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## ANALYSIS AND ASSESSMENT OF THE QUALITY OF LIFE OF WOMEN WITH PROLAPSE OF PELVIC ORGANS

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### ABSTRACT

Pelvic organ prolapse (POP) is one of the most common gynecological pathologies in middle-aged and elderly women. POP is detected in 15-30% of women, reaching 40% in the age group over 50 years (1, 2).

Pelvic organ prolapse and stress urinary incontinence are among the most common diseases in women of middle and older age groups. Currently, this pathology accounts for at least 30% of the structure of gynecological diseases. Studies of morbidity over the past few years show that about 14% of women require surgical correction of pelvic organ prolapse [3]. According to a large-scale study in the population by Wu JM et al., 20% of women by the age of 80 undergo surgery for genital prolapse, with the peak of surgical activity occurring at the age of 71-73 years (4.3 per 1000 women) [4].

## KEYWORDS

Analysis, Quality of Life of Women, Increasing life expectancy.

## INTRODUCTION

Pelvic organ prolapse (POP) is one of the most common gynecological pathologies in middle-aged and elderly women. POP is detected in 15-30% of women, reaching 40% in the age group over 50 years (1, 2).

Pelvic organ prolapse and stress urinary incontinence are among the most common diseases in women of middle and older age groups. Currently, this pathology accounts for at least 30% of the structure of gynecological diseases. Studies of morbidity over the past few years show that about 14% of women require surgical correction of pelvic organ prolapse [3]. According to a large-scale study in the population by Wu JM et al., 20% of women by the age of 80 undergo surgery for genital prolapse, with the peak of surgical activity occurring at the age of 71-73 years (4.3 per 1000 women) [4].

Increasing life expectancy and prevalence of obesity in the population are predictors of further growth of the disease. Cystocele caused by defect of pubocervical fascia is the most common form of prolapse, occurring in one third of women aged 50–79 years regardless of uterine status [5]. The traditional method of cystocele correction is colporrhaphy, which consists of applying

absorbable sutures to the anterior vaginal wall, was first described by Kelly in 1913 [6]. Clinical experience accumulated over decades has shown that the reason for high recurrence rate (20–92%) of prolapse is failure of the patient's own tissues used for plastic surgery, which dictates the need to search for more reliable methods of correction [7,8]. The solution to the problem appeared with the introduction of synthetic materials into surgical practice.

**The aim** of our study is to optimize the technique of surgical treatment of urinary incontinence in pelvic organ prolapse.

## METHODS

The study was conducted in 2020-2023 at the City Maternity Hospital No. 8 and the private medical clinic CityMed. All women were asked to complete the PFDI-20 electronic questionnaire as part of a clinical trial. A promising cross-sectional study was conducted as part of the analytical approach.

The exact number of women with urinary incontinence in Uzbekistan is unknown. The lack of this information prompted us to conduct a study in our country to



determine the prevalence, types and characteristics of urinary incontinence in women, and to analyze risk factors. Although many studies have presented data from different parts of the world, we believe that this study was the first to address the user interface issue in Uzbekistan. Differences in culture, dietary habits, climate and social attitudes may cause women in Uzbekistan to have different outcomes compared to other women in different parts of the world.

The questionnaire was created and distributed using the domain <https://prolaps-survey.uz/>, <http://urino-survey.uz>, <https://surgery-survey.uz> this was a secure web platform for creating and managing surveys and online databases, which was distributed to respondents through Telegram channels. The questionnaires were filled in by women independently after signing informed voluntary consent. This domain <https://prolaps-survey.uz/> was used to analyze the PFID-20 survey and use this survey to study the prevalence of the problem among Uzbek women. The domain <http://urino-survey.uz> was used by women who sought surgical treatment with complaints of problems with the pelvic organs. This domain <https://surgery-survey.uz> was used to assess the condition of women for 10 years after surgery.

The electronic survey involved 517 women aged 20 to 50 years (mean age  $34.8 \pm 1.3$  years). Women answered the PFID-20 survey anonymously from their mobile devices. The results were summarized and calculated

in accordance with the arithmetic mean key of the questionnaire. The reliability of the method was 0.86,  $R < 0.001$ , sensitivity was 1.48,  $R < 0.0001$ , standardized response was 1.09,  $R < 0.0001$ .

The collection of statistical materials was processed using the Jamovi 2.2.5.0 program. The correlation coefficient, assessing the nature of the relationship between the studied indicators, was calculated using the Spearman level correlation method, and the strength of the relationship was assessed using the Chadock scale.

