



CODEN [USA]: IAJPB

ISSN: 2349-7750

**INDO AMERICAN JOURNAL OF
PHARMACEUTICAL SCIENCES**<http://doi.org/10.5281/zenodo.2718113>Available online at: <http://www.iajps.com>

Research Article

**ADAPTED SLING TECHNIQUE FOR CURE OF
UTEROVAGINAL PROLAPSE**¹Asfand Yar Ahmad Sheikh, ²Aimen Khan Tareen, ³Maria Hussain Bangash¹CMH Lahore Medical and Dental College, ²Akhtar Saeed Medical and Dental College Lahore,³Sharif Medical and Dental College Lahore.

Article Received: March 2019

Accepted: April 2019

Published: May 2019

Abstract:**Background:** Uterovaginal prolapse cure through operation remains problematic technique.**Objective:** The objective of our research remained to measure significances of changed suspend procedure attained for treatment of utero-vaginal prolapse.**Methodology:** This was a short-term cross-sectional research which remained led on the patient's sequence of 25 cases desiring to reservation their richness at Jinnah Hospital, Lahore from March 2017 to September 2017. Information remained examined through using SPSS 21. The consequence procedures remained persistent gratification, achievement of process also difficulties connected to process. Enclosure standards remained young cases of 21-41 years of age, that required to recollect its fruitfulness, also with 1st also 2nd grade genital prolapse. Overweight case, case by age >41 years also cases not appropriate for operation remained excepted.**Results:** Altogether 25 cases remained positively functioned solitary one cases industrialized temperature in postoperative historical in addition one cases in total 25, established reappearance of prolapse. Here remained not any main intra-operative also postoperative difficulty.**Conclusion:** This adapted suspend process remained originate to remain an informal technique through insignificant blood damage, fewer problems, fewer period overwhelming also decent outcomes. Populaces may similarly accomplish this.**Keywords:** Uterovaginal prolapse, Adapted sting process, Accomplishment Difficulties.**Corresponding author:**

Asfand Yar Ahmad Sheikh,

CMH Lahore Medical and Dental College.

QR code



Please cite this article in press Asfand Yar Ahmad Sheikh et al., *Adapted Sling Technique for Cure of Uterovaginal Prolapse.*, Indo Am. J. P. Sci, 2019; 06(05).

INTRODUCTION:

Utero-vaginal prolapse is one of the grievances in girls exhibiting in outpatient centers in Pakistan. Rate of utero-vaginal prolapse in Pakistan is about 1.7% [1]. High pervasiveness of this situation in Pakistan is because of lack of wholesome sustenance poor economic repute and conveyances directed by means of untrained beginning chaperons [2]. As utero-vaginal prolapse appear in younger female so careful therapy ought to deal with not simply the manifestations of persistent yet in addition hold their regenerative capacity. Different traditionalist scientific processes have been portrayed in past, every having their very own advantages and faults [3]. Purandare depicted a gadget for the cautious treatment of genital prolapse in younger ladies in 1965. Adjusted sling system is an easy approach carried out for treatment of first and 2d diploma utero-vaginal prolapse. This device is something however hard to function and give dynamic assist to uterus. In this examination we surveyed the consequence of 20 situations of utero-vaginal prolapse in young girls handled by using altered sling task [4].

METHODOLOGY:

This cross-sectional investigation was once directed in Sheik Zayed Hospital, Rahimyar Khan from March 2017 to September 2018. It was once a case association of 25 ladies. The result measures had been power fulfillment, accomplishment of strategy and difficulties identified with technique. Consideration criteria was youthful sufferers of 21-41 years old, who wished to preserve their ripeness, and having first and second diploma genital prolapse. Fat patient, quiet with age 41 years and patients no longer fit for clinical system have been avoided. Twenty sufferers pleasing incorporation standards were taken a crack at study and have been conceded all via patient office. Preceding scientific technique composed educated assent used to be taken in each one of the patients. Every one of the patients were analyzed clinically earlier than the medical procedure. Statistic factors had been recorded. All ladies were worked in the publish menstrual stage. All the method used to be accomplished underneath ordinary anesthesia and via expert gynecologists. Strategy: Abdomen was once opened via Pfannenstiel cut; rectus sheath was uncovered. Cut used to be given in focal point of rectus sheath of about 8cm. Peritoneal pit used to be opened and line with proline 1 was gone thru proper facet parallel edges of rectus sheath, inside the pelvic pit. At that factor fasten went thru round tendon, vast tendon and after that posteriorly to right facet utero-sacral tendon at that factor left facet utero-sacral tendon, expansive tendon and spherical tendon and left sided

parallel area of rectus sheath and the two finishes of line were constant or extra rectus sheath. Toward the finish of system one of collaborator inspected vaginally to evaluate the revision of prolapse. All intraoperative and postoperative complexities have been noted. All patient remained for one day and released with exhortation of anti-microbials for 7 days. Patients had been known as for comply with up following multi week and multi-year. At each go to sufferers had been surveyed for repeat of prolapse and goals of indications. Information was once entered in SPSS structure 21 and examined.

