

## STATISTICAL STUDY OF PATIENTS USING EXAMINATION METHODS

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**Abstract.** *Cesarean section operation is included in surgical Cesarean section operation of moderate or severe degree. According to information from various sources, complications after surgery are 7-19.5%. These complications are explained by obstetric and extragenital pathologies. The first stage lasts an average of 2-7 days from the moment of injury, and its duration depends on the size and type of injury. The developing microcirculation changes depend on changes in vascular tone, impaired permeability of vascular walls, and the nature of biosynthesis of biologically active substances (cyclic nucleotides, prostacyclin, etc.)*

**Keywords:** cesarean section, following examination methods, scar, analysis, anamnesis.

Cesarean section operation is included in surgical operation of moderate or severe level. According to information from various sources, complications after caesarean section surgery are 7-19.5%. These complications are explained by obstetric and extragenital pathologies. Thus, according to Russian authors, the frequency of endometritis after caesarean section is 10-20% and after spontaneous childbirth is 3-5%. According to the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists, endometritis develops in approximately 60% of women who undergo medically-directed caesarean section and 24% after elective caesarean section.

The most unpleasant and relatively frequent (up to 38%) intraoperative complications in caesarean section include pathological and massive bleeding. The average volume of blood loss during a planned caesarean section operation is 800 ml, in an emergency - 1000-1200 ml, the volume of blood loss in an extended operation in the form of a hysterectomy can reach 1500-3000 ml. Bleeding related to uterine contractile dysfunction (hypotonic, atonic) can be observed during surgery (21%) and during vaginal delivery (22%). According to some scientific articles, caesarean section, complicated by a lot of blood loss, contributes to the suppression of many protective mechanisms of the body and changes in immunological parameters. Therefore, when performing any surgical intervention on the uterus, obstetrician-gynecologists should try to reduce the amount of blood loss, which affects the postoperative period and the general condition of the patient in the future.

Many researchers believe that two factors play a major role in increasing the percentage of placenta accreta (placental attachment): uterine scar after caesarean section and placenta previa. Currently, placenta accreta is detected in one woman in 2500-7000 births. T. Angstmann and others. (2010) published an alarming article about the possibility of the prevalence of this pathological condition in the future - it was found that it occurs up to 1 in every 533 births [64]. There is a dependence of the frequency of development of placenta previa on the number of caesarean section. Incidence of placenta previa in the population: 0.26% in women with intact

uterus, 0.65% in women with scars after one C-section, and 10% in women with four or more interventions does. In 75-90% of cases, placental abruption is accompanied by its growth.

Worldwide, the association between the increasing ratio of caesarean section and the increase in actual placental ingrowth has been reported which inevitably leads to an increased risk of bleeding, often complicated by massive, life-threatening. In order to expand the coverage of medical care for pregnant women with uterine scar and placental abruption, to further improve the activities of consulting clinics, maternity complexes, and for practical purposes, to prevent and stop bleeding, a new and effective method. it is necessary to introduce methods. Many authors emphasize the influence of the scar on the uterus on subsequent pregnancy. A meta-analysis of 85,728 patients showed that women with caesarean section had a 9% lower chance of pregnancy than women with vaginal delivery.

Pregnancy with uterine scar is especially dangerous after caesarean section. There are several studies describing pregnancy with uterine scar cases in local literature. The level of modern equipment of diagnostic departments of health care facilities allows timely detection of this dangerous pathology in the early stages of pregnancy before the onset of severe conditions. The most serious obstetric complications that can result from this are maternal death and severe perinatal outcomes are uterine rupture. Sometimes rupture occurs not even during labor, but at or before 22–24 weeks of gestation, after medical abortion, and during labor. Among all uterine ruptures, uterine rupture after previous caesarean section plays an important role. In fact, a recent study found that uterine rupture occurs in 5.6 out of 10,000 births. Thus, an increase in the frequency of caesarean section inevitably leads to an increase in maternal complications, including long-term changes. In modern conditions, much attention is paid to the pathophysiological processes of myometrium restoration, their complete restoration can reduce maternal morbidity and mortality.