All women were asked to anonymously complete the electronic PFID-20 questionnaire as part of a clinical trial. A promising cross-sectional study was used in the analytical approach.

An electronic survey was conducted among 349 women (mean age  $36.8 \pm 1.3$  years) aged 20 to 50 years. Women answered the PFID-20 survey from their mobile devices. The results were summarized and calculated in accordance with the arithmetic mean key of the questionnaire. The reliability of the method was 0.86,  $R < 0.001$ , sensitivity was 1.48,  $R < 0.0001$ , standardized response was 1.09,  $R < 0.0001$ .

In accordance with the objectives of the study, we divided all 349 women into 3 groups:

The main group consisted of 274 women, divided into: Group 1 - women with genital prolapse who underwent

transurethral placement of a medial urethral loop (TVT), n=133, Group 2 - women who underwent Kelly surgery modified with U-shaped suture for stress urinary incontinence, n=141, Group 3 (control) – conditionally healthy women of reproductive age, n=75.

Data were collected from women and their accompanying persons and selected randomly. All women over 18 years of age who agreed to participate in the study were included in the study. This study was conducted in two stages. In the first stage, to determine the frequency of urinary incontinence and study the risk factors affecting it, women who applied for surgical treatment were examined and interviewed using an electronic questionnaire.

The exclusion criteria at both stages were pregnancy or childbirth within the last 3 months, gynecological surgery or lower urinary tract surgery within the previous 3 months, and patient refusal to participate in the study. After studying the age characteristics of the applicants, it was found that in Group 1, people aged 36-40 years predominated (42.1%), in Group 2, people aged 41-45 years predominated (34%), and in the control group, people aged 26-30 years predominated (36%). The average age of the subjects in the first and second groups was  $37.2 \pm 0.28$  and  $37.8 \pm 0.33$  years, respectively. However, in the control group, the average age was  $35.4 \pm 0.45$  years. The overwhelming majority of women in the main groups were 31-45 years old, which confirms the opinion that the development of genital prolapse depends on age (fig. 1).

## RESULTS

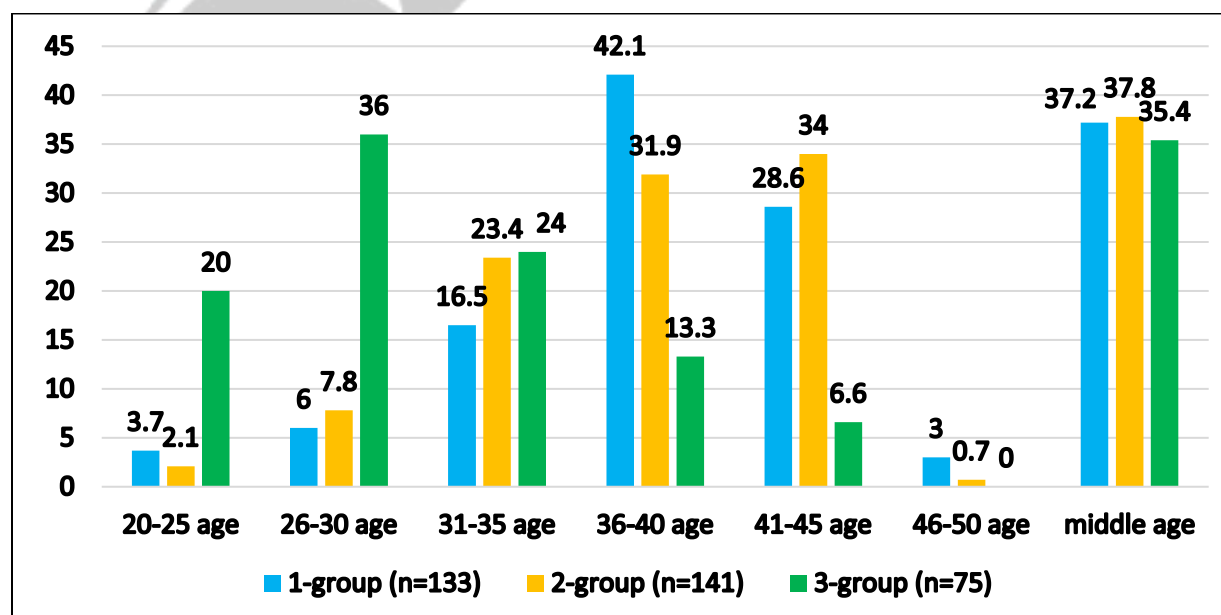


Fig. 1. Age composition of the examined patients, (%)

Analysis of the characteristics of the body weight of the examined women showed that in the first and second groups of women with normal body weight there were 55 and 48 (41.4% and 34%), overweight - 45

and 48 (33.8% and 34%), obesity - 29 and 42 (21.8% and 29.8%), and underweight was observed in 4 women and 3 in 3 (3% and 2.1%, respectively) (fig. 2).

