



OVERCOMING POSTOPERATIVE PAIN SYNDROME AFTER GYNECOLOGICAL SURGERY

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Summary

The article contains a discussion of rational postoperative pain relief for women who have undergone gynecological surgery. The study was conducted at the clinic of the Samarkand State Medical Institute, in the department of gynecology for the 2021-2022 academic year. The proposed pain relief tactics was evaluated as effective and affordable, which is confirmed by the data.

Keywords: anesthesia, gynecological operations, duration of surgery, spinal anesthesia, acute pain, pain syndrome

Relevance

The problem of anesthesia in gynecology has always had its own characteristics, primarily due to the topographic anatomical location of the internal genital organs. A significant proportion of women who need gynecological surgery belong to the older age group and suffer from concomitant diseases of the heart, respiratory system, and endocrine organs [1,5,8]. In addition, somatic pathology occurs in them against the background of menopausal disorders, accompanied by metabolic disorders (neuroendocrine syndrome, obesity, diabetes mellitus) [2,7,12]. Therefore, it is necessary to be guided by certain principles of anesthesia during operations.

Purpose of the Study

Improving the methods of rational anesthesia for acute pain after gynecological operations with a duration of more than 40 minutes.



Materials and Methods of Examination

In the gynecological department of the 1st clinic of SamSMU, 70 patients were examined, who underwent gynecological operations, the duration of which was more than 40 minutes. Their age ranged from 35 to 70 years, with an average of 52.7 ± 3.4 years. Patients who underwent surgery were divided into the following groups: hysterectomy - 15; amputation of the uterus -15; myomectomy-20; cystectomy - 20 patients.

Forty-two patients (60%) were administered palmitoylethanolamide, and the rest received analgesia by infusion of infulgan solution (100 ml-1000 mg) intravenously. Morphine 4-6 mg (average 4.8 mg) dissolved in 5 ml of saline was injected into the epidural space through a pre-installed microcatheter in the lumbar spine after surgery with acute pain.

The analgesic effect in patients was assessed using a subjective-visual analogue scale to determine the degree of pain and its duration. Complications and effectiveness of analgesics were taken into account. External respiratory activity (spirometry) and blood circulation parameters (systolic, diastolic and mean arterial pressure, heart rate, ECG, Echo-KG, pulse oximetry) were recorded in dynamics.

Results

Analgesia by this method allows early activation of patients due to adequate effect and duration. Postoperative violations of ventilation and gas exchange are eliminated faster, preventing pulmonary complications. In our opinion, the initial dose of morphine for palmitoylethanolamide is 4-5 mg. At these doses, its side effects (nausea, vomiting, pruritus) are very small, and the analgesic effect is effective in 80-90% of cases. In the case of an increase in the dose of the drug, the likelihood of nausea and vomiting increases in parallel, and early and late respiratory depression may occur.

Conclusion

Thus, long-term epidural analgesia has significant advantages over systemic administration of narcotic drugs and non-narcotic analgesics, especially its long-term epidural analgesia with low doses of morphine is a reliable option for pain relief after a long operation.



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