

## **Prolaps of Internal Female Genital Organs and Urinary Incontinence, in the Early Stages of this Pathology: Methods and Means of Recovery Treatment**

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**Submitted:** 14 Jan 2022; **Accepted:** 18 Jan 2022; **Published:** 31 Jan 2022

**Citation:** Bugaevsky KA (2022) Prolaps of Internal Female Genital Organs and Urinary Incontinence, in the Early Stages of this Pathology: Methods and Means of Recovery Treatment. *J Nov Psy* 3(1): 05-07.

### **Abstract**

The article presents the results of a study devoted to the practical aspects of the application of a number of techniques of curative physical training and special physical exercises in the omission of internal female genital organs and the accompanying problem of urinary incontinence.

**Keywords:** Therapeutic Physical Culture, Special Exercise, Restorative Treatment, Omission of Female Internal Genital Organs, Urinary Incontinence.

### **Abbreviation**

**TPC** - Therapeutic Physical Culture

**SMRG** - Special Medical and Recovery Gymnastics

**Vombilding (VCM)** - Vaginal-Controlled Muscles

### **Introduction**

The relevance of the issues discussed in this article is due to the fact that today, among the variety of gynecological problems, such types as prolapse of the pelvic organs occupy a special place and urinary incontinence in women, in the early stages of this pathology [1, p. 367-378; 2, p. 193-197; 3]. After the age of fifty, such a diagnosis is made to every second woman. But in women to the thirty-year-old age, the omission of the vagina is found in 10 cases out of 100, in 30-45 years of this anomaly suffer from forty from a hundred women [2, p. 193-197]. Many women with presented pathology are noted in the history of frequent, often pathological and traumatic childbirth, multiple pregnancy, large fruit, obstetric operations, severe physical work, urogenital and congenital pathology, etc. The manifold of external and internal factors, burdened by obstetric-gynecological history - all this leads to the time that a woman has problems with uncontrolled urine outright (with coughing, sneezing, outraging), defecation and exhausting of gases from the intestine, the appearance of unpleasant signs of omission of the vagina and uterus, problems in intimate life [1-5]. The main reason is the weakening of the muscles of the abdominal region and the pelvic cavity and / or severe physical work, lifting weights. Weded injuries, a large number of births, tumor changes, obesity, severe physical exertion, age-related changes in the body [1-5]. Depending on the course of the disease, only the front wall

of the vagina can drop, only the rear and / or both together. Most often, the omission of the anterior vaginal wall occurs, which entails the omission of the bladder along with the urethra. The omission of the rear vaginal wall is dangerous by the omitting and loss of the rectum [6-9]. All this not only reduces the health level of the woman, but the opposite affects her psyche and vital activity. Patients, often, are shy to contact a doctor with existing problems, trying to correct the problems themselves. In many cases, this does not bring success and appeal to a specialist becomes late, in which conservative treatment can no longer be able to help them and alternative becomes surgical treatment. But at the initial stages of the disease and existing pathological changes, there are still adequate effective methods, methods and means, competently using which, under the supervision of specialists, can be achieved by stealing remission and healing [6-9].

### **Aim of the work**

To present the features of a number of methods of therapeutic physical culture and exercises of special health-improving gymnastics, which are used as a means of physical rehabilitation of patients in the initial stages of genital prolapse and urinary incontinence in women, in the early stages of this pathology.

### **Material and Methods**

When writing this article, methods such as a literary-critical review of available sources of information on the issue under study were used; the method of pedagogical experiment, when conducting practical classes in therapeutic physical culture (TPC) and the use

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of special exercises of medical and recovery gymnastics (SMRG), used in the case of restorative treatment, in the initial stages of genital prolapse and urinary incontinence in women.

## Result and Discussion

In this article, I would like to dwell on theoretical and, mostly on the practical aspects of the application of a number of copyright techniques of therapeutic physical culture and a number of methods of special medical and recovery gymnastics [1; 5; 6; 10]. In order to strengthen the muscular-fascial apparatus of the pelvic floor and the crotch, the complexes of the exhibition of the TPC are most often used. DN Atabekov (1949) [1; 10]. Under the direction of D.N. Atabekov has developed a complex of gymnastic exercises for training muscles of the perineum and pelvic bottom, based on the etiopathogenesis of the disease, considered from the standpoint of a holistic organism. Classes are carried out every other day, on average 1-2 months. Session duration from 15 to 45 min. Session duration from 15 to 45 min. Loads are strictly individual and are carried out under medical control [1; 10]. It should be noted that these complexes also include exercises for the strengthening of direct and oblique muscles of the abdomen, lumbosacral departments, hips and the berium area [1; 10]. These muscle groups are also directly involved in the pathological process of the weakness of the pelvic floor, the incontinence of urine and the formative prolapse of the organs of the small pelvis. Therefore, it is necessary to include physical exercises for these muscle groups into a complex of reducing treatment measures [1; 10]. In 1983, Professor V.A. Epifanov, developing and modifying the TPC and SMPG complex, together with Professor F.A. Yunusov, offered their own version of the TPC and SMPG to solve the problems of strengthening the pelvic bottom and improving the dynamics of treatment and installing remission in patients with urine incontinence and initial manifestations of pelvic organs. At the heart of the proposed complex of therapeutic gymnastics, they included isometric exercises for the muscles of the pelvic bottom, which are carried out on an inclined plane at an angle of 30° [1; 5]. The technique of the TPC and SMPG complex is differentiated depending on the severity of the disease, the omission of internal genital organs, as well as related diseases of the internal organs. When performing physical exercises, various initial positions are used, depending on the severity and form of the disease of the treatment period - the knee-elbow, the knee-wicked, lying on the back [1; 5].

