

Comparative Assessment of the Quality of Life of Patients with Combined Primary Symptomatic Varicose Veins of the Lower Extremities, Inguinal Canal and Perineum During Pregnancy, Depending on the Methods of Treatment

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ABSTRACT

Chronic venous disease today is a common form of pathology among patients with cardiovascular diseases, especially in pregnant women. Solving the issue of maintaining the quality of life of women during pregnancy with venous pathology is a problem of today, which is especially relevant and not fully resolved.

Purpose

To conduct a comparative assessment of the quality of life of patients with combined primary symptomatic varicose veins of the lower extremities, inguinal canal and perineum during pregnancy, depending on the methods of treatment.

Materials and Methods of Research

The dynamics of quality of life from the method of treatment of combined primary symptomatic varicose veins of the lower extremities, perineum, inguinal canal during the gestational period were analyzed in 85 pregnant women. To assess the quality of life before and after treatment, the CIVIQ-20 questionnaire was used. The severity of the course of chronic vein disease was studied using the VCSS scale. deep), inguinal canal and perineum before and after treatment.

Results and Discussion

Pregnant women were divided into 3 groups depending on the method of treatment. Patients of the first group consisting of 25 (29.41%) pregnant women, 5 of whom completely refused treatment for one reason or another, 20 received treatment irregularly, not in full. Pregnant women of the second group consisting of 30 (35.29%) patients received conservative treatment in combination with compression therapy. The third group, 30 (35.29%) patients who agreed to open surgery, which was supplemented with compression therapy as needed. Treatment was carried out in 70.59% of patients in the 11-11th trimesters of pregnancy in the volume according to indications, depending on the trimester also at the request of patients. The main reason for seeking medical help, according to patients, was the deterioration in the quality of life. It was noted that there is a difference among the three groups of dynamics of the quality of life of patients, depending on the method of treatment. The most rapid, pronounced and stable improvement in the quality of life throughout pregnancy in all its parameters, according to patients, was recorded in 98.2% of pregnant women of the third group. In the second group, among 30 pregnant women, 45.3% of patients had an improvement in the quality of life, but 32.9% of pregnant women in this group had an unstable course in the direction of deterioration in the quality of life of patients during pregnancy, especially in the third trimester. In all 28 pregnant women of the first group, a deterioration in the quality of life relative to the initial period was recorded throughout the gestational period. Analyzing the effect of treatment methods on the quality of life and severity of chronic vein disease of pregnant women suffering from combined primary symptomatic progressive varicose veins of the lower extremities, perineum and inguinal canal, external genital organs, we came to the conclusion that qualitatively performed, according to patients, open surgical treatment of this pathology is the most effective and long-lasting in terms of positive results both during pregnancy and in the postpartum period. Thus, in the third group, quality of life indicators improved by 42.85% and the severity of chronic venous disease decreased by 69.59%. As for conservative treatment in the second group of patients, according to their subjective assessment, according to the CIVIQ-20 questionnaire and the VCSS scale, there was an improvement in quality of life indicators by 6.68%, respectively, and a decrease in the severity of chronic venous disease by 17.6%. Among 25 patients of the first group, there was a decrease in the deterioration of quality of life and severity of chronic venous disease by 3.2% and 33.63%, respectively.

Conclusions

Combined primary symptomatic progressive chronic varicose veins of the lower extremities, perineum, external genital organs of the inguinal canal refers to diseases with a progressive course that affect the course of pregnancy and quality of life.

The use of the CIVIQ-20 questionnaire and the VCSS disease clinical severity scale to study the effect on quality of life in pregnant women is as specific as possible for patients with chronic venous disease.

Adequate comprehensive treatment of patients of the third group, including open mini-surgical intervention in a planned manner with the consent of pregnant women with the simultaneous elimination of sources of pathological venous reflux (vertical and / or horizontal), with the removal of varicose conglomerates according to indications on the thigh and / or lower leg, leads to an improvement in quality of life by 42.85% and alleviates the severity of chronic venous disease by 69.59%

Traditional conservative complex treatment, including the use of phlebotropic drugs (local and/or combined use if necessary) with compression therapy (compression class 2) according to the CIVIQ-20 questionnaire and the VCSS scale, an improvement of these indicators was noted by 6.68% and 17.6%, respectively

The results of the quality of life study carry valuable additional information about the role of treatments for chronic venous insufficiency, which allows for improved understanding between the doctor and the patient in achieving the best treatment results.

