecological operations performed in Ukraine in recent years requires the development of new, adapted recovery complexes after their implementation [1,2,4]. The introduction of new laparoscopic methods of surgery into surgical practice has changed the tactics and scope of rehabilitation measures for gynecological patients [1,2,6].

## Aim of study

The purpose of this article is to present the author's point of view on different types of restorative treatment and a number of rehabilitation methods in women after they have undergone surgical interventions performed by the laparoscopic method.

## Material and methods

When writing this article, its author actively used such a research method as literary critical analysis, as domestic sources of information, on the alternative, non-drug method/methods of restorative treatment and rehabilitation of women he studied, after laparoscopic and gynecological operations.

## Results and discussion

Modern operative gynecology means good anesthesiologic support, advanced surgical technique, new technologies (microsurgery, surgical laparoscopy). However, in the modern unfavorable environmental and socio-psychological environment, the presence of a negative premorbid background in many women can negatively affect the course of the postoperative period. For a complete recovery of the patient, special restorative treatment is necessary, aimed at preventing postoperative complications, preventing relapses of the disease and eliminating functional disorders caused by the main pathological process [1,2,4].

Rehabilitation of women after surgical gynecological treatment is a rather complex process in gynecological practice. The course of the postoperative period in gynecology, in addition to the direct technique of performing the operation and the nature of the healing process, is particularly influenced by the psycho-emotional stress suffered by the patient both before and during the operation itself. This plays an important role in the future, having a direct impact on the normal functioning of the hormonal and, accordingly, reproductive function of the female body [1,2,4,5]. According to data from a number of researchers in the field of physical rehabilitation in gynecology, it has been shown that in the pre- and postoperative periods it is necessary to actively use therapeutic exercises and massage, as well as various sets of

special exercises in order to prevent and eliminate postoperative complications, prevent relapses of the disease, eliminate functional disorders caused by the main pathological process and existing concomitant pathology [1,2,4]. I would like to touch on one more important aspect. Among a number of specialists in physical rehabilitation, there is, in my opinion, an erroneous opinion that only by means of physical rehabilitation can patients achieve full recovery after their illnesses. This is not true at all! Rehabilitation of the patient must be comprehensive, and include both medical rehabilitation, first of all, and methods and means offered by physical rehabilitation. In addition, it is important that the full course of rehabilitation of operated patients includes the process of medical and social rehabilitation. In the case of rehabilitation of patients after gynecological operations, especially with the removal of reproductive organs, it is difficult to talk about the complete restoration of their reproductive function without the use of hormone replacement therapy, restoration (to an acceptable extent) of the sexual function of women, restoration of her social status as a wife and mother, as well as her professional rehabilitation and performance as an active member of society [1,4,5].

It is difficult to talk about complete comprehensive rehabilitation of a patient of reproductive age after a laparoscopic operation performed on her, at the highest modern level, if the patient has a negative psychological attitude, she is in despair because she has lost her ovaries, uterus and therefore will no longer be able to have children! Yes, she was saved from the pathology that threatened her life and health. But no operation or physical rehabilitation, together or separately, no matter how well they are applied, is able to solve all the issues of the patient's rehabilitation and her socialization [4,5]. Does this mean that the role of methods and means of physical rehabilitation is not significant enough? Of course not! In my opinion, the use of an arsenal of physical exercises and various methods of physical activity is impossible without the interaction between physical rehabilitation, methods and means of medical and psychological rehabilitation. A physical rehabilitation specialist needs medical knowledge and skills, knowledge of modern methods of diagnosis, treatment and prevention of diseases. He must be a good psychologist and work in collaboration with specialists in this field. Without these "three pillars" - medical, physical and psychological rehabilitation, it is difficult to talk about the effectiveness of the full recovery of our patients [4,5].