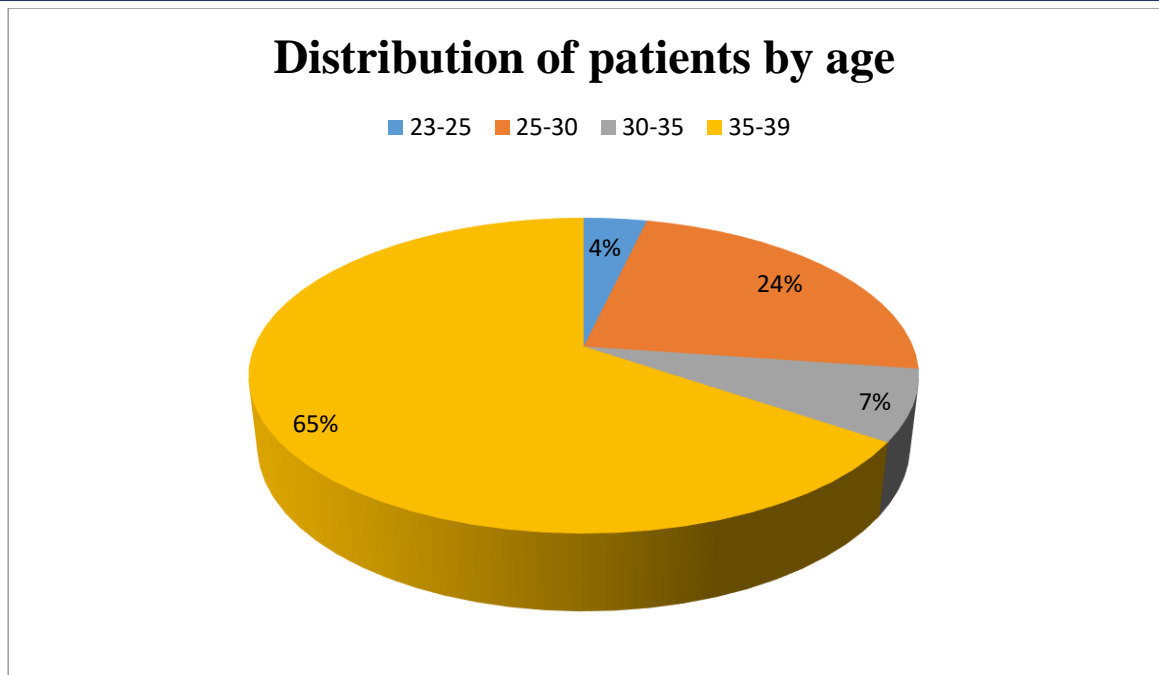
**Materials and methods of research.** During the collection of anamneses, childhood diseases, the formation of menarche, living conditions were studied, the characteristics of the obstetric-gynecological and objective condition of each patient were analyzed.

Particular attention was paid to the characteristics of the previous pregnancy, childbirth and their results for the mother and the fetus, as well as the changes that occurred after cesarean section. Patients were examined in the private clinic "Innova" and in the endogynecology department of the Perinatal Center. A total of 30 women were included in the study.

**Research results and discussion.** The following examination methods were used during the study: collection of complaints and anamnesis, general clinical examination methods. The youngest patient was 23 years old, and the oldest was 39 years old. However, most of them were women over 30 years old. The average age of the patients was  $31.5 \pm 4.38$  years. The breakdown of patients by age is shown in the following diagram:

BMI was within normal limits in most patients. Nevertheless, 2 patients (6.67%) had 3rd degree of obesity.

The average value of the number of existing pregnancies at the time of examination was  $1.61 \pm 0.66$ . The number of births was equal to 35, and none of the women who were observed to give birth by natural birth were recorded. The number of caesarean sections was 35. The number of abortions was 11 (Table 1). The number of abortions among patients was 11, of which 8 (72.7%) had one abortion, 3 (27.3%) had two abortions. The causes of abortion were related to the cessation of fetal development, congenital defects of the fetus, and antenatal death.