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Entry

Chronic venous disease, today, is a common form of pathology among patients with cardiovascular diseases and is an unsolved problem of surgery. Eberhard Rabe, President of the International Union of Phlebologists, noted that chronic venous diseases are one of the main reasons for the decline in the quality of life and the development of disability [1]. This problem is especially relevant and not fully resolved, namely the preservation of the quality of life in women with venous pathology, especially during pregnancy. Pregnancy is a physiological state of a woman, during which hormonal, hemodynamic changes occur and continue in a woman's body throughout the entire period of pregnancy and in the postpartum period. During this period, problems of inherited and acquired defects from the venous system of the basin of the inferior vena cava are most often detected. In addition, each pregnant woman is special and individual in terms of both the structure of the venous system and its compensatory capabilities due to the formation of a collateral venous network for the outflow of venous blood from the venous system of the lower extremities to the inferior vena cava bypassing the venous outflow from the pregnant uterus. A particularly severe form of varicose veins of the saphenous veins during pregnancy is a combination of varicose veins of the basin of saphenous and non-saphenous veins. The progression of varicose veins of the lower extremities and perineum was noted in 25.5% - 53.7% of pregnant women. Among pregnant women giving birth for the first time and especially in the 3rd trimester, it occurs in 37.5%, and in repeated pregnancies – in 27.8% of patients [2,3]. Varicose veins of the lower extremities (saphene veins) are observed in 32% - 50% of pregnant women, and in more than half of pregnant women (60-80%) the disease occurs during pregnancy, accounting for 5.6% of all extragenital pathology during pregnancy [4-8]. Most often, during pregnancy, varicose veins undergo varicose transformation in the form of varicose veins, branches of large or small saphenous veins, less often trunks in a ratio of 3:1 and in 15% are found in combination. Only in 9.7% of cases the trunk of the saphenous veins is affected [9]. In 53.7% of pregnant women with varicose veins of the lower extremities, there is a progression of the disease during the gestational period and in the period between pregnancies. Varicose veins (non-saphene veins, i.e. veins of the iliac vein basin) of the

outer labia (large and/or small), perineum, inguinal canal occurs as an independent disease in 3.7-30% of patients, with bilateral lesions of the labia in 43.5% of pregnant women, left-sided in 27% of pregnant women and right-sided in 29.5% of patients.

Vulvar vein dilation occurred mostly in women with two or more full-term pregnancies (91%) at 12-24 (78%) weeks. Most often, this pathology is noticed during pregnancy of 18-20 weeks. It was found that in 20% of pregnant women, vulvar varicose veins increase only during pregnancy and persist in the postpartum period and between pregnancies [10-12]. At the same time, with each repeated pregnancy, this pathology manifested itself at an earlier date and with more pronounced manifestations of this pathology.

A pregnant woman belongs to the most vulnerable group of the population in terms of the impact of adverse factors on the state of quality of life. Therefore, the study of criteria for influencing the quality of life can be used as an integral indicator characterizing the state of health of the specified population contingent [13]. The problem of improving medical and social care for pregnant women in conditions of low birth rate and increased morbidity, high level of complications of pregnancy and childbirth, the important position of women in the social life of society is currently possible only through the introduction of modern scientific knowledge and effective technologies into practical obstetrics, which, in turn, necessitates the search for new criteria for assessing the state of health of women during pregnancy. Such a criterion can be an assessment of the quality of life, which, in combination with objective data, will provide a comprehensive medical and social approach to assessing the health status of a pregnant woman and can be used to improve medical care for this population [14]. In modern terminology proposed by A.A. Novak, T.I. Ionova, "quality of life" is defined as an integral characteristic of the physical, psychological, emotional and social functioning of the patient, based on subjective sensation [15]. One of the areas of research on the quality of life in medicine is the study of the impact of preventive measures and treatment methods on the parameters of the patient's quality of life. The goal of any treatment option is not only to restore the somatic state of health, but also to social and psychological status. Subjective assessment of patients' well-being, which does not always coincide with objective biometric indicators, that is, the effectiveness of medical manipulations is

subjectively assessed. The coincidence of the patient's subjective assessment of the improvement of her condition and objective biometric indicators contributes to mutual understanding between the doctor and the patient [15,16]. Sometimes the subjective assessment of the patient differs from the doctor's opinion in the dynamics of the disease and the results of surgical or conservative treatment. There is a need, along with laboratory and instrumental monitoring of the condition of a pregnant woman, to take into account her subjective criteria for assessing the quality of life.