This problem directly relates to the issue of physical rehabilitation after gynecological operations. Understanding the features of the technique of conducting modern gynecological operations, using various types of endoscopic methods, laparoscopic techniques, the use of non-traditional approaches in performing the operations themselves (vaginal access for hysterectomy, embolization of the uterine arteries for uterine fibroids) raises the question of an individual, differentiated approach for physical rehabilitation specialists to the development of complex methods of rehabilitation treatment for patients after gynecological operations [1,4,6]. In Ukraine, modern operational technologies have been widely introduced into practice for many years. Today, in many city and regional hospitals, laparoscopic stands and gynecological operations performed with their use are no longer a novelty [6]. But, nevertheless, in gynecological practice in our country, for various reasons, abdominal (laparotomy) surgical interventions are still used. And their percentage in Ukraine is quite high. According to various sources, it is recorded in 65-70% of all gynecological operations [6]. And if a lot of research is devoted to the methods and means of physical rehabilitation after abdominal operations in surgery and gynecology, then the available information on the use of physical rehabilitation after endoscopic methods in gynecology, in domestic and foreign literature, is clearly insufficient [1,2,5]. Taking into account the technology of modern gynecological operations (laparoscopy, vaginal access), it becomes clear that their active implementation clearly changes the

methodological approach to the creation of rehabilitation programs for patients. Firstly, these operations are less traumatic, practically do not violate the anatomy and topography of the pelvic organs, they preserve most of the structures and organs in the pelvis, and they are practically bloodless. Secondly, and very important, these operations, in comparison with laparotomy, practically do not affect the muscles of the abdomen and perineum, blood vessels and nerve endings, and other organs and tissues that are damaged and grossly disturbed during transection. [6,7].

Thirdly, the length of stay of operated patients in gynecological hospitals is significantly reduced and the time of their rehabilitation is significantly reduced, both in the early and late postoperative periods. Fourthly, after these operations there are practically no scars, cicatrices or other damage to the skin, which is of aesthetic and cosmetic importance for women. This is a powerful psychological argument for almost all operated patients [6,7]. And finally, the largest possible percentage of women return to normal sexual life, work and their daily responsibilities in the shortest possible time. [1,5,7]. This has a huge positive social and economic effect for the country!

What do these advantages provide in the practice of physical rehabilitation after gynecological operations? The moments of significant preoperative preparation come first. If we exclude urgent gynecological operations performed by different techniques, then when carrying out planned surgical interventions, a rehabilitation specialist has a lot of time and opportunities to work with patients. But for this, in the system of modern practical healthcare, professional and collegial contact between attending physicians and rehabilitation specialists must be established at a sufficient level [1,4,7]. Before the operation, both the patient and the rehabilitator have a lot of time to get to know each other and find common ground on the issue of their joint work to restore health and its functions after surgery. A rehabilitologist has an important advantage, since he is armed with important information after contacting the attending physician about the patient's condition, her premorbid background, the presence of contraindications to surgery, the proposed plan and technique of surgical intervention, the type of anesthesia, possible risks and complications during surgery and in the postoperative period.

All this gives the rehabilitator the opportunity, in the process of communicating with the patient, to positively attune her to the treatment process, teach her basic behavioral skills and a set of exercises that she will, under his guidance, do in both the early and late postoperative periods. After preliminary agreement with the attending physician, a rehabilitation specialist, as part of psychological preparation for the upcoming surgical intervention, can work to create a positive psychological background and a positive attitude for the patient for the operation and the entire subsequent rehabilitation period. To do this, he himself will need to pay attention to improving and enhancing his medical knowledge and skills, think through a preliminary plan and scope of the future complex of physical rehabilitation of the patient, taking into account her individual characteristics [1,4,7].

If time permits and there is an opportunity, in the preoperative period the patient must be taught basic techniques for performing breathing exercises, exercises for the upper and lower extremities, clearly demonstrated to her how to perform these physical exercises, and rehearsed with her. [1,2,7]. Conducting such trainings has a psychologically positive effect on the patient, distracting her from depressing thoughts about a future operation and its possible consequences. Interaction with the nursing staff of the department in matters of teaching the patient before surgery hygienic skills and aspects of postoperative care will contribute to the patient's speedy recovery and will help to significantly reduce both possible postoperative complications and the patient's length of stay in the gynecological hospital [1,4,7].