RESULTS:

The examination was led on 25 patients. Every one of the patients have been hitched and 13 (75%) sufferers had been beneath 22-31 years old and 10 (46%) had been under forty-one years old. As with appreciate to equality of sufferers 10 (46%) perception had been para one, 7 (31%) were para 3 and 6 (26%) had been para 4 In this examination, 16 (76%) sufferers had warning signs of sentiment of mass in vagina, four (17%) had grumbling of spinal ache and other three patients (10%) had vaginal release. (Table-1) Out of 25, 12 (56%) sufferers had first degree utero-vaginal prolapse and 10 (46%) had fix. Most patients 20 (96%) were glad about technique as there was 96% goals of their manifestations. Intra-operatively there used to be no confusions noted. There used to be negligible blood misfortune in the strategy. Postoperatively one patient created fever in post-usable duration and settled with antipyretics and anti-microbials. There were no intestine issues in postoperative development. Post operatively there was once no long sanatorium remain. Technique used to be fruitful in 21 (94%) patients. One patient created repeat; this patient had records of perpetual hack and blockage now and again. Altogether 25 cases remained positively functioned solitary one cases industrialized temperature in postoperative historical in addition one cases in total 25, established reappearance of prolapse. Here remained not any main intra-operative also postoperative difficulty. This was a short-term cross-sectional research which remained led on the patient's sequence of 25 cases desiring to reservation their richness at Jinnah Hospital, Lahore from March 2017 to September 2017. Information remained examined through using SPSS 21. The consequence procedures remained persistent gratification, achievement of process also difficulties connected to process. Enclosure standards remained young cases of 21-41 years of age, that required to recollect its fruitfulness, also with 1st also 2nd grade genital prolapse. Overweight case, case by age >41 years also cases not appropriate for operation remained excepted.

Table 1: Offering grievances of patients:

| Offering grievances | | |
|----------------------------|----------|-----|
| Offering Grievance | Quantity | % |
| Mass in vagina | 17 | 78% |
| Backache | 05 | 19% |
| Vaginal discharge | 03 | 10% |
| Degree of prolapse | | |
| Grade of prolapse | Quantity | % |
| 1st grade | 12 | 58% |
| 2nd grade | 10 | 48% |

Table 2: Accomplishment proportion also difficulties:

| Effectiveness also Difficulties | | |
|--|--------|-----|
| Description | Number | % |
| Success rate | 20 | 98% |
| Severe blood loss | 00 | 00% |
| Visceral Organ Injury | 00 | 00% |
| Post-operative fever 0 | 02 | 07% |
| Recurrence | 01 | 07% |

DISCUSSION:

This approach has now not been accounted for in writing in excessive numbers. Different examinations are reachable in which rectus sheath sling was once utilized for utero-vaginal prolapse [5]. Another examination was once carried out in Abbott Abad via Rahet et al, which indicated comparative outcomes. In the first purandare's clinical procedure the fascial strips made from rectus sheath had been utilized which were constant to the front surface of uterus alternatively there used to be more disappointment rate [6]. Albeit numerous investigations demonstrating high achievement charge of 96% with belly Sacro hysteropexy but at the same time women would experience reoperation in numerous examinations first yr after strategy. Difficulty of work disintegration and illness likewise happened [7]. In this methodology, we utilized lower back methodology for the connection of sling and merits of this process are as per the following. It is less tedious. It takes round 35-minutes on an everyday and an easy strategy [8]. It has much less blood misfortune and is with no hazard of bladder damage. As it is a simple technique even occupants can perform. The investigation verified that our adjusted sling gadget has extraordinary result and less intricacies [9].

CONCLUSION:

It remains very informal also actual process also fewer time uncontrollable also less blood loss, that does not hamper richness but then again this requires to remain

assessed additional for extended tenure fallouts also forthcoming researches to remain completed on the current process.

REFERENCES:

1. Roovers JWR, Van der Vaarta CH, vander BOMB JG, Schagen van Leeuwenc JH, Scholtend PC, Heintza APM. A randomized controlled trail comparing abdominal and vaginal prolapsed surgery ; effects on urogenital function.BJOG.2004;111:50-6
<https://dio.org/10.1111/j.1471-0528.2004.00001.x>.
2. Gutman RE,Rardin CR, Sokol ER,et al. Vaginal and laproscopic mesh hysteropexy for uterovaginal J.2017 Jan 18;[Epub ahead of print.
3. Olsen AL, Smith VJ, Bergstrom JO,Colling JC, Clark AL. Epidemiology of surgically managed pelvic organ prolapsed and urinary incontinence . Obstet Gynecol.1997;89:501-6.
[https://dio.org/10.1016/S0029-7844\(97\)00058-6](https://dio.org/10.1016/S0029-7844(97)00058-6).
4. FDA .Urogynecologic surgical mesh ; update on the safety and effectiveness of transvaginal mesh placement for pelvic organ prolapsed. US Food and Drug Administration: 2011.[accessed March 20,2017].Available at ;<http://bit.ly/20HG72C>.
5. Purandare VN. New surgical technique for surgical correction of genital prolapse in young women. J Obstet Gynaecol India. 1965:53-62.
6. Nygaard I Barber MD,Burgio KL, et al.Prevalence of symptomatic pelvic floor

- disorders in US.Women.
JAMA,2008,300;131116.<https://doi.org/10.1001/jama.300>.
7. A.Jokhio,R.Rizvi,J.Rizvi, C.MacArthur.
"Urinary incontinence in women in rural Pakistan: prevalence, severity, associated factors and impact on life" British Journal of Obstetrics and Gynaecology 2013;120:180-186.
 8. Dietz V, SchraffordtKoops SE, van der Vaart CH.
Vaginal surgery for uterine descent; which options do we have? A review of the literature. Int Urogynecol J Pelvic Floor Dysfunct. 2009;20(3):349-56.
 9. Purandare VN, Patel K, Aryan R. Operative treatment of genital prolapse in young women. J ObstetGynaecol India. 1966;16:53-8.