

ANALYSIS OF URINARY INCONTINENCE IN WOMEN

Satibaldiyeva Zebo Shuxratullayevna

Teacher, Kokand State Medical University Branch of Andijan

E-mail: zebosatibaldiyeva@gmail.com

Tel: +998(99)-250-90-96

Fayazov Fazliddin Fayazjanovich

Student, Kokand State Medical University

Branch of Andijan

Abstract:

In this presentation, the problem of urinary incontinence in women in Andijan region and Fergana region is analyzed. In the process of analysis, attention was paid to the causes, mechanisms, methods of treatment and statistical data. The problem also includes the opinion of society and recommendations. The main types of urinary incontinence, their diagnosis and treatment methods are covered in detail in the study. the social consequences are also studied. The importance of preventive measures, conservative and surgical interventions is emphasized in the solution of the problem.

Keywords: Urinary incontinence in women, types of urinary incontinence, urinary tract infection, menopause, urinary incontinence, treatment methods for urinary incontinence, urinary system hygiene for women.

Introduction

Urinary incontinence is the uncontrolled leakage of urine from the urinary tract. This disease negatively affects the level of comfort of a person's life. Impaired quality of life leads to the development of stress disorders and social adaptation. According to statistics, 40% of women suffer from urinary incontinence. Symptoms of the disease most often appear after the age of 40. There are the following types of urinary incontinence:

stress incontinence - the release of a small amount of urine due to increased intra-abdominal pressure (during laughter, coughing or sneezing);

imperative (urgent) incontinence - the release of a certain amount of urine due to a very strong desire to urinate, which a person cannot resist;

combined urinary incontinence - this type combines the symptoms of both stress and urge incontinence;

enuresis - involuntary urination during sleep;

extraurethral urinary incontinence - associated with congenital or acquired defects of the urethra.



Causes of urinary incontinence. There are certain risk factors that affect the development of urinary incontinence in women:

genetic predisposition;

diabetes mellitus: the disease leads to vascular changes in all organs, including the genitourinary system;

neurological diseases (stroke, heart attack, etc.);

hormonal imbalances (excess estrogen affects functional changes in the membranes of the genitourinary system and can provoke the disease);

age category (women over 40 years old).

postpartum trauma to the genitals.

Diagnosis of the disease. To correctly diagnose urinary incontinence, you should seek help from a gynecologist. The doctor will conduct an examination and prescribe the necessary tests.

Diagnostics includes the following measures: Examination by a specialist. Collection of anamnesis and complaints. The doctor prescribes keeping a special urination diary, which indicates the volume and number of urinations per day.

Gynecological examination (examination of the anatomical structures of the female reproductive system).

Cough test. The examination is carried out with a full bladder. The woman should cough or strain. If urination occurs after coughing, the test is considered positive.

Uroflowmetry (a urodynamic diagnostic method that involves measuring urine flow). This is performed strictly with a full bladder using a special device, a uroflowmeter.

Cystoscopy (examination of the bladder surface).

Ultrasound (necessary for a more accurate visual examination). A combined urodynamic study is necessary to determine the cause of urinary retention.

Laboratory studies creatinine, urea - to assess the state of kidney function;

general urinalysis; blood test to determine the level of glycated hemoglobin;

smear for flora; Cervical cytology.

Conclusions and Recommendations

1. Currently, non-drug, drug and surgical methods are used to treat urinary incontinence. Non-drug methods include behavioral therapy. These are special bladder training, which involves visiting the toilet according to a specific schedule. It is recommended to visit the toilet every hour or two during the day, and every week it is recommended to increase the time between visits by 15-30 minutes.

2. can lead to a gradual reduction in the manifestations of the disease. The patient begins to control the number of visits to the toilet, as a result of which the volume of the bladder gradually increases. The goal of this therapy is to try to avoid urination for as long as possible.

3. Any methods that suppress the urge to go to the toilet (lying down, sitting) are used. The longer you delay going to the toilet, the more the bladder stretches. To strengthen the pelvic floor muscles, specially designed exercise regimens are used that restore the smooth muscles



of the pelvic floor. This type of exercise gives positive results and helps recovery. The introduction of hyaluronic acid-based preparations (fillers) under the urethra has proven effective.

4. Surgical treatment is recommended for patients whose conservative methods have proven ineffective. Currently, the most common surgical method is the TVT ring (special vaginal sling). This type of surgery is considered the gold standard in the treatment of urinary incontinence. A special sling is used as a support under the neck of the bladder and urethra and is used to prevent urine leakage.

5. Special vaginal technique is performed under local anesthesia. The doctor makes a small incision in the skin of the anterior wall of the vagina. A special vaginal sling is inserted under the middle of the urethra, and needles are removed through incisions in the abdominal cavity.

References

- 1.Пушкаръ Д. Ю., Диагностика и лечение сложных и комбинированных форм недержания мочи у женщин. Автореф. дис. док. мед.н аук. М., 1996
2. Bahadirovich R. B. SOCIO-ECONOMIC ASPECTS OF WOMEN'S DOMESTIC SERVICE MIGRATION.
3. Урогенитальные инфекции и женьшень(V.I.Kisina, K.I.Zabirov)
- 4.Bahadirovich, Rabiev Bobomurod. "Experience of Foreign Countries in the Prevention of Divorces." Central Asian Journal of Social Sciences and History 4.3 (2023): 80-86.
- 5.Гопиров М.О., Изменения Занятости В Автомобильной Промышленности Австралии/ "Экономика И Социум" №12(127) 2024 Wwww.Iupr.Ru
- 6.Abduvalieva, Z. L. "Some Geographical Aspects and Prospects of Development of Sanatoriums in Uzbekistan." Экономика и социум 11-2 (102) (2022): 28-34.
- 7.Abduvalieva Z. L. HISTORICAL AND GEOGRAPHICAL ASPECTS OF THE DEVELOPMENT OF BALNEOLOGICAL RESORTS //Экономика и социум. – 2022. – №. 11-2 (102). – С. 18-27.
8. Лоран О. Б. Эпидемиология, этиология, патогенез, диагностика недержания мочи // Материалы пленума правления Рос. Общества урологов. — М., 2001. — С. 21–41.

