

Clinical Application of Uterine Fibroid Removal in Gynecology

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Abstract: Objective: To explore the effect and method of Uterine fibroid in gynecology. Methods: Retrospective analysis was carried out on the patients with Uterine fibroid admitted to our hospital from February 2021 to November 2022. Forty patients were selected for clinical efficacy observation. Forty patients were randomly divided into an experimental group and a control group, each of which had 20 patients. The control group used conventional open surgery for Uterine fibroid, and the experimental group used Uterine fibroid removal. The basic conditions of patients in the two experimental groups were compared. Result: The average surgical time for patients in the control group was 74 minutes, while the average surgical time for patients in the experimental group was 98 minutes; The average intraoperative bleeding in the control group was 249 milliliters, while the average intraoperative bleeding in the experimental group was 173 milliliters; The average anal exhaust time of the control group patients was 74 hours, while the average anal exhaust time of the experimental group patients was 26 hours; The average hospital stay in the control group was 6 days, while the average hospital stay in the experimental group was 3 days. The difference between the two was statistically significant ($P < 0.05$). Conclusion: Uterine fibroid has a good effect in gynecological clinical application. This kind of surgical treatment can effectively improve the surgical condition of patients and avoid a series of complications after surgery. Therefore, it is necessary to promote its treatment to gynecological clinical application.

Keywords: Uterine Fibroid; Gynecology; Clinical Application

Introduction

Uterine fibroid is a common gynecological disease in clinic, and with the improvement of people's living standards in China, the diet habits will change greatly, which makes the incidence rate of the disease continue to increase. Patients with Uterine fibroid will have abdominal mass, increased menstruation and other symptoms. If they are not controlled and treated in time, they will have problems such as sarcoidosis, and even submucosal fibroids. Routine surgical treatment and drug treatment are the main methods of uterine treatment. Although the effect of routine Hysterectomy is relatively significant, the patients' acceptance of this operation will be relatively poor. The use of Uterine fibroid can allow patients to receive treatment of Uterine fibroid while preserving their uterus. Therefore, this article mainly explores the value of Uterine fibroid in gynecological clinical use, and now its report is as follows.

1. Experimental Data and Methods

1.1 Experimental data

From February 2021 to November 2022, the patients with Uterine fibroid admitted to a hospital in China were tested. A double-blind method was used to select 40 patients from them, and 40 patients were divided into an experimental group and a control group, with 20 patients in each group. Among them, the minimum age of patients in the control group is 23 years old, the maximum age is 52 years old, and the overall average age is 36 years old. Location of fibroids: 3 cases of anterior wall disease, 7 cases of posterior wall disease, and 10 cases of uterine floor disease; The minimum age of patients in the experimental group is 22 years old, the maximum age is 49 years old, and the overall average age is 35 years old. Location of fibroids: 5 cases of anterior wall disease, 8 cases of posterior wall disease, and 6 cases of uterine floor disease; There was

no statistically significant difference in the general data comparison between the two experimental groups ($P>0.05$).

1.2 Experimental Methods

The control group of patients used traditional surgical treatment methods and made various preparations before surgery.

In the experimental group, Uterine fibroid removal was performed, routine preoperative preparations were made, and patients' abdominal skin was sterilized with 10% active iodine, and the supine position was used as the surgical position. After epidural anesthesia, the abdominal wall of the patient is cut, and the incision is taken at and near the midline of the lower abdomen of the patient. Each layer of the abdominal wall is cut and separated. After entering the abdominal cavity, the patient's uterus, accessories, etc. are explored, and the patient's Uterine fibroid are checked for volume, quantity, etc. Observe whether there is adhesion, etc., use gauze and cotton pad to arrange and pad intestinal tubes, expose the surgical field of vision, hold the uterus out of the abdominal cavity, use Rubber band to wrap around and tighten it, block the blood supply of uterine blood vessels, and reduce the amount of bleeding during surgery. A corresponding amount of oxytocin can be injected around the fibroids of the patient. Typically, 20IU of oxytocin can be injected to reduce bleeding and contract the uterine muscle wall of the patient. At the position of the muscle layer above the patient's muscle nucleus, the uterine serous layer is longitudinally cut open, and a blunt separation operation is performed using fingers or rodent forceps. After removing the patient's muscle nucleus, the rubber tube needs to be loosened to check for bleeding points. The patient is then treated with absorbable suture 1 to stop bleeding and close the tumor cavity.

