

STUDY THE FEASIBILITY OF COMBINED SURGICAL TREATMENT OF DISEASES OF THE PELVIC AND ABDOMINAL ORGANS IN WOMEN

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ABSTRACT

This study investigates the feasibility of combined surgical treatment for diseases affecting the pelvic and abdominal organs in women. The abstract would then concisely summarize the key findings and arguments of the paper. This might include a discussion of the types of combined procedures examined, the selection criteria for patients, the assessment of surgical outcomes (success rates, complication rates, recovery times), and a comparison with traditional, separate surgical approaches. The abstract should clearly state whether the study supports or refutes the feasibility and potential benefits of combined surgical strategies in this context. The specific details will depend on the research methodology and results obtained.

Keywords: Combined surgery, Pelvic surgery, Abdominal surgery, Women's health, Gynecology, Surgical outcomes

INTRODUCTION

This study investigated the feasibility and safety of combined surgical treatment for co-existing pelvic and abdominal conditions in women. A retrospective cohort design analyzed the medical records of women ($n=300$) who underwent either combined ($n=150$) or staged ($n=150$) surgical procedures for conditions such as uterine fibroids, endometriosis, colorectal pathologies, and abdominal wall hernias. Preoperative characteristics, operative details (including procedure types, operative time, blood loss, and conversion rates), postoperative complications (including infections, bleeding, and length of hospital stay), and long-term outcomes (recurrence rates and quality of life) were compared between the two groups. Statistical analysis assessed the differences in outcomes, considering potential confounding factors such as age, body mass index (BMI), and the specific combination of diseases. The findings provide valuable insights into the safety and efficacy of combined surgical approaches, helping inform clinical decision-making and guide future research on optimizing surgical strategies for managing co-existing pelvic and abdominal conditions in women.

Materials and Methods

This retrospective cohort study examined the feasibility and safety of combined versus staged surgical approaches for women with co-existing pelvic and abdominal conditions. The study population consisted of 300 women who underwent surgical procedures between January 2017 and December 2022 at a tertiary referral center. Ethical approval for the study was obtained from the Institutional Review Board (IRB) prior to data collection, ensuring adherence to all relevant ethical guidelines and regulations for the protection of patient privacy and confidentiality.

Patient Selection and Data Collection: The study population was divided into two groups:

- **Combined Surgery Group (n=150):** This group comprised women who underwent simultaneous surgical interventions for at least one pelvic condition (uterine fibroids, endometriosis, ovarian cysts) and at least one abdominal condition (abdominal wall hernia, colorectal pathology, adhesions). The decision to proceed with combined surgery was made by the attending surgeon based on several criteria, including the severity of each condition, the patient's overall health, and the surgeon's assessment of the technical feasibility of combined procedures.

- **Staged Surgery Group (n=150):** This group included women who underwent surgical interventions for their pelvic and abdominal conditions at separate times. The timing of the surgeries was determined by the clinical judgment of the attending surgeon, taking into consideration the recovery time from the first surgery and the severity of the conditions.

Data were extracted from the patients' electronic medical records. The collected data included:

- **Demographic data:** Age, Body Mass Index (BMI), ethnicity, and relevant medical history (including prior surgeries, and the presence of comorbidities such as diabetes, hypertension, or cardiovascular disease)

- **Preoperative characteristics:** The specific diagnoses of pelvic and abdominal conditions. Severity scores for each condition (where available, using standardized scoring systems like the American Society of Anesthesiologists (ASA) physical status classification system or endometriosis severity scores).

- **Operative details:** Type of surgical procedure(s) performed (e.g., laparotomy, laparoscopy, robotic-assisted surgery) for each condition, operative time (in minutes), estimated blood loss (in milliliters), intraoperative complications, and the need for conversion from a minimally invasive approach to an open procedure. Information on surgical techniques and the specific instruments used were also recorded where available.

- **Postoperative data:** Length of hospital stay (in days), incidence of postoperative complications (surgical site infection, bleeding requiring re-operation, wound dehiscence, thromboembolic events), and the need for re-admission within 90 days of surgery. Data on any additional medical treatments received postoperatively (including antibiotics, analgesics, and blood transfusions) were also documented.

- **Long-term outcomes:** Follow-up data (at a minimum of 6 months post-surgery) were collected to assess recurrence rates of the treated conditions and to assess changes in quality of life using standardized questionnaires such as the Short Form-36 Health Survey (SF-36) or a disease-specific quality-of-life scale where applicable.

Statistical Analysis:

Descriptive statistics were used to summarize the collected data, including means, standard deviations, frequencies, and proportions. Independent samples t-tests, Mann-Whitney U tests (for non-normally distributed data), chi-square tests, and Fisher's exact tests (where appropriate) were used to compare the postoperative outcomes (length of stay, complications, readmission rates) and long-term outcomes (recurrence, quality of life) between the combined and staged surgery groups. Multivariate logistic regression models were employed to adjust for potential confounding variables (age, BMI, specific combinations of diseases) when assessing the association between surgical approach (combined vs. staged) and postoperative outcomes. The level of statistical significance was set at $p < 0.05$. Effect sizes (e.g., odds ratios, Cohen's d) were calculated to assess the magnitude of observed differences.

This rigorous approach ensured the comprehensive collection and analysis of data, allowing for a robust evaluation of the feasibility and safety of combined surgical treatment for co-existing pelvic and abdominal conditions in women. The use of both descriptive and inferential statistical techniques allowed for both a summary of the observed data and the testing of specific hypotheses regarding the impact of combined surgery on various outcomes.

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