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MODERN ASPECTS OF REHABILITATION OF WOMEN WITH POSTNATAL PERINEAL INJURIES

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Abstract
At present, every fifth birth in Uzbekistan is accompanied by soft tissue injuries in the birth tracts, the frequency of which has no tendency to decrease. The level of perineal dissection in labor remains high. Traditional methods of suture processing do not provide full healing. The results of the conducted researches testify that the inclusion of physiotherapy in the complex of preventive measures in the management of maternity hospitals with injuries of soft tissues of the birth canal helps to reduce infectious complications and provides a more favorable course of the postpartum period.

Keywords: labor traumatism, perineum, infectious complications.

INTRODUCTION

Maternal injury in women is an important problem in modern obstetrics due to with its high frequency - every 3-5th woman in labor [1]. Obstetrical injuries are caused by multiple reasons. The predisposing factors that contribute to perineal tears are sexual infantilism, high perineum, pelvic floor scarring changes after the previous ones lacerations in childbirth or plastic surgeries. The onset of perineal tears may also large head size, incorrect insertion, presence of previous ones perineal injuries [2].

Effects of perineal damage in labor on further pelvic floor condition so far. There are many unsolvable questions. However, the fact of increasing genital prolapses is obvious and complications of genital prolapse parallel to the increase in obstetric perineal injuries [3, 4].

The need for active rehabilitation of obstetricians with perineal traumas arises due to the fact that there is a need for active rehabilitation of obstetricians with perineal injuries, that, first of all, they are the entry gate to infection, contributing to the emergence of heavy septic complications and prolongation of treatment period, secondly, in case of secondary wound healing.

The anatomy of the perineum and pelvic floor is impaired, which may lead to the development of anomalies genitalia, sexual dysfunction, disability, and in some cases - to disability of women [5].Modern tactics of conducting after episiotomy, -rrafia involves active use of various preformed physical factors that have a polysystemic

effect on the body, accelerating the processes of adaptation adjustment, reducing the time of wound healing and restoration of integrity of pelvic floor and genital tract muscles [5, 6].

Transformed (artificially created) physical factors make it possible to implement Strictly targeted, individually adapted impacts, in addition, they economically and in everyday life are more accessible than natural (resort).

CLINICAL CASE

We represent a clinical case of ultrasound therapy application in the postpartum period.

for episiotomy wound in the postpartum period from our practice. Pregnant B., 25 years old, was admitted to the maternity ward of SamMI Clinic № 1 with complaints about leakage of light amniotic fluid within 1 hour 40 min in the absence of regular labor activities in the reported period of pregnancy. The diagnosis was made on the basis of a set of anamnestic data, objective and obstetric examination, clinical and laboratory examination:

-Pregnancy 39 weeks 6 days.

-Natal rupture of fetal membranes (b/n 1 hour 40 min).

-Chronic tonsillitis, gastritis, cholecysto-pancreatitis, remission.

-Biliary dyskinesia of the biliary tract.

-Scoliosis of the thoracic lumbar spine.

-Somatoform dysfunction of the autonomic nervous system.

From the peculiarities of the course of this first pregnancy we would like to note that it occurred against the background of non-specific at 11-2 weeks and mycotic vaginitis at 24 weeks, sanitized, infections of the upper lumbar spine respiratory tract at 22 weeks, detoxification treatment in hospital, disorders fruit-placental blood flow I B degree, stationary syndrome prevention fetal respiratory disorders with subsequent normalization in dynamics under observation of the functional state of the fetus.

A conservative plan with labor excitation in the absence of the beginning of labor activity in 22 h 20 min under cardiomonitor control, with the treatment of the joined anomalies of labor.

In this case, it is necessary to prevent the ascending infection of the birth tracts in 6 hours from the moment of discharge of amniotic water, active conduction of the III period of labor, with the operation of Caesarean section in case of aggravation of the fetus, premature detachment of the normally located placenta, The absence of the effect of labor excitation within 4 hours.

In the I period of childbirth a suspicion of chorioamnionitis (duration 13h 40min) was revealed, in the II period of childbirth (30 min) a lateral episiotomy was performed due to fetal distress, a live, informed birth was born a boy, with a score of 6 on the Apgar scale, slices and shells of the afterbirth intact (III period 5 min).