To do this, use a complex that includes the CIVIQ-20 questionnaire and the VCSS scale to assess the severity of chronic venous disease.

Specific for patients with varicose veins is the CIVIQ-20 questionnaire, developed by prof. Robert Launois from the Paris Laboratory of Public Health [17]. The method for assessing the quality of life is quite simple, economical and universal. The CIVIQ-20 (Chronic Venous Insufficiency Questionnaire) is recognized by most phlebologists, consisting of 20 items reflecting 4 components of quality of life: physical, psychological, social and severity of pain syndrome [18,19]. Each answer is evaluated from 1 to 5 points. The sum of points is graded from 20 (maximum health) to 100 (the worst indicator is the maximum decrease in the quality of life). In addition, the VCSS scale is used to identify changes in the severity of chronic venous disease from treatments that affect the quality of life, as an addition to the 2010 CEAP classification. Treatment of primary symptomatic progressive varicose veins of the lower extremities, perineum, external genital organs, inguinal canal in such a category of patients as pregnant women is still debatable, despite the emergence of new methods of treatment. Pregnancy is a special physiological state of a woman, in which, depending on the gestational age, the condition of the fetus, the condition of the woman herself, the course of pregnancy, the possibility of treating this pathology depends, which affects the volume of surgical intervention or the set of medicines to ensure conservative treatment. Basically, these are the use of phlebotropic drugs approved during pregnancy for general and / or local (topical) use, compression therapy, compression class 2 or in combination. The frequency of use of open surgical treatment of this pathology during pregnancy is very rare. It is used mainly for urgent indications (thrombophlebitis, hemorrhages), and the results of planned interventions for combined multifocal forms of varicose veins in pregnant women are not reflected anywhere in the literature [20]. In the literature available to us, there was no assessment of the quality of life in pregnant women in dynamics during the gestational period with the above pathology, depending on the methods of its treatment.

Therefore, there is a need and urgency to perform a comparative assessment of various methods of treatment of chronic venous disease through the assessment of quality of life as an independent indicator of effectiveness.

The Purpose of the Study is to assess the quality of life of pregnant women from the methods of treatment of primary symptomatic progressive combined varicose veins in the basin of saphenous and non-saphene veins during pregnancy.

Material and Methods

The analysis of the quality of life was carried out in 85 pregnant women with a combination of primary symptomatic progressive varicose veins of the lower extremities, clinical class C2 s -C4 s according to the CEAP classification (2010), perineum of the

inguinal canal. All patients were treated and monitored on the basis of the Rivne Regional Perinatal Center for the period from 2015 inclusive to 2024 (24.9 ± 2.2 years), social status, who had two or more births. To assess the quality of life, the CIVIQ-20 questionnaire in units was used, which is recognized by most phlebologists. The assessment method is quite simple, economical and universal. The severity of the course of the chronic disease was assessed according to the VCSS (venous clinical severity score) scale in points, as an addition to the 2010 CEAP classification. by 10 parameters. Sonography was performed by Landwind Mirror 2 with a linear sensor L 5-10|40E in mode B using color augmented spectral Doppler ultrasound, the patency of the veins of the iliac, lower extremities (superficial and deep), inguinal canal and perineum, the presence of pathological venous refluxes, the prevalence and source of their formation in pregnant women before and after treatment, as one of the important causes of occurrence, progression of the severity of the course of the chronic disease during Pregnancy.

For statistical processing of the results obtained, they were carried out using the statistical analysis program "Statistica 10". The frequency of qualitative indicators was represented in absolute (n) and relative (%).

Results and Discussion

In the communal institution "Rivne Regional Perinatal Center" of the Rivne Regional Council in the period from 2015 to 2024 inclusive, 50893 pregnant women were treated and observed: 9263 (12.16%) in outpatient conditions, in inpatient 41630 (54.65%). Natural pregnancy in 50881 (99.98%), by in vitro fertilization in 12 (0.024%). 3034 (12%) became pregnant for the first time, 47847 (88%) became pregnant again.

