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Chairperson/s: Pavel Calda 🛌, Irene Cetin 💵 Sabooh Alomari Should we screen for and treat thrombophilias in women with adverse pregnancy outcome? Alexandra Epishkina-Minina = Gestational diabetes mellitus: early prediction capabilities Ivka Djaković TPregnancy in adolescents Krissada Tomyabatra = Antenatal Care Health Education Intervened by Social Networking on Mobile Phone Compared With Usual Care to Improve Maternal and Neonatal Outcomes: Randomized Controlled Trial Mikhail Schneiderman = Innovation model of obstetrical pessary - treatment and preventtion of cervical insufficiency and habitual abortion Gamze Fiskin March The Relationship Between Dyadic Adjustment and Prenatal Attachment in Pregnant Women

Room Salzburg Oral Presentation

Gynecological Surgery

Chairperson/s: George Creatsas : , Michelle Nisolle

Ivan Fistonić ≥ Outcome prediction model in Erbium YAG laser SMOOTH® treatment of stress urinary incontinence

Friedrich Gill = HIFU (High-intensity focused ultrasound) ablation for uterine fibroids: an IDEAL prospective exploration study

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INNOVATION MODEL OF OBSTETRICAL PESSARY - TREATMENT AND PREVENTTION OF CERVICAL INSUFFICIENCY AND HABITUAL ABORTION

Mikhail Schneiderman - Vitaly Yavelski - Marina Schneiderman -

Problem Statement: Cervical insufficiency is one of the most common reasons for preterm labor. Obstetrical pessary can be used as a mean of efficient. The study of variety of pessaries available on the market revealed a number of faults in their construction and possible complications from their use.

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Methods: A new model of obstetrical pessary designed by the authors is made of high quality silicone of determinated flexibility and density providing the optimal application of the pessary. The outstanding feature of the ring is availability of two or four symmetrical semicircular slots on the external surface of the ring and two or four bulges on the internal surface of the ring. Application of pessary is simple and painless.

Results: Research of new model of obstetrical pessary was conducted on a group of pregnant women (380 patients) with cervical insufficiency or history of habitual abortion and pregnancy of 14 to 37 weeks of gestation. All women' pregnancies were maintained. The advantages of the new model of the obstetrical pessary are as follows: 1. Adjunctive fixation of the pessary in the vagina due to the external slots (so the pessary would not move or drop out). 2. High comfort and ease of usage of the pessary during its insertion into the vagina. 3. Reduced risk of developing bedsores and ulcers of the vaginal mucosa due to minimal pessary contact with the vaginal wall. 4. Increase in outflow of the vaginal discharge. 5. Prevention of infections vaginitis due to antimicrobial coating of the pessary. 6. Allergic -free pessary. 7. Easy and painless removal of the pessary. 8. Presence of four buiges on the internal surface of the ring preventing cervical dilatation in case of cervical insufficiency during pregnancy. 9. Elimination of symptoms of stress urinary incontinence.

Conclusion: Application of the innovation model of obstetrical pessary considerably increases the chances of successful development of pregnancy in women with cervical insufficiency and habitual abortion. The optimal timing for use obstetrical pessary is from the 17 week of pregnancy to the 37th week of pregnancy with the subseguent removal of the pessary.