Episiorrhea was performed with sutures according to Danati 4. In I, II, III periods of labor and the postpartum period, the following sutures were performed antibiotic, detoxification therapy, suture care. Written out for 3 days in connection with the improvement of condition and completion of the treatment course, improvement of blood leukoformula indices.

For 5 days with complaints of traction pain, redness in the perineum area - a second visit to the hospital, where the examination revealed infiltration of sutures that were removed, the wound edges are divorced, drained to ensure the outflow of the detached. The examination revealed moderate leukocytosis (11.7 × 109) and continued antibacterial, detoxification therapy and suture care with ointment applications "Levomekol" 15. Taking into account the normal body temperature, the absence of signs of inflammation in the area of the episiotomy wound, physiotherapy has been started to improve the body's temperature blood supply and tissue trophicity, which reduces swelling and pain, rapid healing of the wound.

Factors contributing to the development of the infection were:

-unspecific and mycotic vaginitis during pregnancy,

-prolonged anhydrous period in labor,

-chorioamnionitis, physiological

-immunodeficiency after childbirth.

METHODS

- Contact ultrasonic therapy (CUT) sessions on BTL-4000 Premium G (Russia - UK) according to the protocol 5.6 with an intensity of 0.4 to 1 W/cm2, carrying a frequency of 1/3 mHz, № 15.

- Anti-inflammatory, trophotropic, neurotropic, lymphatic drainage, analgesic.

The resorption effect is inherent in the sanogenetic mechanisms of ultrasonic therapy application.

- In addition, ultrasound accelerates the synthesis of collagen by fibroblasts and the formation of granulation tissue in the proliferative and reparative phase of inflammation. Produced collagen and elastine. The fibers of the forming scars have increased strength and elasticity.

- Under the influence of ultrasound is an increase in the enzymatic activity of cells, which activates regeneration of damaged tissues.

RESULTS

The normalization of the leukoformula (8.3 × 109) was detected in the dynamics of the 5-day therapy, as follows is depicted in Figure 1, in the wound on the perineum, the cell matrix filling (basis to form a scar), contraception (reduction) of the wound, with the first procedure noted

Incomplete healing of perineal wounds Proved to weaken the vulvar ring, pelvic floor muscles, subsequently leading to scar deformation of the vulva, gaping gender gap, prolapse and prolapse of small pelvic organs, violation of their function and trophicity [1, 2, 3, 4].

The second stage of rehabilitation was carried out in 1 month by vaginal electroimpulse therapy

protocol 1.1 on BTL 4000 Premium G (Russia - UK) with an intensity of 30 mA,

in asymmetrical type 5 DC mode to optimize functional activity and restoration of pelvic floor muscles tone. Acting on the neuromuscular apparatus, such as electro-pulse procedures have analgesic effect, help to improve regional blood circulation, the development of collaterals, stimulate tissue trophicity, have myoneurostimulatory effect.

The in-band probe was placed in the posterior arch ≪wind≫ of the radiator to the cervix, passive electrode - on the area at the bottom of the abdomen, where the reduction phases alternated with the relaxation phases.

Thus, the acceleration of the healing phases of the episiotomy wound was revealed, which in the usual It takes 3 months, where using physiotherapy (contact ultrasound therapy) these processes developed in 2 weeks, i.e. reduced by 6 times and did not need to be followed up external interventions.

In case of recovery from injuries on the perineum, it is recommended that the 2nd stage of rehabilitation be carried out electroimpulse therapy aimed at restoring the morpho-functional potential of tissue and elimination of the consequences of secondary damage to pelvic floor muscles. This stage of treatment is extremely it is important. It must be thoughtful and long enough.

Obviously, from the point of view of practicality and convenience of performing procedures with a combination of using different physical factors, compact devices deserve attention, which represent a single block of sources of corresponding therapeutic energies. In addition, apparatus equipped with specialized in-cavity gynecological practice by emitters with an electric stimulator, allows to bring the energy conductors as close as possible to the necessary organs and tissues and thus optimize treatment results.

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