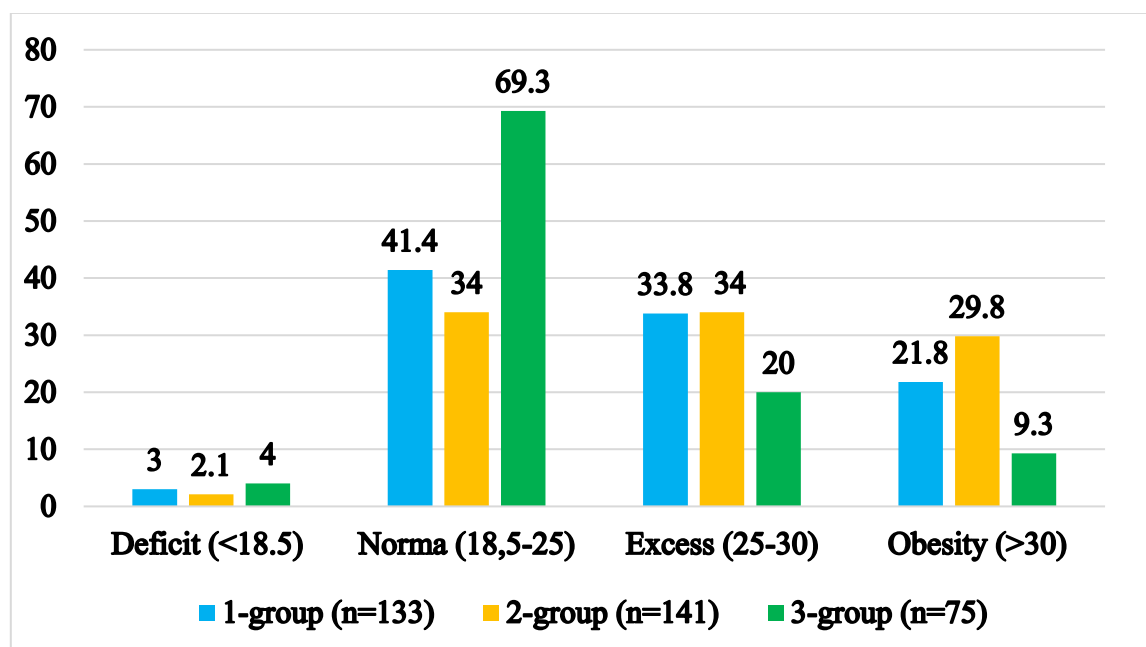


Figure 2. Body mass index of the studied patients, (%)

The results of the data obtained show the effect of overweight and obesity on increased abdominal pressure as one of the risk factors contributing to the development of genital prolapse.

Obstetric history, including pregnancy, vaginal delivery and the total number of surgeries, did not reveal statistically significant differences between women. As

one of the obstetric risk factors, perineal ruptures are often observed during vaginal delivery. In both groups, the number of vaginal deliveries did not differ significantly and amounted to almost the same percentages (88.7 and 84.3%). It was found that in groups 1 and 2 this indicator was, on average, 1.4 times higher than in the control group, which consisted of 1-5 deliveries (fig. 3).