2. Results

The average surgical time, average intraoperative bleeding, average anal exhaust time, and average hospital stay of patients in the experimental group were better than those in the control group, with statistically significant differences ($P<0.05$), as shown in Table 1.

Table 1 Comparison of basic surgical conditions between two groups of patients

group	Number of cases	Average intraoperative bleeding volume (ml)	mean operative time (min)	Average anal exhaust time (h)	Average length of stay (d)
experimental group	20	173	98	26	3
control group	20	249	74	74	6
t		22.812	13.014	26.863	46.780
P		<0.05	<0.05	<0.05	<0.05

3. Conclusion

Uterine fibroid is a kind of Benign tumor formed by the proliferation of patients' uterine smooth muscle cells. It usually appears anywhere in the patient's uterus. After suffering from Uterine fibroid, patients will have symptoms such as Urinary retention, leukorrhea increase, abdominal mass, etc., which need timely control and treatment to avoid sarcoma transformation. It can be seen from clinical practice that the application of Uterine fibroid resection in gynecological clinic will effectively reduce patients' anal exhaust time, intraoperative bleeding, etc., and the hospital stay will be relatively less. Although this type of surgery takes a long time, it has less harm to the patient, faster gastrointestinal recovery, and does not cause more severe pain to the patient, making it highly safe. Uterine fibroid is to remove the myoma in patients, repair and reconstruct the cervix. Abdominal hysteroscopy can be used to remove Uterine fibroid. This type of surgery can preserve the patient's reproductive function, and the surgery is simple with minimal harm to the patient, protecting their self-esteem and meeting their physical and mental development needs. If the patient's Uterine fibroid is located in the lower part of the uterus or cervix, it may affect the fetal exposure to the pelvis or descent, which is very likely to lead to obstructive dystocia in pregnant women. Multiple Uterine fibroid, especially intramural fibroids, can easily cause adverse effects on patients'

Uterine contraction, which is also the main factor of pregnant women's Postpartum bleeding. In addition, symptoms such as intrauterine infection and late uterine bleeding are mainly caused by poor repair of patients' Uterine fibroid and poor drainage of lochia. Therefore, this type of surgery is a type of surgery with a wide range of clinical applications and high frequency in gynecology. When performing this surgical treatment, it is necessary to protect the patient's self-esteem and meet their physical and mental development needs. In addition, it is not allowed to use a rubber tube to ligate the patient's cervix for a long time during the surgical process. The time should be controlled within 30 minutes to prevent the formation of blood clots after surgery. If the patient's surgery takes a long time, they can relax for a period of time during the surgery and then undergo bundling and ligation. If the patient has a large surgical cross-section, it is necessary to make a hole in the patient's lateral abdominal wall and place the abdominal drainage tube inside.

Conclusion

To sum up, Uterine fibroid has a particularly important application value in gynecological clinical practice. Routine treatment can affect the physical and mental health of patients. Therefore, the use of Uterine fibroid can not only meet the patient's desire to retain the uterus, but also achieve the patient's fertility desire. In addition, Uterine fibroid has less bleeding, which can effectively shorten the time of anal exhaust, and the patient's hospital stay will be relatively short, so the overall surgical effect is good. Therefore, Uterine fibroid can be used in the clinical treatment of Uterine fibroid, and its recurrence rate will be relatively low, which is a particularly ideal treatment for Uterine fibroid.

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