According to the analysis of special literature, with the rehabilitation of this group of patients, the focus is on the operational treatment of the prolapse of the internal female genital organs, with the plastic of the muscles of the pelvic bottom, the vagina. The problem of the genital prolapse does not carry the patient's life threats, but leads to social disadvantages, reducing the quality of life, disability [1; 2]. At the same time, when studying the available scientific literature on the issue of physical rehabilitation, when the pelvic authorities are omitted, we have not found a large number of research on the study of physical rehabilitation issues at various

degrees of omission of the vagina walls in women of reproductive age. The same, which are presented, have a practical orientation and deserve close attention of specialists of the rehabilitation treatment of this group of patients [2; 3; 7; 9].

For the study, a group of 112 patients was selected (n = 112), with reliably the same gynecological pathology. The study was conducted in the context of the female consultation and the gynecological branch of the sanatorium-pretender. The average age of patients in the group under study was not significantly different and was  $31.4 \pm 2.3$  years. All patients, after pre-acquaintance with their medical records, were clinical and advanced gynecological examination, ultrasound (USG). The composition of the proposed, comprehensive physical rehabilitation program, such methods and means of physical rehabilitation were included: TPC, Kegel's exercises, vombilding, gynecological massage, phytball [1; 4-6; 10-12]. According to anamnesis, all women are observed about this pathology from 3 to 5 ( $4.1 \pm 0.9$ ) years ( $p > 0.05$ ). The omission of the vagina I-II degree in 34 patients was associated with repeated childbirth (33.33%). In 89, the history was generated by large fruit and the presence of multiple pregnancy. In all, 100% of patients, was a generic injury - the gaps of the vagina and the perineum of the II-III degree, perineotomy and lateral episiotomy. Heavy physical work is analogically recorded in 107 patients. Heavy physical work is analogically recorded in 109 patients. The combination of 2-4 factors was recorded in 108. In 97, the patients had clinically manifestations of cysto-urethrocep (omiticcate of the bladder and the displacement of the ureter) with phenomena of urine incontinence during cough, sneezing, straining, lifting heavy objects and omitting the front wall of the vagina. In 82 patients, we recorded the initial manifestations of the Restanto (incontinence of gases and carts), with the phenomena of omitting the rear wall of the vagina.

Patients, in the process of proposed rehabilitation activities, passed 15 sessions of the gynecological massage [1]. When it was determined by the existing individual pathological changes (the degree of omission of the walls of the vagina, their mobility, elasticity, the position of the uterus and the appendages and the ligament apparatus in the cavity of the small pelvis, the presence of adhesions, scar, and other pathological changes) [1]. In 75 patients (41.67%), I was diagnosed with the degree of omission of the vagina - the omission of the front wall of the vagina, the rear or both at once. In all cases, the walls do not go beyond the area of entering the vagina, in 23 patients - II degree of omission of the vagina. In 17 patients, I was diagnosed to the degree of the uterus prolapse, in which they marked some bodies of the bodies of the uterus of the book, but the neck is in the vagina.

In the group, in patients with the omission of the vagina, in addition to the main moments of the gynecological massage, attention was paid to the additional massage of the perineum and the lumbar-sacral zone. In the period between the procedures of the gynecological massage, the patients performed a cycle of special

exercise, attributed to strengthening the muscles of the vagina – Vombilding / VCM (Vaginal-controlled muscles), according to the method of V.L. Mooranivsky [1].

In the group of patients with the I degree of omission of the vagina, exercise sessions were added according to the method of A. Kegel, to strengthen the muscles of the pelvic bottom [1; 11; 12]. We, in the rehabilitation complex also used SMPG by F.A. Yunusov (1985). SMPG, too, helps strengthen the muscles of the pelvic dna, lumbosacral region and abdomen [1; 5,]. The effectiveness of the gymnastics in the initial stage of the disease is particularly high, when the omission of the vagina is not accompanied by the omission of the internal organs (in particular, the uterus) [1; 5]. The most favorable initial positions for this pathology are standing in the knee-cycular position and lying on the back. Exercises on phytball were carried out in the Hall of LFC every day [1; 5]. Exercises were held in the morning. The duration of the occupation is from 30 to 45 minutes, with the focus of classes to strengthen the muscles of the pelvic bottom, the perineum, hollow, buttocks, the lumbar-sacrive department [1; 5].

3 months after the end of the study on the use of a complex of physical rehabilitation methods, the patient survey was able to establish that in 67 patients improved intimate life due to strengthening the muscles of the pelvic bottom and intimate muscles of the vagina. In 26 patients significantly improved the indicators of regulation and control of the urine and gas separation. The patients learned to control urination and defecation, the extension of gases.

After 6 months of regular fulfillment of the proposed methods of physical rehabilitation and self-fulfillment of exercises, the following changes in the level of reproductive health in patients who participated in the study were reliably fixed - Improving the quality of sexual life is noted 102 patients, a significant improvement in the ability to control urine, defecation and gases are noted in 99 patients. In 103 patients, the indicators of intimate life, urine dishellion, feces and gases improved, but not enough. They associate it with the irregularity of the proposed rehabilitation complex.

## Conclusion

1. As a result of all of the foregoing, it can be argued that the regular execution of this rehabilitation complex with patients (at least 3-4 times a week) is aimed at improving the quality of reproductive health, including the intimate life of patients.
2. This complex of physical rehabilitation methods can be proposed to practical use on the outpatient and polyclinic and sanatorium-resort stages of rehabilitation in patients of reproductive age with manifestations of the omission of the vaginal walls [10-12].

## Conflict of Interest

I have no conflict of interest.

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