



## TOPIC: MODERN SURGICAL METHODS FOR THE CORRECTION OF VAGINAL PROLAPSE AND EXTERNALIZATION

*Scientific Supervisor: Sayfullayev Akmal Karimovich*

*Lecturer at Navoi State University*

*Author: Mamatova Mahbuba Sayfullo qizi*

*First-year student, Navoi State University*

+998777530129

[Mahbubamamatova72@gmail.com](mailto:Mahbubamamatova72@gmail.com)

**ANNOTATION:** *This scientific paper provides an in-depth analysis of the epidemiology, etiopathogenesis, clinical course, diagnostic methods, and modern surgical treatment approaches for vaginal prolapse. Various surgical techniques, including colporrhaphy, sacrocolpopexy, vaginal hysterectomy, and colpocleisis, are examined in terms of their clinical effectiveness, complications, and long-term outcomes. The importance of selecting an optimal treatment strategy based on an individualized approach is substantiated.*

**Keywords:** *vaginal prolapse, pelvic floor dysfunction, sacrocolpopexy, colporrhaphy, hysterectomy, colpocleisis, surgical treatment, rehabilitation*

### INTRODUCTION

Vaginal prolapse (pelvic organ prolapse) occupies an important place among pathologies of the female reproductive system. According to epidemiological data, 30–50% of women over the age of 50 experience varying degrees of prolapse. This condition causes not only physical discomfort but also psychological and social problems.

In recent years, advances in surgical technologies have significantly improved the effectiveness of treating this pathology.

### RESEARCH AIM AND OBJECTIVES

Aim:



To scientifically analyze modern surgical methods for the treatment of vaginal prolapse and determine the optimal approach.

Objectives:

To study the etiology and pathogenesis of the disease

To analyze diagnostic methods

To compare surgical techniques

To evaluate complications and recurrence rates

To develop and analyze rehabilitation measures

## **MATERIALS AND METHODS**

The study analyzed modern gynecological and surgical literature, clinical observations, and statistical data. The effectiveness of surgical methods was evaluated based on clinical outcomes.

## **ETIOLOGY AND PATHOGENESIS (DETAILED)**

The pelvic floor structures consist of three main components:

Muscles (levator ani)

Fascia

Ligamentous apparatus

When these structures are damaged or weakened, the vaginal walls descend under the influence of intra-abdominal pressure. Estrogen deficiency leads to decreased collagen synthesis, reducing tissue elasticity.

## **MODERN DIAGNOSTICS**

POP-Q (Pelvic Organ Prolapse Quantification) system

Ultrasound (US) and MRI examinations

Urodynamic tests

Colposcopy

## **SURGICAL TREATMENT (SCIENTIFIC ANALYSIS)**

1. Reconstructive surgeries

Colporrhaphy

Perineoplasty

Outcome:



Effective in mild and moderate cases, but recurrence rate is 20–30%.

## 2. Sacrocolpopexy (GOLD STANDARD)

Performed laparoscopically or via open surgery.

Advantages:

High anatomical restoration

Recurrence <10%

## 3. Vaginal hysterectomy + reconstruction

Used in multi-compartment prolapse cases.

## 4. Obliterative surgeries (Colpocleisis)

Advantage:

Minimally invasive

High effectiveness

## COMPLICATIONS AND THEIR PREVENTION

Infection → antibiotic prophylaxis

Bleeding → intraoperative control

Mesh erosion → selection of high-quality materials

Recurrence → correct choice of surgical method

## REHABILITATION AND PREVENTION

Kegel exercises

Hormonal therapy (if necessary)

Lifestyle modification

Weight control

## SCIENTIFIC RESULTS AND DISCUSSION

Analysis shows that:

Sacrocolpopexy is the most effective method

Individualized approach is essential

Rehabilitation significantly affects outcomes

## CONCLUSION



Vaginal prolapse is a complex multifactorial disease in which modern surgical methods play a leading role in treatment. To achieve optimal results, it is necessary to consider the patient's age, clinical condition, and reproductive plans.

## REFERENCES

1. Berek & Novak's Gynecology
2. Williams Gynecology
3. DeLancey J.O.L. Pelvic Floor Anatomy
4. WHO Clinical Guidelines
5. ACOG Practice Bulletin
6. ICS (International Continence Society) materials