After the course of treatment, the following results were obtained: in patients of the main group, the endometrial thickness was not significantly different from the control group and was 11,88±1,11 vs 13,49±0,69 mm. In one case the patient with primary oligomenorrhea in puberty at the end of treatment, the endometrium remained thin (8,9 mm) at baseline to 4,0 mm.

In patients of the main group during the second study of blood flow in uterine arteries, a decrease of RI to 0,73±0,06 ed., and it did not differ significantly from patients in the control group.

Conclusion. When holding of hirudotherapy in patients of reproductive age with primary oligomenorrhea in puberty revealed a significant decrease of resistance index in the uterine artery and increasing the thickness of the endometrium, indicating that the efficiency of hirudotherapy.

Literature

1. Baskov I. P., isakhanyan, G. S. Hirudotherapy: science and practice. M.: IPP "Grif I K, 2004. 508 c.

2. Zhernov V. A., Arsenin S. V., Stylewe O. A., etc. Hirudotherapy in gynecology // Nauchn.-pract. Conf. "Trad. treatment methods in gerontology". M.29-30.05 2001 G. C. 90.

3. Reproductive function in women with primary oligomenorrhea in puberty / T. S. Bystritskaya, D. C. Lysiak, K. Yu. Stokoz // Amur medical journal. 2016. No. 1. S. 70-73.

4. Savinov V. A. Clinical hirudotherapy. – Bryansk: Publishing house of the Foundation them. St. blgv. KN.Oleg Bryansk-"Cyrillic", 2002. 440 c.

5. Seyidov L. A. Molekuljarno-biological bases of regulation of implantation / L. A. Seidova, K. A. Yavorovsky // Questions of gynecology, obstetrics and Perinatology. 2010. Vol. 9, No. 3. pp. 79-83.

DOI:10.22448/AMJ.2016.15-16.108-109

UDC 619:617 DOI

OUTPATIENT ANESTHESIA FOR TRANSVAGINAL PARACENTESIS OF OVARY

Stukalov A.A., Khamula N.M., Loginova N.A.

Amur State Medical Academy, Blagoveshchensk, Russia, Autonomous Public Health Care Institution Amur Regional Clinical Hospital, Blagoveshchensk, Russia

Introduction Outpatient interventions despite the simplicity and short duration are still complex and require the utmost care and commitment to prevention and early intensive therapy of possible complications. Transvaginal paracentesis of ovary (TPO), carried out with the purpose of oocyte retrieval for in vitro fertilization (IVF) of women, is an outpatient operation under general anesthesia, but with minimal trauma. However, the introduction of a needle into the ovaries requires surgical stage of anesthesia. Anesthesia in the outpatient setting along with many advantages has drawbacks. The complication of using general anesthesia in the outpatient setting is that none of the common anesthetics (inhalation and not inhalation) meets the requirements for anesthesia in the outpatient setting and for individual differences in ambulatory patients.

The objective of the work. Carrying out analysis of anesthetic supports for TPO. Identifying the degree of safety of outpatient anesthesia during these procedures and ways to improve it.

Material and methods. In 2013-2016, 260 anesthetic cares were held when performing paracentesis of ovary for the purpose of oocyte retrieval for in vitro fertilization. All women were prepared in pre-anesthesia period in general accepted scheme of an outpatient. For security purposes, in the initial inspection and selection for ambulatory anesthesia, the anesthesiologist must assess the status of the patient; determine the degree of anesthetic risk. To speed up this task it was suggested to the patient to fill out a survey card developed by the outpatient. Along with an informed consent to general anesthesia, it will greatly reduce the risk of anesthesia care and will protect from errors of the anesthesiologist. As a rule, all women were 28-42 years old, had complicated reproductive histories, have had 3-5 general anesthetic cares. They did not have any serious body diseases; all patients had uncomplicated allergic anamnesis. Anesthesia without premedication was performed with propofol against constant oxygen therapy with FiO2 30-40%. Operations were carried out in the deployed operation room equipped and prepared according to generally accepted requirements. Controllability of anesthesia was assessed by time: 1.from the start of injection of propofol until loss of consciousness; 2. from the moment of cessation of administrating hypnotics before opening eyes; 3. from the moment of cessation of administrating hypnotics prior to the execution of commands. According to these stages indications of hemodynamics and respiration were studied.

