COMPLICATIONS OF LAPAROSCOPIC SURGERY IN GYNECOLOGICAL PRACTICE

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Abstract: *The problem of complications arising during laparoscopic operations in gynecologic practice is presented in this article. In recent years endoscopic surgical intervention has taken the basic place among all surgical interventions in gynecology, thus the frequency of endoscopic surgical interventions of high complexity has increased. All these factors taken together create preconditions for the increase in the number of complications, specific for endoscopic surgery in particular. Frequency and types of complications are directly connected with complexity of operation and experience of a surgeon. Taking into account the frequency, structure and the reasons of complications can contribute to the prevention of their development and the elaboration of effective measures aimed at their elimination during the operation or on the first day of the postoperative period. Measures to prevent the formation of adhesions are of great value in favourable outcomes of reconstructive endoscopic operations.*

The purpose of our study is to determine effective measures for the prevention and treatment of complications, and for this it is necessary to have comprehensive information about the frequency, structure and causes of their occurrence. If in open surgery the interpretation of the nature of an intraoperative complication is more or less clear, then in endosurgery it is necessary to introduce concepts that characterize the features of laparoscopic surgery. These features cause the occurrence of complications uncharacteristic for open surgery. Therefore, the concept of “complication of laparoscopic surgery” is distinguished [2], which includes not only a statement of the fact of the occurrence of complications characteristic of laparoscopic surgery, but also all the difficulties and unusual situations during the operation, the development of clinical symptoms of complications, as well as the peculiarities of the course of the postoperative period.

The last decade has been characterized by a particularly rapid development of endoscopic surgery in gynecology [24, 25, 29]. Thus, operations for infertility, ectopic pregnancy, and benign formations of the uterine appendages are practically no longer performed using the “open” method. It

should be recognized that the issues of complications of laparoscopic operations are not widely discussed in the medical literature.

Until now, there are no unified approaches to recording and recording complications. Thus, the frequency of complications in endoscopic gynecology varies quite widely, which is associated with an ambiguous approach to their registration in different countries and clinics [19, 25, 7, 28, 9].

In Germany [11,12], complications of pelvioscopy have been recorded since 1949, covering all clinics and doctors who have frequent practice and perform laparoscopic interventions. In the USA, since 1988, complications of all surgical interventions performed using laparoscopic access began to be recorded. According to a number of authors, severe complications during laparoscopy occur in 1.83%, mild ones in 21.0% of cases (Ponz Lversen, 1977; Lehmann-Willenbrock, 1999; Peterson J, 1998) [13, 14]. Many authors believe that the published incidence of complications in endosurgery is significantly underestimated. The general opinion is that only taking into account indications and contraindications and, what is especially important, knowledge of the pathogenesis of complications makes it possible to reduce their number to a minimum.

CLASSIFICATION OF COMPLICATIONS

1. Complications associated with the nature of the disease and the type of operation performed, i.e., inherent in similar interventions in open surgery (damage to the ureter during uterine excision, early intestinal walls).

2. Specific complications inherent only to laparoscopic technology and not encountered in open surgery (trocarious wounds of the retroperitoneal vessels).

The most common complications are: complications during insufflation, damage to the main retroperitoneal vessels, damage to the vessels of the anterior abdominal wall, organs of the gastrointestinal tract, bladder, ureters, postoperative hernias, infectious complications, bleeding in the postoperative period.

Technical errors when applying pneumoperitoneum can lead to the development of subcutaneous, preperitoneal emphysema, pneumomentum, and gas embolism. Subcutaneous emphysema is easily recognized and does not pose a significant threat to the patient's health. When gas is insufflated into the greater omentum, a pneumomentum is formed - the adipose tissue is sharply swollen, with many gas bubbles.

Conclusion The severe nature of the complications observed when performing endoscopic interventions of increased complexity requires a particularly careful analysis of the reasons for their occurrence, the development of effective measures, which, in our opinion, should be sought in

improving the technique and methodology for performing laparoscopic operations. One of the measures to prevent complications of laparoscopic surgery should be considered the standardization of methods for performing basic gynecological operations, determination of the most effective and safe technique for endoscopic intervention, and the development of methods for early diagnosis of complications in the first day of the postoperative period. Considering the high technology of laparoscopic surgery, proper endoscopic equipment is important in preventing complications.

We also examined 51 (100%) patients with infertility due to endometriosis and chronic salpingoophoritis after surgical laparoscopy. All women underwent repeated laparoscopic intervention for persistent infertility. Of these, 45 (88.2%) patients were diagnosed with adhesions in the pelvis of II-III degree.

Thus, an analysis of complications of laparoscopic operations in gynecological practice indicates the need to take into account and develop new methods to eliminate and prevent these complications, which are responsible for reducing the effectiveness of minimally invasive surgery.

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