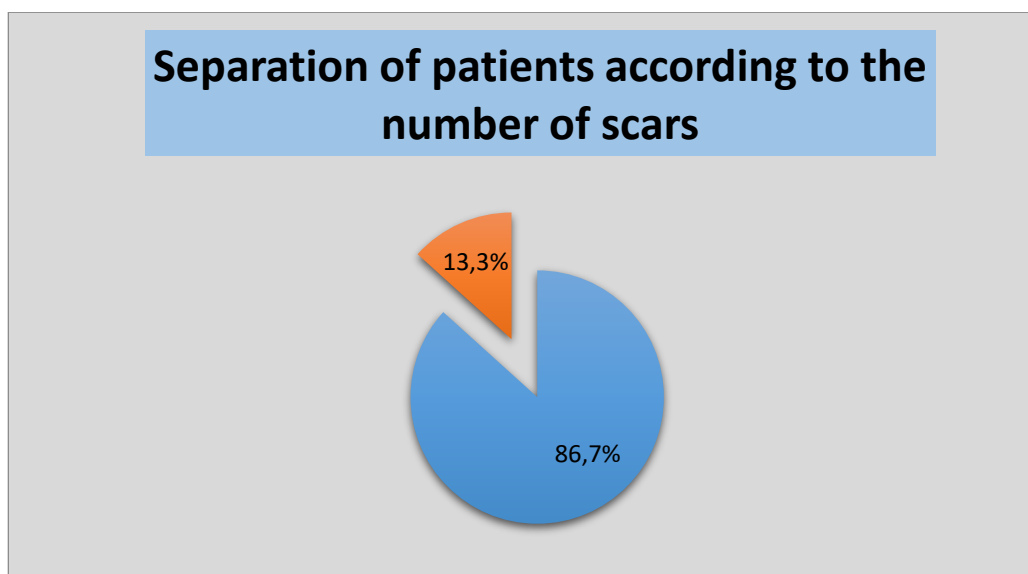
*Figure 1. Separation of patients by age*

*Table 1*

#### *Obstetric anamnesis of the examined women*

№	Indicators	n	(%)
1	Number of pregnancies	46	100%
2	Number of abortions	11	23,9%
3	The number of natural births	0	0%
4	Cesarean section operation number	35	76.1%
5	Ectopic pregnancy	1	3,03%
6	Antenatal death	1	3,03%

26 patients had only one scar on their uterus - 86.7% (n = 30) (p> 0.05) (Chart 2). Only one patient had 3 scars, and the other 3 had 2 scars. It should be noted that in the anamnesis of 3 women with scars, antenatal death was observed, and the fetus was removed by a small cesarean section.



*Figure 2. Separation of patients according to the number of scars*

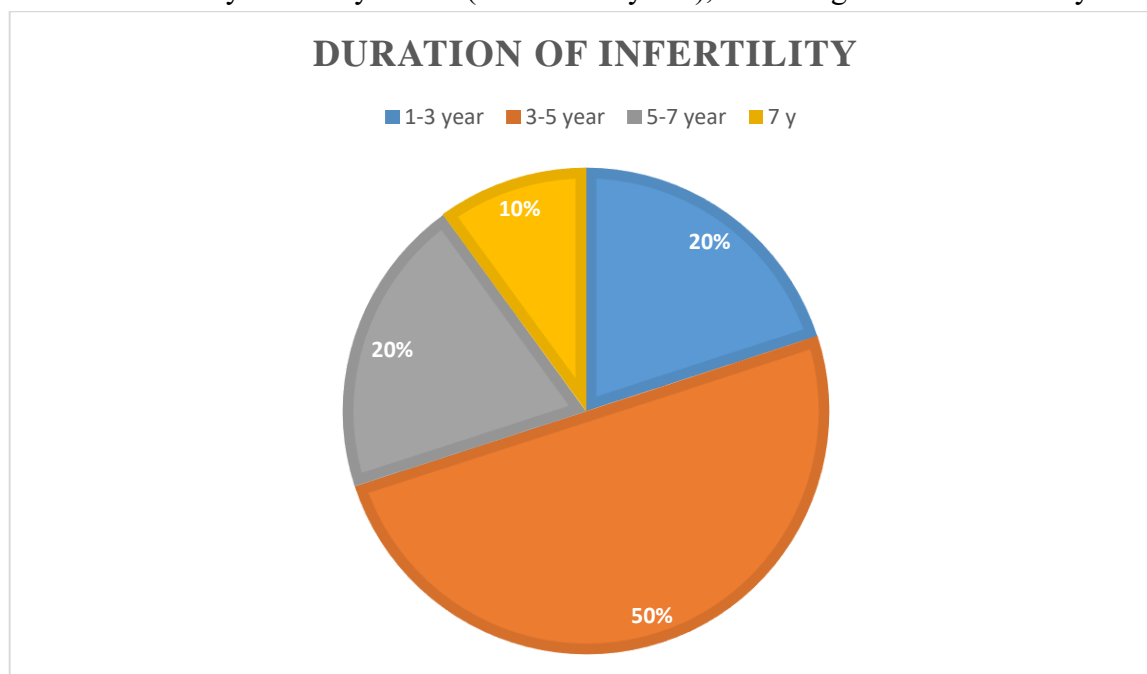
In our study, indications for cesarean section were disproportion of pelvis and fetus in most cases (35.0%). The next place was occupied by slow labor and premature migration of the normally located placenta. These indicators are presented in full in Table 2

