



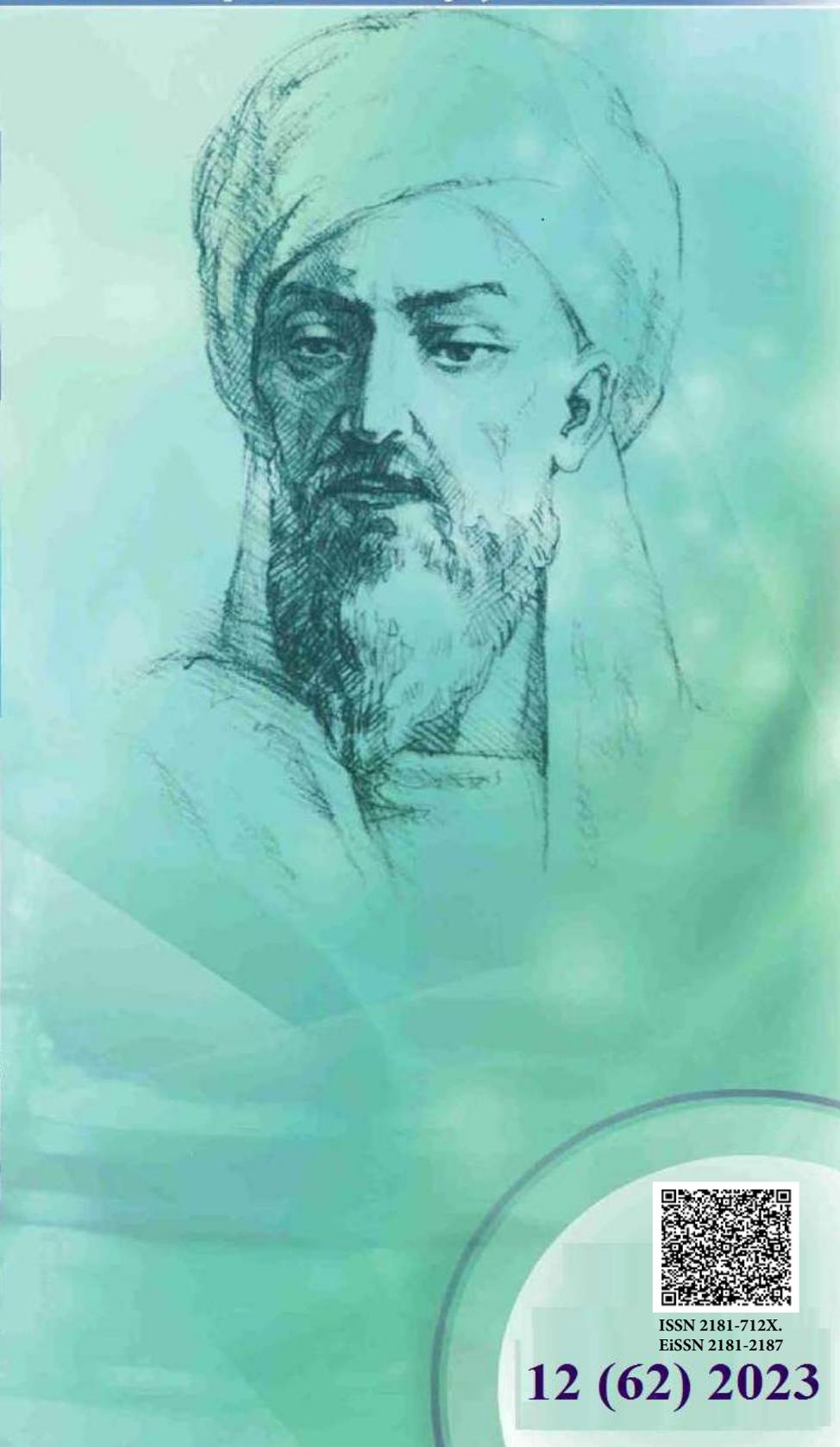
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**ТИББИЁТДА ЯНГИ КУН
НОВЫЙ ДЕНЬ В МЕДИЦИНЕ
NEW DAY IN MEDICINE**

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COMPARATIVE ANALYSIS OF THE INCIDENCE OF EARLY AND LATE COMPLICATIONS AFTER DIAGNOSIS BY RECOMMENDED ABDOMINAL SURGERY OPTIONS

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✓ Resume

Many studies are being conducted to develop various measures to prevent surgical site infection. Antibiotic therapy as well as local application of low-intensity laser beams are among the secondary preventive measures. Also one of the solutions to this problem is the use of bioactive sewing materials of different types (usually antimicrobial) during surgery.

