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IMPROVEMENT OF METHODS FOR PREVENTION AND TREATMENT OF POSTOPERATIVE COMPLICATIONS OF HERNIAS OF THE ANTERIOR ABDOMINAL WALL

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✓ *Resume*

This article contains information on where surgical interventions are performed for hernias of the anterior abdominal wall. Based on the analysis of the performed operations, the results of traditional and endovideosurgical methods of alloplasty were studied and evaluated in a comparative aspect.

Keywords: ventral hernia, laparoscopic herniotomy , endoprostheses for ventral hernias, alloplasty.

СОВЕРШЕНСТВОВАНИЕ СПОСОБОВ ПРОФИЛАКТИКИ И ЛЕЧЕНИЯ ПОСЛЕОПЕРАЦИОННЫХ ОСЛОЖНЕНИЙ ГРЫЖ ПЕРЕДНЕЙ БРЮШНОЙ СТЕНКИ

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✓ *Резюме*

Данная статья содержит сведения, где проводятся оперативные вмешательства по поводу грыж передней брюшной стенки. На основании анализа проведенных операций изучены и оценены результаты традиционных и эндовидеохирургических способов аллопластики в сравнительном аспекте.

Ключевые слова: вентральная грыжа, лапароскопическая герниотомия, эндопротезы при вентральных грыжах, аллопластика

QORIN OLD DEVORI CHURRALARI OPERATSIYALARIDAN KEYINGI ASORATLARINI OLDINI OLİSH VA DAVOLASH USULLARINI TAKOMILLASHTIRISH

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Ushbu maqolada qorin old devorining churralari uchun jarrohlik aralashuvlar amalga oshiriladigan ma'lumotlar mavjud. Amalga oshirilgan operatsiyalarini tahsil qilish asosida alloplastikaning an'anaviy va endovideojarrohlik usullari natijalari o'rganildi va qiyosiy jihatdan baholandi.

Kalit so'zlar: qorin old devori churrasi, laparoskopik herniotomiya, qorin old devori churrasi uchun endoprotezlar, alloplastika.

Introduction

The technique of operations performed for anterior abdominal wall hernias has been very successful today, its uniqueness and respectability are cited in many literary sources [6,9]. Since the mid-1950s, plastic methods of hernia defects have gone through many stages and improved to the highest stage of development, so that in modern surgery it was possible to strengthen the defects of the abdominal wall without sutures [1,5,7]. At a time when the problem of concern to the world community of surgeons seems to have been resolved, despite advances in surgery, 12.3% to 19.5% of postoperative complications have been reported, according to the literature. are given [3,8]. Many postoperative complications, such as purulent-necrotic and purulent-septic conditions leading to



secondary wound healing due to the traumatic factor in making wide incisions, have previously been reported when performing the traditional method of hernia gate plastic using their own tissue. In some cases, repeated surgery leads to intervention. Nowadays, when using modern technologies such as the installation of mesh endoprostheses and laparoscopic plastics, defects in the abdominal wall can lead to recurrence of the hernia, postoperative complications, often the areas where the hernia is not completely covered by the endoprosthesis and occurs in the form of a tumor [2,4]. To address these issues, we set ourselves the task of overcoming these problems and improving the quality of life of patients.

Objective: To increase the effectiveness of surgical treatment of anterior abdominal wall hernias by considering the possibilities of open and laparoscopic hernioplasty.

Materials and methods

The research was conducted at the Department of Faculty and Hospital Surgery, Urology of Bukhara State Medical Institute and in collaboration with the Department of Surgery named after NDMonastyrsky of the Northwestern State Medical University named after Rossiyansin II Mechanikov. 114 (100%) patients with abdominal hernias at different locations were examined. Of these, 87 were men (76.3%) and 27 (23.7%) were women. Of patients age 22 ± 1 , 9 from 68 ± 3.4 years which was.

Table 1

Of patients churra location depending on distribution

No	Churra types	abs . number	%
1.	Chov churrasi	61	53.5
	- one one - sided	32	28.1
	- two one - sided	17	14.9
2.	Abdominal white line hernia	28	24.6
3.	Navel churrasi	7	6.1
4.	locations of hernias)	96	84.2
5.	Repeat (for all hernia locations)	18	15.8

Chov churrasi observed patients were 61 (53.5 %), of whom 17 (14.9%) were two bilateral, the remaining 32 (28.1%) - one one - sided Abdomen white of the line churrasi with 28 (24, 6 %) patients observed. Repeat churra with 18 (15, 8 %) patients formed did. Navel 7 (6, 1 %) patients with hernia studied. 54 (47.4%) patients endovideo surgery operations, TAPP method in 46 (40.4%) patients and the TERP method in 8 (7%) patients used _ From this except 3 (2 , 6 %) patients chov churraning return with TAPP method with surgery practice was held . In the remaining 60 (52, 6 %) cases gerniotomy traditional method instead increased. Churra the gate plastistics to do for, of the defect size depending on all patients for 15x25 cm, 15x30 cm size Esfil firm by functional released net-endoprostheses applied. Endovideo surgery intervention during net fasten for polyacrylate glue used, open operations for esa Eticon by functional issued 2, 0 cut igna with synthetic sewing materials used. Churra diagnostics and his gate and content determination for clinical methods used without " cough motivation " symptom was also used.Instrumental diagnostics methods ultrasound controller Sonoscape-4000 and Vivid-M 40 devices using done _ This research method churra location and size solid look at all patients for instead hidden . From this all except _ to patients clinical and biochemical blood and we urinate analysis was held. All patients in the hospital treated and to them section javov be given time , wound finish term , accompanying diseases regression, general of the case to improve depending on detected and average $3-4 \pm 1$, 3 and $10-11 \pm 3.7$ days observed . Of patients dynamic observation from surgery the next 1, 3, 6, 9, and 18 months after instead increased.