Outcomes. Induction time was 1-1.5 minutes later propofol was bolus administered 30-20 mg, at that they observed decreased blood pressure by 10-15% of baseline, heart rate fell at 15-18 per minute. Total doses to surgery were 300-550 mg. Hemodynamic parameters during anesthesia operations were rather stabile, but blood pressure was in close relationship to the rate of administrating propofol (previve). Spontaneous breathing on the background of constant oxygen therapy 2-3 l / minute did not suffer. The oxygen saturation was at 100-99%. The duration of surgery was within 17 to 22 minutes. The patients woke up for 3-5 minutes with no signs of amnesia. Within 2 hours after anesthetic care women were observed in the post anesthetic chamber,

expressed postanesthetic sleep was not observed. In addition, the phenomena of amnesia and cognitive impairment were not observed.

Conclusion. Safety of outpatient anesthesia depends on the quality of the technical and medical components of general anesthesia and the anesthetic readiness of the group to possible complications of general anesthesia – hypotension and respiratory depression.

Summary: the objective of this study was to analyze 260 anesthetic cares when transvaginal paracentesis of ovary. Advantages of general anesthesia with propofol (provive, India) were revealed as the most safe anesthetic at transvaginal paracentesis of ovary.

Key words: general anesthesia, propofol, transvaginal paracentesis of ovary.

Literature

1. Ushakov I. L., Lazarev A. P., Derevets E. V., et al. Quality and safety of anesthesia. Materials of the XXII international conference "Reproductive technologies today and tomorrow", Gelendzhik, 2012, p.p. 88-89.

2. Sabinina T.S., Alekseev F.I. et al. Legal reasoning of anesthesiological preoperative examination. The materials of the XXV jubilee international conference "Reproductive technologies today and tomorrow", Sochi, 2015, p.p. 144-147.

3. Ushakov I.L., Menshikov D.V.. Evaluation of effectiveness of analgesia after transvaginal paracentesis of ovary. Materials of XXV jubilee international conference "Reproductive technologies today and tomorrow", Sochi, 2015, p.p. 147-149.

DOI :10.22448/AMJ.2016.15-16.109-111 **UDC 619:617**

PRECLINICAI TECHNOLOGY FOR DOCTORS BY SPECIALITY ANESTHESIOLOGY-CRITICAL CARE MEDICINE

Stukalov A.A., Khodus S.V., Kolechkina E.A.

Amur State Medical Academy, Blagoveshchensk, Russia

Abstract Safety of the practice of a physician anesthesiologist-resuscitator is based on his training in the simulation center on the development of manipulative actions on the simulators of the latest generation with complete anatomical and physiological match to a living organism. It allows you to minimize the likelihood of iatrogenic complications for patients in critical condition.

Key words: anesthesiology-critical care medicine, simulation technology, reduction of iatrogenia.

Introduction. Modern physician anesthesiologist is not the one who conducts anesthesia during surgery, and those who "prosthetic" any vital function (respiration, circulation, homeostasis). And this is due to manipulative actions of the doctor. Their development is highly iatrogenic and, fortunately, that there are techniques that help to do these manipulations with minimal risk to patients. Skills in the structure of clinical experience to date is considered the basis for the qualifying characteristics of the doctor. In other words, professional qualifications of anesthesiologist-resuscitator of course implies that the consistency manipulation. Methods of teaching adopted in various institutions of post-diploma training of physicians, may differ from one another with regard to obtaining specialist skills. For the most part these differences relate to the elements of time methodical guidelines for using of simulation methods of training and various equipment of the educational institutions.

Material and methods. The appearance at the University last generation simulators robots within the simulation-equip created attestation center changes the whole system of training practitioner Anesthetist. For a simulation of the robot in some clinical scenarios, you need to write your story. In our opinion, if the briefing did not specify the anatomical and physiological features of the simulation of the robot, the students can then feel more confident in the treatment of a robot than a live patient. It is worth noting that technical progress will most likely allow you to create close to the original model of the simulator without noticeable sketchy in the manifestations of life with the perfect software. This can happen in the coming years, provided the demand of simulation teaching methods in medicine. Up to now the development of simulation models applicable in anesthesiology and critical care medicine, was developed in a conservative way. For almost four decades schematic mannequins certainly and successfully used and are used at all stages of training of specialists of different specialties, indicating the adequacy of their technological level the nature of use. In our Department, located in the departmental structure of the institution of postgraduate training of physicians, has always paid special attention to training of specialists in the treatment of critical conditions and equipment of the educational process. So, mannequins for resuscitation training firms "Ambu" and "Laerdal", used at the Department since the early 80's, and only now there were multi-robot simulators Gaumard company. The emergence of such robots with appropriate control shell can rightfully be described as an event of innovation, requires adequate correction of training programs.

To determine where simulation techniques in the structure of the renewed primary mastering manipulative skills, we found it necessary to determine the phasing of training, and then, with the equipment of each