In recent years the number of genital prolapse has been increased as due to the increase in life expectancy and the increasing number of young women suffering from pelvic floor failure and prolapse of pelvic organ. The problem of distention of pelvic floor continues to be the focus of urologists, proctologists and other specialists. Due to it, reconstructive and plastic surgeries are quite common methods of surgical treatment of genital prolapse.

In most cases, at the patients during surgery for cyst and rectocele, there is a great amount of blood loss (on average 42% more than the norm). The cause of this condition is a varicose veins of pelvis (VVP), not diagnosed before surgery.

Objective: To establish the presence of varicose veins of pelvis in women who will be performed front and rear colporrhaphy, and to carry out the adequate preoperative preparation.

Materials and methods: We examined 24 women. Hereditary and reproductive histories of patients were studied. A general clinical examination for the detection of varicosity (VVP) of the lower limbs; pelvic exam, in which the presence and the degree of VVP were established were done. To all patients were held routine preoperative examination: general blood tests, urine tests, determination of the purity of the vaginal smear, biochemical studies of blood coagulation. Also, to all patients were done ultrasound examination of the vessels using color Doppler mapping. The measurements of the diameter of the veins of parametry, as well as a qualitative assessment of blood flow velocity curves in these vessels were performed. Surveyed were divided into 2 groups according to the results of Doppler mapping: 1st group - 12 women with established VVP and received appropriate treatment before surgery. 2nd group - 12 women with established VVP without preoperative treatment. The control group consisted of 8 women without VVP surveyed voluntarily, who also faced a surgery for genital prolapse.

Results and discussions. All patients noted identical complaints under the act of defecation, frequent urination without dysuria, dyspareunia. An examination of the reproductive history showed that all patients who were applied for reconstructive surgery had in history 3 to 5 labors. First labors were advancing at the age of 17-18 years in 8 (33 %) patients. Fetal weight at birth ranged from 3600.0 to 4600.0 grams. The ancestral venous anamnesis had been burdened in 20 (83%) women. Accompanying the varicose veins of the lower limbs was observed in 10 (42%) patients. During the ultrasound in women of major groups were found the following: extension of parametrium veins lumen (8 ± 0.4 mm ) in comparison to these parameters in the control group (4 ± 0.3 mm) , a change in blood flow velocity curves of parametrium veins - presence of pseudopulsations , a significant decrease of the resistance index in the left uterine artery: at the core group 0.56 ± 0.05, p < 0.001, control group 0.93 ± 0.02, p < 0.001.

For the treatment of varicose veins in recent years frequently prescribed drugs, which include Diosmin. One of such drugs is Phlebodia 600, made from a special type of green peel of immature oranges. The drug has vein- tonic action, anti-inflammatory, analgesic, angio-protection effects, affects the vascular
wall and normalizes hemostasis. For example, 1st group of women took the drug Phlebodia 600 2 tablets 3 times per day for 30 days prior to surgery, in the 2nd group of women had not received treatment.

Women with severe varicosity of the lower extremities also received drugs with local effects and tight bandaging of the legs.

To all patients were made ??front and rare plastic of the vagina, levatoroplastic and neoperineoplastic. Hemorrhage ranged from 250.0 to 350.0 ml during surgery in 2nd group, which was more than at the patients of 1st group - 150.0 - 200.0 ml. Blood loss was 150.0 - 180.0 ml in the control group during surgery. Such difference is connected with the presence of varicose veins of pelvis at the patients. However, further study of the diagnosis of varicose veins directly of the vaginal walls, as the main source of increased blood loss, for developing the tactics in the perioperative period for patients is still actual.

Conclusions:  
1. The presence of VVP promotes more intraoperative blood loss in the plastic surgery on vagina  
2. It is need to conduct an ultrasound examination of the vessels using color Doppler mapping ultrasound for the diagnosing of VVP to women admitting to the reconstructive surgery for cyst- and rectocele.  
3. Admission by women with VVP the drug Phlebodia 600 in the preoperative period leads to vein-tonic, angio-protective effect and helps to lower intraoperative blood loss.