Among 50893 (66.83%) pregnant women, there were 9344 (18.36%) in the first trimester, 12037 (20.24%) in the second trimester, 29525 (57.99%) in the third trimester. In 14467 (28.43%) out of 50893, primary symptomatic varicose veins (PSVRV) were diagnosed in the basin of saphenous and/or non-saphene veins. According to clinical and sonographic data, no signs of impaired venous hemodynamics in the deep veins of the inferior vena cava basin have been noticed. Out of 14467 patients with primary symptomatic varicose veins, 14361 (28.22%) were diagnosed in the basin of saphenous veins (ERV and/or MPV) with clinical manifestations of the disease (C): C 0,418 (2.89%), C1 - 12899 (89.29%), C2S 1037 (10.23%), C3S156 (0.39%), C4sd \u2012 36 (0.04%), 85 (0.17%) \u2012 primary symptomatic varicose veins in the basin of saphenous and non-saphene veins, in 21 (0.041%) – in the basin of non-saphene veins. Most often, among 14467 pregnant women, primary symptomatic varicose veins were localized in 14361 (99.27%) in the basin of saphenous veins, in 85 (0.59%) in the basin of saphenous and non-saphene veins, and in 21 (0.15%) in the basin of non-saphene veins. In 85% of patients, the disease was hereditary, in 7.5% of patients undifferentiated connective tissue dysplasia was suspected.

Among 85 patients with combined pathology, according to them, 16 (18.82%) pregnant women were noted for the first time during an existing pregnancy, 68 (80%) existed and progressed in previous pregnancies, in 1 (1.18%) as a recurrence of the manifestations of the disease after surgical treatment of this pathology.

Combined pathology in 96.3% of patients was localized unilaterally (lower limb, inguinal canal, perineum): left-sided in 56.3%, right-sided in 43.7%, bilateral in 3.7%. With bilateral

localization, according to patients, in 69.3% the process occurs unilaterally on one side, with subsequent pregnancies it occurs on the counterlateral limb and only in 20.7% of patients it occurs simultaneously bilaterally, but with a unilateral dominant manifestation of the disease.

Among patients, the combined form of the disease occurred in different variants: in 35 (41.18%) - in the basin of the large saphenous vein and perineum, in 23 (32.94%) - respectively the large saphenous vein + inguinal canal, in 5 (%) - the large saphenous vein + inguinal canal + perineum, in 16 (18.82%) - the large saphenous vein and the small saphenous vein + inguinal canal, in 6 (7.06%) - the large saphenous vein and the small saphenous vein + perineum.

Such variants of the disease, according to patients, are an indicator of the progression of the disease. Among 85 patients, these forms of combination occurred in 12% of cases during the first pregnancy, in 28% during the second, and in 60% more than two pregnancies and progressed in subsequent pregnancies with varying intensity depending on the venous basins. Thus, according to our data, in 100% of patients with combined varicose veins, in the basin of the inguinal canal and perineum, its progression is characteristic both during the existing pregnancy and only during subsequent pregnancies. At that time, in 85.4% of patients with concomitant pathology, varicose veins in the saphenous vein basin progressed both during this pregnancy and in the period between pregnancies.

In the period between pregnancies, out of 85 pregnant women with combined venous pathology, 32 patients, according to them, with primary symptomatic varicose veins in the saphenous vein basin received periodically conservative treatment (phlebotropic drugs in combination with wearing elastic knitwear, compression class 2).

All 85 pregnant women with concomitant venous pathology underwent a duplex scan of the iliac veins, veins of the lower extremities, perineum and veins of the inguinal canal before and after treatment. According to the data obtained, all patients have preserved patency through superficial and deep veins, with preserved functioning valve apparatus in deep veins, and the absence of valvular apparatus in superficial veins. Inadequate ostial and preostial valves in the subcutaneous-femoral joints were diagnosed in 89.3% of patients, subcutaneous-popliteal joints in 10.7%, and valves in perforating veins in the lower legs in 25.3%, on the thigh in 0.9% and in 0.5% in combination. In all patients, the source and localization of pathological venous reflux, the nature of their spread (horizontal and/or vertical) were determined. In 82 (96.5%) patients, vertical pathological venous reflux was detected through the subcutaneous-femoral singing of the mouth into the trunk of the large saphenous vein with its spread within the thigh and into its branches in the area of the subcutaneous-femoral singing of the mouth, in 4 patients along the entire length of the limb. In 5 (5.9%) patients, pathological venous reflux was noted through the subcutaneous-popliteal singing of the mouth into the small saphenous vein, into its trunk and branches along the outer surface of the lower leg. Horizontal pathological venous reflux was detected in 15 (17.6%) pregnant women through decompensated perforating veins: on the thigh - in 4 cases, lower legs in 9 patients and in 2 patients in their combination. 45 (52.4%) patients had the simultaneous presence of vertical and horizontal pathological venous reflux. In 47 pregnant women, varicose veins in the inguinal canal occurred, which in 9 patients were localized within the inguinal canal, and in 38 patients went beyond it through the external inguinal ring, forming varicose veins of