Results and his discussion

Conducted surgery interventions that showed that the operation next complications from surgery previous preparation, operation technique and used materials, asepsis and antiseptic rules follow to do depending on. Churra cutting from practice then observed complications, completed operation method depending on, as shown in Table 2 xar kind of relative formed did.

From the table ko ' rinib endoscopic method different o ' laroq , an ' anaviy from surgery next complications noticeable degree superiority makes their _ general 56.1 percent of the number formed does and wound some Complications , for example , purulent - inflammatory _ complications , hematomas and injury edges incompatibility endoscopic method in general not observed.

Of patients condition observation to be continued push through dinner complications cases identified, they early complications relatively kam number Although - patients life quality ta ' sir seeker very much fatal results take arrival possible (Table 3).

Table 2
Churra cutting from practice next early and dinner complications

No	Complications types	Traditional method	Endovideo surgery method
1.	Injury complications :	57 (50%)	4 (3.5%)
	- Injury infiltration	23 (20.2%)	3 (2.6%)
	- seroma	12 (10.5%)	1 (0.9%)
	- hematoma	7 (6.1%)	-
	- aponeurosis under purulent-inflammatory complications	5 (4.4%)	-
	- Injury edges incompatibility	10 (8.8%)	-
2.	Endoprosthesis with depending on :	7 (6.1%)	17 (14.9%)
	- endoprosthesis ni silj work	7 (6.1%)	9 (7.9%)
	Total :	64 (56.1%)	27 (23.7%)

Table 3
Churra cutting from practice next dinner complications

No	Complications types	Traditional method	Endovideo surgery method
1.	endoprosthesis ko ' chishi	6 (5.3%)	3 (2.6%)
2.	chronic pain	19 (16.7%)	4 (3.5%)
3.	churraning recurrence	11 (9.6%)	3 (2.6%)
	Total :	36 (31.6%)	10 (8.7%)

Ikkala too late in the group complications observed, consistent as traditional method with 31, 6 % and endoscopic method 12.3% ni formed did. The anterior wall of the abdomen hernias on operations next complications about speaking of their appear to be take coming technician factors as well as the body in the cavity begona of the body availability with directly depending on which was factors shown. Also companion diseases known importance has and their availability, sometimes from surgery next period complicates. Of patients general 93 of them companion diseases observed, which is 64 % formed did (Table 4).

Table 4
Anterior wall of the abdomen churrasi which was in patients companion diseases

No	Hamroh diseases	Traditional method	Endovideo surgery method
1.	Hypertensive disease	7 (6.1%)	6 (5.3%)
2.	Chronic anemia	8 (7%)	8 (7%)
3.	Of the heart ischemic disease	5 (4.4%)	4 (3.5%)
4.	Obesity	5 (4.4%)	8 (7%)
5.	Chronic bronchitis	3 (2.6%)	6 (5.3%)
6.	Stomach and on two finger of the intestine yaras i	2 (1.8%)	2 (1.8%)
7.	Chronic cholecystitis	6 (5.3%)	5 (4.4%)
8.	Urinary stone disease	4 (3.5%)	3 (2.6%)
9.	Chronic infection :	5 (4.4%)	6 (5.3%)
	chronic tonsillitis	2 (1.8%)	2 (1.8%)
	Caries	1 (0.9%)	2 (1.8%)
	metroendometritis	1 (0.9%)	1 (0.9%)
	fungal diseases	1 (0.9%)	1 (0.9%)
	Total :	4 5 (39.5%)	4 8 (42.1%)



In many cases, the underlying pathology was accompanied by diseases such as chronic anemia, obesity, and chronic changes in the cardiovascular system, leading to significant difficulties in managing and correcting patients' condition both in the preoperative and postoperative periods. The proportion of complications was slightly higher in patients with concomitant diseases, and diseases such as hypertension, diabetes mellitus, and various degrees of anemia aggravated the course of the disease. From surgery previous period this to patients appropriate treatment measures ordered, later from surgery next period to be continued did. Conservative therapy term concomitant diseases of the disease weight and patients somatic in position change depending on. All to patients complications prevent get for concomitant diseases _ treatment instead increased.

Conclusions

Current at the time anterior wall of the abdomen hernias surgery practice laparoscopic herniotomy different methods active current being , they traditional methods relatively alternative treatment methods that is proven and wide use for recommended reach possible . Traditional methodically , endovideo surgery also occurs in the method coming complications surgery treatment technique with depending on to be possible . Endovideo surgery method wound complications (of the body implantation made begona bodies reaction, e.g., drainage The tubes are also different pathological views take arrival possible which was net endoprostheses) are noticeable degree reduces.

From surgery previous period patients complete check, hernia size and content account received without planned operation size evaluation, as well as, accompanying diseases prevent get and treatment, surgery results and from surgery next period long term results effect shows.

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