ABSTRACT BOOK

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unsatisfactory – in 33.3%; after symptomatic operations, good results were obtained in 8,9%, satisfactory – in 62,2% and unsatisfactory – in 28,9% in terms of 1 to 7 years after the operation. Unsatisfactory results of surgical treatment in patients with draining and symptomatic operations were due to the fact that a part of fibrous tissue remained, and persistent pain syndrome was temporarily eliminated, the CP progressed. Therefore, these patients (17) were re-hospitalized in therapeutic and surgical hospitals. The reasons for re-hospitalization were persistent pain syndrome, dyspeptic syndrome, caused by the continued use of alcohol by patients and the refusal to accept enzyme drugs for substitution therapy.
Conclusions. Thus, the conducted analysis of the quality of life with the help of the developed mathematical model allowed substantiating the use of resection and resection-draining techniques of surgical interventions for complicated forms of CP.

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THE USE OF RECTOSACROPEXY IN SURGICAL TREATMENT OF RECTAL PROLAPSE

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Introduction. Archoptosis is an important problem of coloproctology and is a serious disease for a patient. Prolapse of a straight intense through anus makes its evacuation problematic, leads to anorectal incontinence, which in its turn immensely influences the social and labor adaptation (Voinov M.A., 2013).
Dr. Hoore and his colleges (in 2004) proposed the method of straight intense fixation – rectosacropexy that showed good functional results. The aim of the research was to study the rectosacropexy usage in patients with straight intense prolapse.
Materials and methods. Today 32 patients operated on the rectal prolapse in 2010-2015 are in the research. The average age of the patients – 43,6±7,8 years. Among them women (78,125%), men – 7(21,875%). The research includes patients with inner and outer prolapse. Anal incompetence has been tested through the adopted in clinic classification. Evaluation of motor skills of a small gut has been made with the x-Ray control of small gut follow-through. Anal incompetence has been tested with the methods of sphincterometry and profilometry. Evaluation of pelvic floor muscle function has been made through defecography with registration of gut position relative to pubococcygeus muscle (PC). Volition action shift, residual volume and time of evacuation have also been tested. Descending perineum has been diagnosed with registration of gut stasis 2,9 ± 0,9 cm. and more. Lower then PC muscle or with its shift to 6 cm. and more with straining. Decompensation of pelvic floor muscle function was shifting in anorectal area with straining less then 1,2±0,4 см (Zarodnyuk I.V. and Co., 2005).
Results of research. All the patients have been operated with the rectosacropexy method. The peculiar feature of this operation is mobilization of straight intestine without transaction of side straight intestine ligaments.

A synthetic implant is sewed by 3-4 sutures to front wall of straight intestine. The average time of post operational monitoring was 36,2±9,5 months.
Motion and evacuation function, evaluated by the method of gastrointestinal transit showed improvement on 17,5±3,5 sec. There have been no recidive found after the operation. Patients polling using the Cleveland scale (Aitola P.T., and Co., 1999) showed the increase in anal continence to 3,4±1,2 points in 6-12 months after operation.
Conclusions. 1. Rectosacropexy is an effective method of treatment for rectal prolapse. 2. Rectosacropexy doesn't lead to slowing of straight intestine transit.

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THE VEIN-OCCLUSIVE FORM OF ERECTILE DYSFUNCTION CORRECTION IN MEN WITH BILATERAL VARICOCELE

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Introduction. The ED nowadays occurs more and more in young or middle aged men. "Varicocele is associated with erectile dysfunction: a population-based case-control study" by Keller JJ, Chen YK, Lin HC proves the connection between varicocele and erectile dysfunction. Most authors explain the link between ED and low testosterone level varicocele "Low plasma testosterone in varicocele patients with impotence and male infertility" Younes AK. But in the course of clinical observations of patients with varicocele in conjunction with erectile dysfunction in the Kharkiv Regional Clinical Center of Urology and Nephrology named by V.I. Shapoval (KhRCCUN) is not revealed a significant reduction of testosterone in the blood. It makes a closer look at the problem of pathological venous shunt as a cause of erectile dysfunction in varicocele. In ED caused by abnormal venous discharge significant outflow of venous blood in pathological shunt (via the great saphenous vein, dorsal or enlarged cavernous veins) takes place, which makes it impossible to maintain an erection at the proper level (to achieve orgasm in sexual partners). Given that the varicocele is also a manifestation of pathology veins due to abnormal flow of blood can be assumed to innate predisposition to ectopic veins and insufficiency genitalia in patients with comorbid ED and varicocele.
Materials and methods. On the basis of the KhRCCUN conducted a comprehensive examination and treatment of 67 patients suffering from ED veno-occlusive form and bilateral varicocele. The average patient age is of 38.4 + 4.6 years. This ED form is diagnosed by medical history and by ultrasound of the scrotum and penis in the Doppler mode. Patients underwent surgical treatment: bilateral operation of Marmar with ligation of the veins (pathological shunts) coming from the penis to the spermatic cord.
Results of research. The efficiency of surgical treatment: subjective (questionnaires on IIEF) - 85.3%, the objective - the absence of venous shunt on Doppler US - 94%.
Conclusions. 1) Both sided varicocele in young men with erectile problems is a marker and one of the reasons of veno-occlusive form of ED. 2) Modified (with ligation of