the external genital organs in 20 patients, lower extremities in 10 and in combination in 8. Most often, the source of the formation of dilated veins of the inguinal canal was the combined venous branches entering through the inner inguinal ring from the uterus and ovary in 25 pregnant women, less often only from the ovary in 8 cases, or from the angle of the uterus in 8, 6 in combination.

One of the fundamental qualitative signs that characterize the success of treatment is the patient's perception of changes in his state of health due to the influence of psychological, social, economic aspects on the well-being and daily functioning of a pregnant woman who has long been out of the doctor's attention. In this regard, it has become relevant to evaluate the AZ of a pregnant woman as an independent indicator of the effectiveness of treatment. Such studies are very important for a comparative assessment of the methods used in treatment, given the variety of modern methods of treating varicose veins [18].

To assess the quality of life in 85 patients with combined venous pathology in the basin of saphene and non-saphene veins, the CIVIQ-20 questionnaire and the VCSS (Venous Clinical Severity Score) scale were used in the complex. Their use is due to the maximum specificity for patients with chronic venous disease, since it most fully assesses the symptoms of vein disease, well reflects the problems of a long stay of the patient in a static position (standing, sitting, lying down, etc.) and in a dynamic position (physical activity, walking, etc.).

All 85 patients were offered a treatment of their choice: conservative or open surgery. Based on their attitude to treatment, three groups of pregnant women were formed to study the quality of life and severity of chronic venous disease in them. The dynamics of the quality of life and the severity of the course of chronic venous disease were assessed due to the dynamics of changes in the initial indicators of venous hemodynamics in varicose veins of the lower extremities, perineum, external genital organs and inguinal canal from the method of treatment during the gestational period.

Patients of the first group consisting of 25 (29.41%) pregnant women, 5 of whom completely refused treatment for one reason or another, 20-20 received irregularly, not in full. In this group of pregnant women, 16 had a combination of varicose veins in the basin of the large saphenous vein and perineum, in 6 - in the basin of the large saphenous vein and inguinal canal, in 3 - in the basin of the large saphenous vein, inguinal canal and perineum. All patients in this group were diagnosed with pathological venous reflux. In 18 pregnant women, it was vertical in nature, it spread in 10 through the subcutaneous-femoral singing of the mouth, in 2 - through the subcutaneous-popliteal singing of the mouth, in 3 - through the veins of the inguinal canal, in 3 - through the branch of v.pudenda int. through the Alcocca canal into the peroneal veins (veins of the perineum), in 7 - horizontal through the decompensated perforating veins of the lower leg in 5 and in 2 - on the thigh.

Pregnant women in the second group consisting of 30 (35.29%) patients received conservative treatment in combination with compression therapy. Conservative therapy was carried out with phlebotropic drugs approved for use during pregnancy in the dose and at the time recommended by the manufacturers in combination with compression therapy in the 11th trimester of pregnancy - 23 patients, in the 11th trimester - 7). In this group, 6 patients had a combination of varicose veins in the basins of the large saphenous vein, inguinal canal and perineum, in 18 patients varicose veins in

the basin of the large saphenous vein and perineum, in 6 patients varicose veins in the basin of the large and small saphenous veins and inguinal canal. In 100% of patients in this group, the presence of pathological venous reflux was diagnosed, in 76.3% of pregnant women it was vertical, spread through the subcutaneous-femoral singing of the mouth in 20 pregnant women and in 6 patients through the subcutaneous-popliteal singing of the mouth, in 9 - through the veins of the inguinal canal, in 19 - through the branch of v.pudenda int. through the Alcocca canal into the peroneal veins (perineal veins), in 20.2% - horizontal through decompensated perforating veins of the lower leg and in 13.5% - combined forms.

