



Advantages of Laparoscopic Method in Gynecology

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ABSTRACT

This article discusses the advantages of laparoscopic method in gynecology, which is one of the endoscopic methods of modern medicine, methods of treatment and laparoscopic appendectomy.

Keywords:

Laparoscopic, therapeutic, gynecological, uterine, clinical, medical, method, procedure.

In laparoscopy-open surgery on internal organs, several incisions are required to reach the pathological center. Endoscopic surgeries are performed in a different way: to make small punctures or complete incisions without damaging the tissue to enter the body, the endoscope must be inserted naturally. The medical endoscope is elongated, with a light source attached at the end, and micro-cameras that reflect the image on the monitor. In addition, the instruments needed for surgery are delivered to the organ through thin tubes. Endoscopic surgery performs a wide range of operations in any field of medicine. Laparoscopy is a technique that involves the abdominal and pelvic organs. The endoscope in this condition is called a laparoscope. There are several types of laparoscopy: medical, diagnostic, and follow-up. Therapeutic - minimally invasive manipulation, which can be conservative (drugs) or surgical. Diagnostic

and control techniques are used to visualize the condition of the internal organs.

Diagnostic laparoscopy. The use of a laparoscope to make a diagnosis is their final step in identifying pathological conditions in cases where traditional clinical studies have failed. In many cases, this need arises in the conduct of a separate diagnosis. Mostly employed:

- tumor formation in the abdominal cavity, pelvic region;
- persistent pain syndrome of unknown genesis;
- infertility for unknown reasons;
- suspicion of pregnancy;
- acute surgical diseases of the abdominal cavity with suspicious symptoms.

In most cases, diagnostic laparoscopy allows you to organize one hundred percent confidence in infertility, because the doctor will be able to see the smallest deviations.

Sometimes diagnostic manipulation is combined with surgical treatment of identified pathologies (removal of tumors, adhesions, removal of the tumor endometrium, etc.).

Surgical laparoscopy. Laparoscopic operations are performed just like under a microscope, and the equipment used is multiplied by forty, and the operated organ is examined at different angles due to the optics. Laparoscopy, like the traditional method, can be routine (e.g., with bile removal) or emergency (laparoscopy of appendicitis).

It should be noted that laparoscopy is an intervention performed with blood loss and mild pain. Due to the smallest incision, the postoperative wound is almost invisible, which is especially important for young women. Unlike cavitation surgeries, laparoscopy does not require prolonged hospitalization and bed rest.

Laparoscopy is performed in the following cases:

- ✓ inflammation of the gallbladder, the presence of concrete in it;
- ✓ ovarian cysts;
- ✓ inflammation of the snake;
- ✓ inguinal hernia;
- ✓ umbilical hernia;
- ✓ esophageal opening of the diaphragm churrai;
- ✓ liver cysts;
- ✓ obstruction of the fallopian tubes;
- ✓ uterine myoma;
- ✓ endometriosis;
- ✓ uterine, vaginal disease;
- ✓ adrenal glands;
- ✓ adhesive process;
- ✓ urinary incontinence;
- ✓ early stages of cancer;
- ✓ pancreatic necrosis;
- ✓ obesity

Laparoscopy is contraindicated.

Contraindications to laparoscopy are:

- ✓ purulent peritonitis;
- ✓ acute renal or hepatic insufficiency;
- ✓ acute disorders of cerebral circulation;

- ✓ severe deviations of the heart or respiratory system;
- ✓ intestinal obstruction;
- ✓ conducted recently opened operations;
- ✓ late pregnancy;
- ✓ hemorrhagic stroke;
- ✓ important adhesive process of the pelvis;
- ✓ often exacerbated bronchial asthma;
- ✓ allergy to anesthesia.

Laparoscopy, a complex complex procedure, is performed only by highly qualified physicians with specialized skills. This is also due to the fact that all movements on the screen have reverse directions, as well as creating a misconception of the depth of the treated area. Laparoscopists need to master the technique of the cavity perfectly, because sometimes it is necessary to switch to this method when a complication occurs or the technique is performed. Before the operation, the patient is examined by an anesthesiologist and chooses the type of anesthesia. Often endotracheal anesthesia or combined anesthesia is performed. A pneumoperitoneum is then performed - the abdominal cavity is filled with gas using a needle under pressure and flow rate control. This is necessary to lift the abdominal wall so that you can have minimal impact on other organs.

