

## PREVENTION OF PURULENT-SEPTIC COMPLICATIONS AFTER CAESAREAN SECTION

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**Abstract:** In recent years, the interest of scientists to the problem of development of postpartum purulent-septic complications in modern obstetrics. An important position is also occupied by the problems of antibiotic therapy of septic complications in the postpartum period in the context of increasing antibiotic resistance of infectious agents. This review presents data on the causes, risk factors for the development of septic complications in the postpartum period.

**Keywords:** caesarean section, World Health Organization, purulent-septic complications

The caesarean section has become the most common operation in obstetric practice today. This is due to the intensive development of perinatal obstetrics, the basic principle of which is to ensure the health of the mother, fetus and newborn, which in some cases requires quick and careful delivery. The frequency of caesarean section operations does not show a downward trend, on the contrary, it is growing almost everywhere, reaching 40-50% in hospitals of the third level and perinatal centers. At the same time, caesarean section remains an important risk factor for postpartum infectious complications, increasing them from 5 to 20 times.

According to the World Health Organization (WHO), about 150 thousand puerperas die every year from purulent-septic complications in the world. The most common and difficult to control pathology is peritonitis due to uterine suture failure.

The increasing frequency of operative delivery leads to a proportional increase in postoperative infectious diseases.

WHO experts note an increase in the frequency of bleeding during and after caesarean section, in comparison with vaginal delivery, in the range of 3 to 5 times.

A significant role in the perioperative prevention of purulent-septic complications is played by family planning and preconception preparation. It is necessary to restore the vaginal microbiocenosis before pregnancy planning. According to various authors, women with bacterial vaginosis are 3-4 times more likely to have preterm births, and 5-7 times more likely to have postpartum purulent-septic complications. Therefore, the importance of regulating the pH and biocenosis of the vagina is beyond doubt.

If we consider the situation with etiological factors, then we can argue about the increase in the proportion of microbial associations, the role of viruses and other pathogens, the transmission of which is carried out sexually. This leads to a worsening of the course and complicates the treatment of inflammatory diseases of the lower and upper parts of the urogenital system of women.

Much attention is paid to the identification of risk factors for purulent-septic complications. Traditionally, there are two risk groups: primary and secondary. To be included in the main risk group for purulent-septic complications, the following factors are taken into account: a long anhydrous period, prolonged labor, numerous vaginal examinations during childbirth, the use of an intrauterine sensor for cardiac monitoring. Additional risk factors include a history of stillbirth, fetal growth retardation, preterm birth, and a history of neonatal disease. Other risk factors include: low socioeconomic status, high colonization of the vagina by opportunistic flora during pregnancy, and anemia. Of the questionable risk

factors are important: multiple pregnancy, young age of the pregnant woman, prolonged induction of labor, obesity, meconium water.

To prevent postoperative purulent-inflammatory complications during abdominal delivery, antibiotic prophylaxis plays a significant role.

There is a lot of controversy regarding the duration of antibiotic prophylaxis. To date, most authors agree that antibiotic prophylaxis should be carried out once, maximum twice, since a single administration of an antibiotic is equivalent to a course of five-day antibiotic therapy. At the same time, there are followers of 3 and 5 day antibiotic prophylaxis, taking into account the woman's infectious risk. According to the results of studies by foreign authors, the advantages of a single injection of the drug over multiple doses have not been identified.

Perioperative antibiotic prophylaxis proved to be effective in reducing purulent-septic complications in obstetrics, and researchers from all over the world demonstrate this from year to year in their work. The conclusions of the works of domestic and foreign authors show a significant decrease in the frequency of postoperative endometritis with a single administration of antibiotics.

One of the topical issues is the choice and timing of drug administration. When choosing an antimicrobial, it is important to consider its sensitivity, safety not only in relation to the mother, but also to the fetus, as well as its effectiveness and acceptability. Regarding the timing of drug administration, in surgery, prophylactic administration of antibiotics should be given prior to skin incision. The essence of perioperative antibiotic prophylaxis is to achieve the maximum concentration of the antibiotic in the tissues until the moment of possible microbial contamination and maintain this level throughout the operation. In operative obstetrics, in contrast to general surgery, the benefit-risk ratio should always be assessed, since safety issues concern not only the mother, but also the fetus. That is why researchers do not come to a common opinion.

From the standpoint of classical perioperative antibiotic prophylaxis in surgery, the use of broad-spectrum antibiotics or a combination of antibiotics is considered irrational, since perioperative antibiotic prophylaxis should not be aimed at the destruction of all microorganisms, but at reducing their microbial contamination during surgery. On the other hand, according to some researchers, the optimal choice of the drug is to determine the sensitivity of the flora to antibiotics. In this case, the choice is given to a drug with a narrow spectrum of action for a minimal effect on the normal microflora of the body. Many foreign researchers recommend first-generation cephalosporins (cefazolin) or aminopenicillins (ampicillin) as the most optimal antibacterial drugs, since most endometritis pathogens are included in their spectrum of action. The urgency of the operation plays an important role in postoperative complications. Thus, emergency operations have a greater number of complications compared to elective operations.

The main prerequisites for good tissue regeneration in combination with a full-fledged scar are the provision of optimal blood supply conditions and a minimal inflammatory response. When applying traditional multi-row sutures, disturbances in the blood supply to the tissues of the lower segment of the uterus often occur. The use of an excessive amount of suture material in a limited area contributes to the activation of the inflammatory process.

The management of patients after caesarean section in the postoperative period, according to almost all authors, should be active: getting up early, in the first 12 hours after the end of the operation, the minimum prescription of narcotic and other medications, discharge from the hospital on 4-6 days.

Studies of the problem of reducing purulent-septic diseases after cesarean section are very numerous, sometimes contradictory, which dictates the need to continue research on this issue.

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