## Pokrovsky G. A., Pototskaya L. A., Korotkevich E. N., Ilkaeva V. N. METHODS OF ANESTHESIA DURING MENSTRUATION

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**Objective.** Pelvic pain during menstruation is experienced by most girls and women. Thanks to the development in pharmacology, various means have appeared to eliminate this problem. However, often, drugs aimed at eliminating pain when menstruation do not affect the cause, which carries only a short-term positive effect.

Aim: to determine the most common group of drugs, used to relieve pain during menstruation.

Materials and methods. The survey method was used in the work. In the study 395 women took part. When collecting information, criteria were evaluated: application of hormonal contraceptives, use during menstruation by the proposed non-steroidal anti-inflammatory drugs, as well as antispasmodic drugs, their combination, use of alternative treatments.

**Results and discussion.** The first place in the age category is occupied by the range from 18 to 25 years - 49.9% of respondents, the second - from 25 to 35 years - 25.4% of respondents, third - from 35 to 45 years old - 12.4% of respondents, under 18 years old - 6.5% of respondents, from 46 to 49 years old - 5.8%.

According to the method of treatment of dysmenorrhea, there are:

- 1) hormonal contraceptives: 50 respondents (12.7%) use combined oral contraceptives (tablet contraceptives): from 18 to 25 years old 44%; from 25 to 35 years old 30%; from 35 to 45 years old 16%; from 46 to 49 years old 10%; 1 respondent vaginal ring from 25 to 35 years 100%; 2 respondents intramuscular or subcutaneous depot of medroxyprogesterone acetate: from 18 to 25 years 50%; from 46 to 49 years old 50%, 2 more respondents intrauterine device: from 18 to 25 years -50%; from 46 to 49 years old 50%, and 345 (87.3%) do not use, a combination of contraceptives is possible.
- 2) non-steroidal anti-inflammatory drugs: 3.2% of respondents use the drug "Naproxen sodium", 22% "Nimesil", 13.8% "Ketoprofen", 56.4% Ibuprofen, 4.6% Diclofenac, 48.6% do not use, a combination of NSAIDs is possible.
- 3) antispasmodic drugs: "No-shpa" 80.1% of respondents, "Papaverin" 4.7%, "Mebeverin" 1.6%, "Spazmalgon" 6.2%, "Spazgan" 3.1%, "Pentalgin" 1.9%, "Buscopan" 0.8%, "Analgin" 0.8%, "Fanigan" (as part of "Paracetamol") 0.4%, "Paracetamol" 0.4%, do not use 46.1%, a combination is possible specified medicines.
- 4) The combination of non-steroidal anti-inflammatory drugs and antispasmodic drugs can suppress pain of moderate to severe pain severity, which is the best treatment option for primary dysmenorrhea: 79.2% of the respondents do not use this method, 20.8% answered positively. The low percentage is presumably due to the low prevalence of this method of treatment and the lack of education of the population in mechanisms of action and drug structures themselves.

**Conclusion.** Due to the wide choice of medicines, the availability of treatment for primary dysmenorrhea increased significantly. Leading position among age groups ranges from 18 to 25 years, which is associated with the ability to have materials from various sources, with a more trusting relationship to modern treatment methods. Non-steroidal anti-inflammatory drugs and antispasmodic drugs share the same popularity, but the respondents cannot determine their differences among themselves, which leads to unsuccessful outcomes in the application. This indicates the need for educational activities that will help the correct use of medicinal drugs for the relief of pain.