

## Features of the Gynecological Health of Women in Menopause Depending on the Level of Vitamin D

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**Annotation:** Caesarean section is a method of delivery that is increasingly used by doctors in practice. If we analyze the statistics, from 15.2 to 42 percent of all births end with surgical intervention. One of the most dangerous complications after surgery, many women planning a second pregnancy, is an incompetent scar on the uterus after cesarean section. The risk of rupture of the scar with subsequent bleeding, fetal and female death increases by 0.62-9%. Metroplasty, reconstructive surgery to remove scar tissue and suture the uterine defect can help correct the situation. Laparoscopic correction also poses great risks for women. The duration of the closed operation is longer than the open approach, but tissue damage is less, which shortens the recovery time after metroplasty.

**Kalit so'zlar:** Tests to identify a uterine scar, Treatment of a failed scar, Indications and contraindications, Advantages of laparoscopic metroplasty

### **Why is the scar on the uterus dangerous?**

Thinning of the uterine scar after caesarean section is a dangerous condition and can cause the following complications:

Uterine rupture during pregnancy and childbirth, which in most cases leads to the death of the fetus and a life-threatening situation for the woman during childbirth. The condition is accompanied by severe disseminated intravascular coagulation syndrome, bleeding, and hypovolemic shock;

Abnormal attachment of the placenta: it can grow, sprout, accumulate or adhere too tightly to the uterus;

The risk of uterine perforation during the installation of an intrauterine device;

If there is an incompetent scar in the isthmo-corporal section, then there is a high risk of miscarriage, placental abruption and premature birth.

Unsuccessful scars

Early diagnosis of pathology can reduce risks to a woman's health and life. As a rule, all patients with incompetent scars experience symptoms of endometritis, which is an inflammatory disease. In most cases, endometritis has a hidden, "muddy" course.

Obvious signs of the problem appear when the scar tissue ruptures. In such cases, the patient complains:

severe pain localized in the middle or lower abdomen;

a large amount of vaginal discharge;

uterine spasms similar to contractions;  
intoxication caused by an infectious-inflammatory process;  
increased heart rate;  
nausea, vomiting  
weakness;  
increased body temperature.

In addition, a woman may complain of heavy and excessively long periods, pain during sex, spotting before or after menstruation.

### **In what cases is an incompetent scar formed?**

A thin seam in the uterus after cesarean can be formed for several reasons. Among the main factors contributing to the development of this pathology after surgery, the following reasons can be identified:

the operation is too long;  
large blood loss in a woman during cesarean section;  
the use of the Husakov technique by doctors who open the uterine cavity;  
emergency surgery;  
incorrect technique of sewing tissues;  
insufficient suture material;  
endometritis developed in the early postoperative period.

According to medical statistics, in most cases it is endometritis that causes scar failure. In the early postpartum period, a woman faces a decrease in immunity, which can lead to the development of mastitis and endometritis. In the case of a cesarean section, the situation is aggravated by the addition of additional risk factors:

stitches in the uterus;  
tissue swelling;  
ischemia, which leads to insufficient blood supply to the damaged uterine area during surgery;  
sewing material.

Endometritis is an infectious and inflammatory disease of the uterus, which occurs in 15% of women who have had a cesarean section. It is very important to identify the pathology in time and prescribe adequate therapy. Doctors of the Federal State Budgetary Institution SOMC FMBA of Russia determine the necessary diagnostic procedures to differentiate the diagnosis and prescribe the correct treatment.

### **Tests to determine the uterine scar**

The main task before doctors is to assess the health of the scar through diagnostic procedures. For this purpose, the following instrumental diagnostic methods can be used:

Hysteroscopy. In this case, we are talking about a diagnostic operation when the uterine cavity is examined using a rigid or flexible hysteroscope - an optical system inserted into the organ through the vagina.

Ultrasound. This is the main and safest way to determine the viability of the scar. If the patient is suspected of suture failure, the scar on the uterus will have an uneven, intermittent contour. The myometrium becomes thinner and the image of many hyperechoic appendages appears on the walls of the uterus.

After examining the patient's condition, medical history and complaints, the doctor decides which method to use. The information obtained during the examination is then used in the management of the pregnant woman. If a pregnant patient has a history of surgical delivery, it is recommended to

undergo an ultrasound examination every 7-10 days from the end of the second trimester to prevent uterine rupture and complications related to this condition.

### **Incompetent scar healing**

Based on the diagnosis, the doctor chooses a method of surgical intervention. If the place is small, then the niche can be resected hysteroresectoscopically. In this case, the surgeon uses an endoscope equipped with an electrosurgical device. Using a hook, the doctor cuts away the area of scar tissue at the site to make it smoother.

If the hysteroscopic technique does not help, the patient is recommended metroplasty - stitching after caesarean section. Specialists of the Medical Center of the Federal State Budgetary Institution SOMC FMBA of Russia have been successfully performing this type of surgery for many years. The result obtained after reconstructive plastic surgery makes the prognosis of childbirth during the next pregnancy favorable for the woman.

### **Metroplasty of the uterine scar**

As a rule, for patients with incompetent scars, surgeons suggest repair by performing a laparotomy. This decision is determined by the fact that the scar on the uterus after cesarean section is in most cases "inconvenient area" for the surgeon, directly under the bladder. This area of the uterus is actively supplied with blood, which in many cases leads to heavy blood loss. In the most severe cases, patients need blood transfusions.

Laparoscopic correction also poses great risks for women. The duration of the closed operation is longer than the open approach, but tissue damage is less, which shortens the recovery time after metroplasty.

### **Indications and contraindications**

Each plastic surgery method has its own indications. But summarizing the data, the main reasons for performing metroplasty are:

- signs of insufficiency of the uterine scar after cesarean section;
- endometrioid infiltrate found in the scar area;
- myometrial thickness does not exceed 1.5-2.5 mm;
- the presence of uterine fibroids.

Surgical correction is also indicated for women who have had a cesarean section and are planning a second pregnancy.

Regardless of the method used to repair the uterine cavity, there are a number of contraindications to surgical intervention. Metroplasty is prohibited for patients with the following diagnoses:

- infectious or inflammatory diseases in the acute stage;
- severe somatic diseases in the decompensation stage (aggravation)
- blood pathologies that threaten the patient with fatal blood loss, including impaired coagulation parameters.

Before metroplasty, a woman should be fully examined to determine the indications and contraindications for the operation. You can take the necessary tests at the medical center of the Federal State Budgetary Institution of Russia SOMC FMBA. The institution is equipped with medical equipment, with the help of which it is impossible to clearly distinguish the diagnosis and determine all the risks to the patient's health.

### **Advantages of laparoscopic metroplasty**

Laparoscopic surgery has a number of important advantages over laparotomy. The main advantages of this technique are:

Less traumatic - access to the abdominal cavity is carried out through small punctures. During the operation, the doctor uses a video endoscope, which does not damage the surrounding tissues.

Reliable stitching. After removing the scar, the tissue is stitched by surgeons reliably and firmly - during pregnancy, a woman can not only carry a child, but also give birth naturally.

Minimal risk of adhesions. During the procedure, the surgeon uses anti-adhesion barriers, which reduce the risk of adhesions.

Faster recovery. The rehabilitation period for laparoscopic surgery lasts 1-2 months. You can plan pregnancy 12 months after plastic surgery, when a full, rich scar appears on the uterus.

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