The next step is the insertion of a trocar (trochanter) through the anterior wall of the abdomen, in which the area of the trocar is selected depending on the location of the operated organ. A laparoscopy is ordered through this tube, under the supervision of which additional troakers are inserted into the instruments.

Laparoscopic appendectomy

With inflammation of the appendix, the laparoscopy technique is well developed and is performed according to the following guidelines:

- acute appendicitis on the first day after the onset of the disease;
- chronic appendicitis;

- acute inflammation of the joint, accompanied by high levels of obesity or diabetes;
- the patient's desire to gently remove the appendix.

For any manipulation it is necessary to put three punctures on the abdominal wall, the points of which are selected depending on the anatomical features. This operation can be performed under local anesthesia. The need for an open operation arises in the following cases:

- ✓ detection of peritonitis;
- ✓ atypical location of the application;
- ✓ abscess, perforation;
- ✓ various complications.

Conclusion

Given the application in the field of gynecological laparoscopy, it is often a method of preserving the reproductive organs: with uterine fibroids, ovarian cysts, extrauterine pregnancy. Often there are three small holes, so a high cosmetic effect is achieved. Laparoscopy and hysteroscopy are performed simultaneously with certain instructions. Hysteroscopy is a manipulation that can be diagnosed or operated on, used to examine the uterine cavity, obtain biopsy material, and treat pathologies of that organ (e.g., removal of polyps). A manipulative device - a hysteroscope - is inserted into the cervix. The combination of laparoscopy and hysteroscopy expands the possibilities of identifying the causes of pathological conditions and eliminating them without the need to apply anesthesia twice.

- Possible complications after laparoscopy:
- damage to the blood vessels by the trocar;
- perforation of internal organs;
- hypothermia;
- thrombus formation;
- changes in the heart and respiratory system;
- bleeding;
- formation of adhesions.

References:

1. Ашурова Н.Г., Наврузова Н.О. Доклиническая диагностика заболеваний шейки матки// Новости

- дерматовенерологии и репродуктивного здоровья. 2017. № 3 4(1). С. 29 - 30.
2. Ашурова Н.Г., Рахматуллаева М.М., Наврузова Н.О. Роль кольпоскопии в ранней диагностике шейки матки// Альманах молодой науки. 2018 № 4. С. 21-23.
3. Гренкова Ю.М. Современные подходы к хирургическому лечению женщин репродуктивного и постменопаузального возраста с заболеваниями шейки матки// Российский вестник акушера-гинеколога. 2012. №1 Том 12. С. 60-63
4. Jo`rayeva Dildora Mukhitdinovna. (2022). PREEKLAMSIYANING HOMILAGA TA'SIRI. EURASIAN JOURNAL OF MEDICAL AND NATURAL SCIENCES, 2(4), 4-7. <https://doi.org/10.5281/zenodo.6473270>
5. Juraeva Dildora Mukhitdinovna. (2022). Nay Peritoneal Type of Female Infertility (Mkb-10 / N 97.1). Texas Journal of Medical Science, 7, 77-78. Retrieved from <https://zienjournals.com/index.php/tjms/article/view/1311>
6. Juraeva Dildora Mukhitdinovna. (2022). Changes in the Women's Body During the Climate Period. Texas Journal of Medical Science, 7, 90-91. Retrieved from <https://zienjournals.com/index.php/tjms/article/view/1314>
7. Juraeva Dildora Mukhitdinovna. (2022, April 25). THE COURSE OF FETOPLACENTAL INSUFFICIENCY, SEVERITY AND SPECIFICITY OF TREATMENT. International scientific-online conference: "INNOVATION IN THE MODERN EDUCATION SYSTEM", USA Washington. <https://doi.org/10.5281/zenodo.6481791>
8. <https://uz.meadowbrookneurology.net>
9. <https://uz.everaoh.com>