The third group of 30 (35.29%) patients who agreed to open surgery, which was supplemented with compression therapy as needed. In this group, 16 patients had a combination of varicose veins in the basin of the large saphenous vein and the inguinal canal of the vein from which it spread to the external genital organs, in 8 - varicose veins of the basin of saphenous veins (large and small saphenous veins), inguinal canal veins from which spread to the lower limb, in 6 - varicose veins in the basin of the large and small saphenous veins . Perineum. Pathological venous reflux was diagnosed in 100% of patients in this group, in which in 89.1% of pregnant women it was vertical, spread through the subcutaneous-femoral singing of the mouth in 20 pregnant women and in 6 - through the subcutaneous-popliteal singing of the mouth, in 9 - through the veins of the inguinal canal, in 19 - through the branch of v.pudenda int., which spread through the Alcocca canal into the peroneal veins (veins of the perineum), in 10.1% - horizontal through decompensated perforating veins of the lower leg and in 0.8% - combined forms.

Out of 30 patients in this group, 16 patients were in the 11th trimester of pregnancy, 14 pregnant women in the 11th trimester, who underwent complex treatment, which included open mini-surgical surgery, which is aimed at eliminating existing pathological venous refluxes in the subcutaneous-femoral singing of the mouth or subcutaneous-femoral and subcutaneous-popliteal singing of the mouth, if necessary, with ligation of the veins of the inguinal canal in the area of the external inguinal ring, perineal veins for the removal of varicose conglomerates on the lower extremities with preservation of the trunks of the large and/or small saphenous veins under tumescent anesthesia in one session and wearing, in the absence of indications for use, for at least 10 days in the postoperative period of elastic stockings compression class 2, hereafter - only if necessary during physical exertion. Drug support was not required in the postoperative period and during pregnancy.

It was noted that in patients in three groups, the indicators of quality of life and severity of the course of chronic venous disease before treatment did not differ and had a clear tendency to worsen with an increase in gestational age. With combined varicose veins, one of the common criteria for assessing the quality of life and severity of chronic venous disease was the subjective assessment of pain by patients, which is noted in all our patients, but has different intensity and "color" depending on the options for combining primary symptomatic varicose veins in the above venous basins. Firstly, pain by patients is assessed not as the sum of pain sensations in each basin of combined venous pathology, but as an assessment of the pain that dominated in one of the pools depending on the position of the pregnant woman's body (in a horizontal or vertical position), especially when moving from a horizontal to a vertical position and vice versa.

Secondly, only 12.3% of patients with combined venous pathology have pain in the basin of saphenous veins at rest (pregnant women in a horizontal position in bed on the left side). Thirdly, patients distinguish "dominant pain", which is most disturbing in one of the above pools, while pain also exists, but it is less pronounced in other venous basins. Fourthly, pain migrates when a pregnant woman moves from a horizontal position to a vertical one, to the venous basins of the inguinal canal, perineum due to an increase in the magnitude of pathological venous reflux, which, in our opinion, is associated with an increase in intra-abdominal pressure Fifthly, the degree of pain in each of these areas can vary throughout the day, depending on the volume and nature of physical activity. Patients in the vast majority of cases (86%) focus on pain caused by the pathology of the veins of the lower extremities, only with a detailed examination and collection of complaints it turns out that they simultaneously had pain in the external genital organs, perineum, inguinal canal with the corresponding clinic. This, in our opinion, is due to the psychology of the woman and her ignorance of the possibility of providing assistance with such a pathology. Obstetricians and gynecologists pay little attention to this pathology before childbirth.

Having studied, according to the patients, the characteristics of pain in three groups of pregnant women with a combined form of venous pathology before treatment, it was noted that it tends to progress from trimester to trimester. In most (90%) cases, the pain increases by the end of the day, which required 15% of pregnant women to take painkillers, which led to a decrease in the duration of social activity in 45% of pregnant women, negatively affected the psychological state of 56% of pregnant women. There is a specific characteristic of pain in the perineum and external genitalia. Pregnant women complain in 56% of cases of a feeling of painful fullness in these pools, which increases by the end of the working day, while walking and interferes with walking, 12% of patients complain of painful deformity of the external genital organs by varicose conglomerates, 2% of pregnant women have a fear of and during physiological departures due to an increase in pain.