**Table 2**

**Indications for Cesarean section according to the anamnesis of the examined women**

№	Instruction	N	%
1	Disproportion of the pelvis and fetal head	12	34,3
2	Premature migration of a normally located placenta	6	17,1
3	Slow labor	8	22,8
4	Severe preeclampsia	6	17,1
5	Incorrect position and appearance of the fetus	5	14,3
6	Pregnancy duration of 41 weeks or more, based on the woman's age, primary infertility and other additional factors	6	17,1

When analyzing patients' complaints, all patients (100%) had secondary infertility. The duration of secondary infertility varied (from 1 to 9 years), on average it was  $4.5 \pm 1.03$  years.

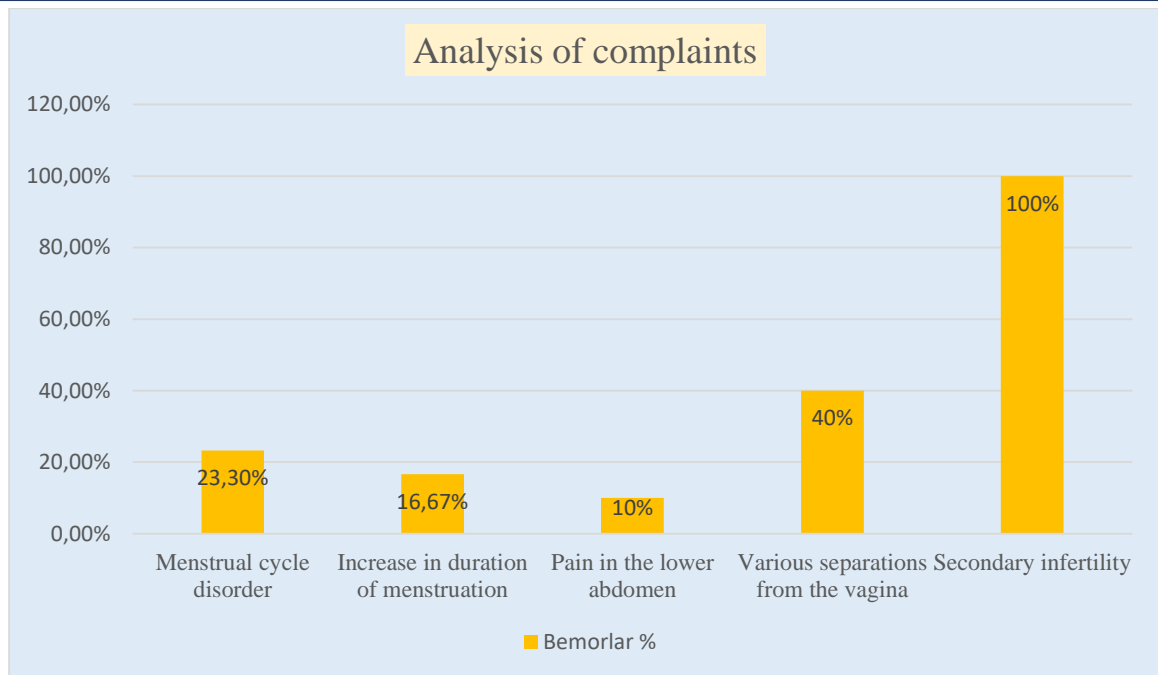


**Figure 3. Separation of patients according to the duration of secondary infertility**

Marriage between relatives was recorded in 3 patients (10%). The pregnancy in these women had many complications and the highest rate of abortions. One of these women also suffered from primary infertility for 6 years.

The remaining complaints of the patients were menstrual cycle disorder in 23.3%, increased duration of menstruation in 16.67%, lower abdominal pain in 10%, vaginal discharge in 40%. 100% of patients presented with complaints of secondary infertility.

**Conclusions.** At the preparatory stage: the goals, tasks and samples of the research were clarified, work stages, analysis of methodological literature, selection of practical research methods and a set of methods for the research problem were determined. The main stage (organization and conduct of an empirical study): we examined and observed 30 patients with "local thinning of the post-cesarean scar (shelf symptom)".



**Figure 4. Analysis of patient complaints**

We analyzed the secondary infertility that occurred in them. Analytical (primary and statistical processing of the obtained data) stage: after the study, we calculated the average scores for all studied parameters, compared the study results and statistically analyzed the differences of the obtained data, We conducted a quantitative analysis of the distribution of all parameters according to the level of the studied indicator.

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