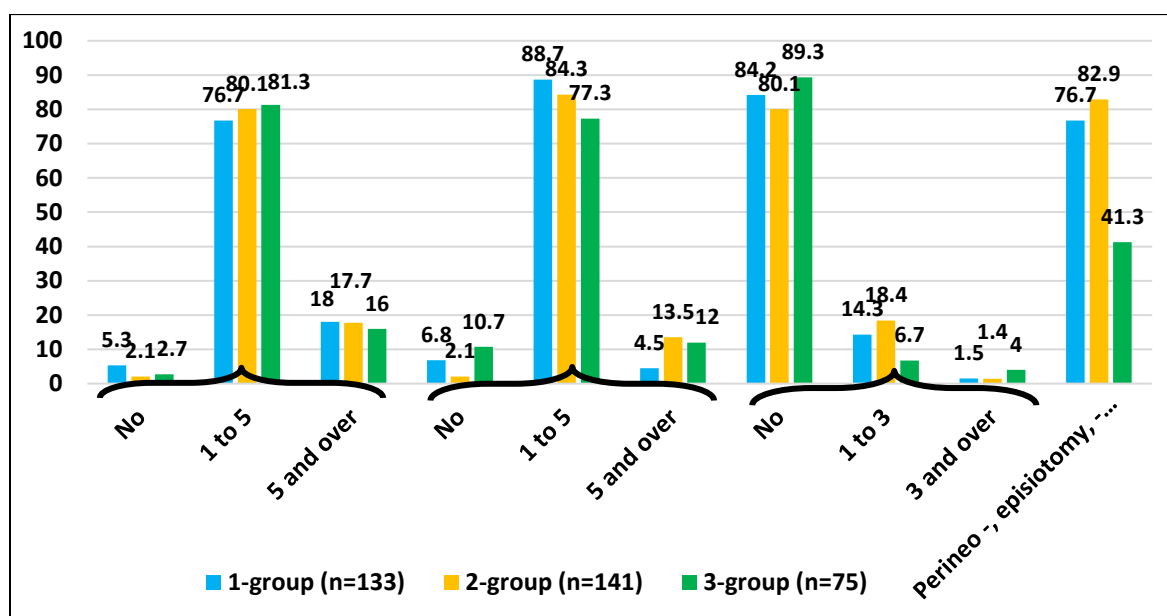


Figure 3. Comparative results by obstetric history, %

The number of more than five deliveries in women in group 2 was 4.5 times more than in the control group and 5.6 times more than in group 1. In both groups, there was a significant number of perineo- and episiotomies and ligations during vaginal delivery (76.7 and 82.9%), which are considered to be the main causes of pelvic floor muscle insufficiency.

It is known that negative factors can disrupt the functioning of organs and systems, cause a complex of metabolic disorders, contribute to pelvic floor muscle insufficiency (PFMI) and PG in combination with

diabetes mellitus, obesity, cardiovascular diseases (9, 10, 11, 12).

The ICIQ-SF scale was used to assess the impact of urinary incontinence on quality of life. Our study showed that women who cannot control urine flow feel ashamed and guilty, so they often do not seek medical attention. Women's social roles, such as work, driving, and shopping, are complicated, and it is emphasized that this problem affects quality of life (13).

**Table 1**  
Statistics based on the ICIQ-SF survey results, (%)

	I group (n=133)		II group (n=141)	
	the absolute number	%	the absolute number	%
1-5 (easy)	100	75.2	54	38.3





6-12 (average)	25	18.0	55	39.0
13-18 (heavy)	4	2.9	20	14.2
19-21 (extremely heavy)	4	3.0	4	2.8

More than half (60%) of women who cannot urinate have low self-esteem. In our study, the average frequency of urinary incontinence in the second group was 55 (39%) cases, which was twice as often as in the first group, and in the second group, the frequency of severe urinary incontinence was four times higher than in the first group - 20 (14.2%). These indicators negatively affected their quality of life, which was assessed by ICIQ-SF scale. It was found that the highest incidence of ICIQ-SF was the same (3 and 2.8%) in both groups associated with urinary incontinence problems (table 1).

The survey within the framework of our study showed that if in the 1st group the frequency of mild urinary incontinence was 1.5 times less than in the 2nd (60 and 40.6%), then in the 1st group the frequency of moderate and severe urinary incontinence was 1.5 and 2 times more (41.4 and 15%, respectively).

In our study, we were surprised by the high percentage of women (>90%) who sought medical attention for urinary incontinence after the examination. We found that less than 5% of women who sought medical attention received pelvic floor exercises, medication, or surgery for their urological problems.

The data suggest that various types of urinary incontinence can interfere with daily activities. In our study, the prevalence of urinary incontinence was 20.7%, which was close to the literature data of 29%.

Thus, it is necessary to conduct further research, develop new methods of diagnosis, prevention, therapy and rehabilitation, the solution of which will reduce the development of the disease and help improve the quality of life of women of reproductive age.

## CONCLUSIONS

Thus, the obvious positive dynamics of the quality of life of patients after surgical treatment proposed for cystocele, urinary incontinence, can be explained by the high efficiency of urinary incontinence treatment in our study and the relatively low frequency of postoperative complications. Compared with the data of many studies in recent years, according to which the success of operations ranged from 87 to 95%, the efficiency of surgical treatment of urinary incontinence in our study was 96.3%.

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