The reason for the progression of pain in the first group of pregnant women who did not receive adequate systematic treatment during observation was clinically noted an increase in the severity of the course of chronic venous disease in the lower extremities due to an increase in varicose transformation in the veins of the saphenous vein basin, the spread of perineal veins to the lower extremities, as well as the spread of veins from the inguinal canal to the external genital organs and to the lower limb. This is due to the combined spread of pathological venous reflux ,according to sonography data in these venous basins. So, from the clinical class C2s, in the basin of saphenous veins diagnosed at the beginning of the 11th trimester in 67% of pregnant women at the end of the 11th trimester, this figure was already 25%, then in pregnant women with clinical class C3 s increased to 75%. In addition to pain, 61.2% of pregnant women noted the progress of the expansion of existing veins and the appearance of new ones in 32.2% of pregnant women. The spread of varicose veins from the inguinal canal to the external genital organs, with the formation of varicose conglomerates in them, which contributed to the deformation of the external genital organs. Swelling of the soft tissues of the foot increased and persisted steadily in 56.3% and in the lower third of the lower leg in 13.4%, which did not disappear after a night's rest. According to duplex scanning, in the process of dynamic observation in 100% of pregnant women, pathological venous reflux detected at the beginning of the study was maintained

during pregnancy, and in 15.1% of cases, new ones appeared. As a result, all pregnant women noted an increase in the severity of the course of chronic venous disease, which led to a decrease in physical and social activity with an increase in psychological problems of varying degrees in all patients.

In the second group, pregnant women received conservative treatment started in 89.3% of pregnant women in the 11th trimester, in 10.7% in the third with phlebotropic drugs in a therapeutic dosage according to the manufacturer’s recommendations, approved for use during pregnancy in the form of general use, if necessary and / or in combination with their topical use and using simultaneously elastic knitwear, compression class 2, in the form of stockings, tights or knee-highs. It should be noted that 90% of patients mainly used daily wearing of compression stockings only in case of primary symptomatic varicose veins in the basin of saphenous veins, at the same time in the pools of non-saphene veins (pool of the inguinal canal, perineum) were not used due to the peculiarities of the localization of the pathological process and in the absence of an adequate knitted product. In the future, pregnant women used elastic compression stockings (compression class 2) before and after childbirth. In this group, 56% of pregnant women showed regression of pain. In 23% of pregnant women, it was short-term for 7-10 days, in 21% of those treated, pain was absent before childbirth. In 10% of pregnant women, it was impossible to use elastic knitwear due to the fact that wearing elastic stockings or tights caused allergic skin manifestations to the tissue and due to the peculiarities of the anatomical structure of the lower extremities. Also, elastic knitwear did not affect the source of pathological venous reflux in the area of the subcutaneous-femoral singing of the mouth. In addition, extravasal compression of the large saphenous vein contributed to the overflow of varicose veins of the external genital organs with venous blood due to vertical reflux through the subcutaneous-femoral singing of the mouth into its proximal branches, especially v. pudenda ext. Progression of varicose veins of the external genital organs, perineum, inguinal canal and lower extremities was also noted in 56.5% of pregnant women. In 12.3% of pregnant women, deformity of the external genital organs with varicose veins was noted. The progression of the spread of varicose veins in the lower extremities was noted in 45.2% of pregnant women in this group. Edema decreased in 12.8% of pregnant women, absent after a night’s rest in 32.1% of patients. In dynamic study by duplex scanning of the veins of the lower extremities. inguinal canal, perineum, the effect of treatment on the state of pathological venous reflux, its preservation was noted in all 30 examinations of pregnant women, 15.9% of patients were diagnosed with the progression of pathological venous reflux, its spread in the distal direction in both large and small saphenous veins, the appearance of new areas of the venous system with the

presence of pathological refluxes (horizontal and / or vertical). Improvement in psychological, emotional, and social status was noted in 34% of patients.

Among pregnant women of the third group, 24-48 hours after surgery, all patients noted changes in the characteristics of pain. They focused on pain in postoperative wounds, which was slightly aggravated by physical exertion and walking. Pregnant women were not bothered by pain, especially in the perineum, external genital organs. All operated patients noted the absence of pain during physiological departures that bothered before the operation. In the postoperative period, in all operated pregnant women, edema of the soft lower tissues of the extremities, perineum and external genitalia tended to decrease steadily in 76.3%, in 23.3% it was kept on the feet, but after the night it was absent, and in 71% of patients it was absent during the day.