A rehabilitologist, having information about the method and technique of performing an operation, can plan in advance the timing and scope of a rehabilitation program during the hospital stage of the patient's recovery after surgery. Thus, on average, the length of stay in a gynecological hospital after laparoscopic surgery and surgery performed vaginally or vaginally with laparoscopic assistance can range from 2 to 4 days [1,6,7]. At the same time, after a laparotomy-gynecological operation, provided there are no postoperative complications, the patient's stay in the gynecological hospital can range from 5-7 to 10 days [2,5,6]. All this dictates the specifics of drawing up an individual, differentiated rehabilitation program for each operated patient to whom this program will be offered [1,2,4,7]. What arsenal of methods and means of physical rehabilitation after gynecological operations does a rehabilitation specialist have today? Firstly, these are those means of physical rehabilitation in the application of which the woman operated on (by any of the methods) herself takes an active part, being a direct performer of physical exercises. This includes various types and modifications of exercise therapy (therapeutic physical education - TPE) and TG (therapeutic gymnastics).

In the postoperative period, in gynecological patients, special complexes of exercise therapy and physical therapy are used according to the method of D.N. Taeko and K.N. Pribylov, modified by F.A. Yunusov (1985) [1,4,5], a set of exercises in isotonic and isometric mode according to the method of Epifanov V.A. (1989) [2,5], a set of special exercises for the abdominal and pelvic floor muscles, according to the method of Vasilyeva V.E. [1,4], special Kegel exercises [1,3, 7],

VCE- exercises (vaginal-control exercises)-building according to the method of Muranivsky V.L. [2,5], fitball, aqua aerobics, aqua yoga, various yoga practices, fitness, Chinese breathing exercises [1,2, 4]. Secondly, these are physical methods in which the patient remains relatively passive, perceiving the therapeutic effects of numerous types of physiotherapeutic treatment, including balneotherapy and hydrotherapy, exposure to various currents, magnetic and inductive therapy, phototherapy, and the effects of numerous types of massages, incl. and gynecological massage in its various modifications, various reflexology techniques [2,4,5]. Thirdly, there are numerous natural factors that are especially actively used at the sanatorium-resort stage of treatment. This includes mud therapy, ozokerite and paraffin therapy, thalassotherapy, herbal and aromatherapy, apitherapy, heliotherapy and climatotherapy. [2,5,7]. And, of course, the stage of postoperative rehabilitation in many gynecological patients, especially in cases of removal of the uterus and/or ovary(s), becomes impossible without the supervision of doctors by a gynecologist, endocrinologist, with these specialists prescribing HRT (hormone replacement therapy), antibacterial, anti-inflammatory and others types of medicinal and auxiliary treatment, considered as an important part of medical rehabilitation, which should be of invaluable help in the use of physical rehabilitation to maintain the health of the patient after undergoing surgical treatment [2,4,7].

## Conclusions

1. Patients undergoing surgical treatment of their gynecological pathology require the use of individual, differentiated physical rehabilitation programs, both in the preoperative and early and late postoperative periods of rehabilitation.
2. Patients who have undergone gynecological operations, especially when removing such important reproductive organs as the uterus and ovaries, need comprehensive rehabilitation, which includes both elements of medical rehabilitation and the use of a variety of complex individual methods of physical rehabilitation.
3. Physical rehabilitation for operated patients should be staged and at least 4-step, including work on the patient's rehabilitation in the preoperative period, in the early and late postoperative periods (inpatient and outpatient stage) and, necessarily, the sanatorium-resort stage of rehabilitation.
4. Operated patients, in the period from 6 months to 1 year after gynecological operations, must continue their rehabilitation process at the stage of sanatorium treatment.
5. The methodology for using methods and means of physical rehabilitation after undergoing gynecological surgical interventions requires, at the present stage, a revision of existing recovery methods, taking into account the techniques and methods of conducting such operations.

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