Varicose conglomerates in the area of the external genital organs, perineum, do not increase with tension and during the Valsalva test. Postoperative wounds are calm. According to their subjective assessment, pregnant women noted a significant improvement in physical condition in 96% of cases, which had a positive effect on the psycho-emotional state and social activity in 90% of pregnant women. The surgical intervention did not adversely affect the course of pregnancy, fetal development and the condition of the mother. According to duplex scanning, areas with pathological venous reflux detected before surgery do not function as they are bandaged, no new refluxes were detected. Compression stockings class 2 were used by patients when necessary, especially during long-term physical exertion. Pregnant women did not need drug support in the postoperative period.

Analyzing the effect of treatment methods on the quality of life and severity of chronic vein disease of pregnant women, which are reflected in tab. No. 1, tab. No. 2, suffering from combined progressive primary symptomatic progressive varicose veins of the lower extremities, perineum and inguinal canal, external genital organs, came to the conclusion that qualitatively performed, according to patients, open surgical treatment of this pathology is the most effective and long-lasting in terms of positive results. Thus, the quality of life and severity of chronic venous disease in the third group improved by 42.85% and 69.59%, respectively. As for conservative treatment in the second group of patients, according to their subjective assessment according to the CIVIQ-20 questionnaire and the VCSS scale, an improvement of these indicators by 6.68% and 17.6%, respectively, was noted. Among 25 patients of the first group, there was a deterioration in the quality of life and severity of chronic venous disease by 3.2% and 33.63%, respectively

Table 1: Results of Quality of Life Testing Before and After Treatment According to the CIVIQ-2 Questionnaire Scale

Pregnancy groups	CIVIQ - 20 Before treatment	CIVIQ -20 After treatment	P
Group 1 (untreated)	62.3 ± 2.2	64.3, ± 12,5	≥ 0.06
Group 2 (conservative treatment)	63.3 ± 1.5	59.2 ± 2,5	≥ 0.08
Group 3 (operated)	62,3 ± 1.1	35.5 ± -2,3	≥ 0.05

Table 2: Scale for Assessing the Severity of Chronic Venous Disease (VCSS) Before and after Treatment

Pregnancy groups	Before treatment	After treatment	P
Group 1 (untreated)	11,3 ± 0,9	15.1 ± 2,1	≥ 0,05
Group 2 (received conservative treatment)	12.1 ± 1,1	14.2 ± 1,5	≥ 0,04
Group 3 (operated)	12,8 ± 0,8	3,9 ± 1,5	≥ 0.04

Conclusions

Combined primary symptomatic progressive chronic varicose veins of the lower extremities, perineum, external genital organs of the inguinal canal refer to diseases with a progressive course that affect the course of pregnancy and quality of life.

The use of the CIVIQ-20 questionnaire and the VCSS disease clinical severity scale to study the effect on quality of life in pregnant women is as specific as possible for patients with chronic venous disease.

With the help of the CIVIQ-20 questionnaire, it is possible to adequately assess the degree of impairment in the quality of life of pregnant women with combined progressive primary disease of the veins of the lower extremities, perineum, inguinal canal and external genital organs during pregnancy. It is noted that this pathology during pregnancy without treatment, according to the results of the CIVIQ-20 questionnaire, contributes to a pronounced limitation of patients in social life, psychological discomfort, significant pain and physical suffering.

Adequate complex treatment, including open mini-surgical intervention in a planned manner with the consent of pregnant women to eliminate simultaneous reflux (vertical and / or horizontal), removal of varicose conglomerates according to indications on the thigh and / or lower leg on the lower leg leads to an improvement in these indicators quality of life and severity of chronic venous disease by 42.85% and 69.59%, respectively-

In the presence of pronounced clinically significant veins of the perineum that spread to the lower extremities, they were ligated without intersection in the area of the outer ring of the Alcocca canal with the removal of varicose conglomerates on the thigh if necessary.

Surgical interventions were performed under local anesthesia (tumescence anesthesia) in one session using compression therapy (compression class 2) in the postoperative period. The surgical intervention helped to stabilize the disease, reduce its manifestations, prevent obstetric complications, thereby contributing to a significant improvement in the quality of life of pregnant women during pregnancy and in the postpartum period and is more effective and safer for both the pregnant woman and the fetus.

Traditional conservative complex treatment, including the use of phlebotropic drugs (local and/or combined use if necessary) with compression therapy (compression class 2) according to the CIVIQ-20 questionnaire and the VCSS scale, an improvement of these indicators was noted by 6.68% and 17.6%, respectively

The results of the quality of life study carry valuable additional information about the role of treatments for chronic venous insufficiency, which allows for improved understanding between the doctor and the patient in achieving the best treatment results.

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