Keywords: antibacterial therapy, abdominal surgery, polyflamentation, surgical intervention

СРАВНИТЕЛЬНЫЙ АНАЛИЗ ЧАСТОТЫ РАННИХ И ПОЗДНИХ ОСЛОЖНЕНИЙ ПОСЛЕ ПОСТАНОВКИ ДИАГНОЗА ПО РЕКОМЕНДУЕМЫМ ВАРИАНТАМ АБДОМИНАЛЬНОЙ ХИРУРГИИ

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✓ Резюме

Проводится множество исследований для разработки различных мер по предотвращению инфицирования области хирургического вмешательства. Антибактериальная терапия, а также местное применение низкоинтенсивных лазерных лучей относятся к вторичным профилактическим мерам. Также одним из решений этой проблемы является использование биологически активных швейных материалов различных типов (обычно антимикробных) во время операции.

Ключевые слова: антибактериальная терапия, абдоминальная хирургия, полифламентация, хирургическое вмешательство

ҚОРИН БЎШЛИҒИ ЖАРРОҲЛИК УЧУН ТАВСИЯ ЭТИЛГАН ВАРИАНТЛАРДАН ТАШРИХДАН КЕЙИНГИ ЭРТА ВА КЕЧКИ АСОРАТЛАР ЧАСТОТАСИНИ ҚИЁСИЙ ТАҲЛИЛИ

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✓ Резюме

Жарроҳлик амалиёти майдонини инфекциясини олдини олиш бўйича турли тадбирларни ишлаб чиқишга қаратилган кўплаб изланишлар олиб борилмоқда. Антибактериал терапия, ҳамда паст интензивликдаги лазер нурларини маҳаллий қўллаш иккиламчи профилактик тадбирлар доирасига киради. Шунингдек, жарроҳлик аралашув майдони инфекциясини олдини олиш етарли даражада ўрганилмаган усулларида бири ҳисобланади, бироқ операция давомида турли хил (одатда микробларга қарши) биологик фаол тикув материалларидан фойдаланиш ушбу масаланинг ечимларидан бири ҳисобланади.

Калит сўзлар: антибактериал терапия, қорин бўшлиғи жарроҳлиги, полифламентация, жарроҳлик аралашуви.

Relevance

The article analyses early postoperative intra-abdominal complications. Despite the achievements of modern medicine, the incidence of postoperative complications in abdominal surgery remains high. The treatment of early postoperative intra-abdominal complications currently remains a largely unsolved problem. First of all, it is connected with the complexity of their recognition and choice of the optimal variant of surgical intervention. The introduction of modern research methods and new treatment technologies into wide clinical practice gives grounds to hope for progress in this direction. Despite the achievements of modern medicine, the incidence of postoperative complications in thoracic, abdominal and vascular surgery, traumatology and orthopaedics, obstetrics and gynaecology remains high [5,7]. The problem of postoperative complications is also acute, the development of which aggravates the underlying disease, prolongs the patient's stay in hospital, increases the cost of treatment, often serves as a cause of lethal outcomes and negatively affects the recovery time of labour capacity of operated patients. Therefore, the study of etiological structure, pathogenetic aspects, clinical manifestations, improvement of diagnostic methods, as well as the organisation of rational prophylaxis and treatment of postoperative complications are urgent tasks for all fields of surgery. The generally recognised causes of unsatisfactory results of treatment of intra-abdominal complications are their untimely diagnosis and delayed re-intervention [3, 8]. This determines the need to improve the methods of early diagnosis and surgical interventions in this category of patients.

Thus, the treatment of early postoperative intra-abdominal complications currently remains a largely unsolved problem. This is primarily due to the complexity of their recognition and choice of the optimal variant of surgical intervention.

Optimal variant of surgical intervention. The introduction of modern research methods and new treatment technologies into wide clinical practice gives grounds to hope for progress in this direction.

Early postoperative complications represent the most dramatic side of abdominal surgery throughout its history. This is due to the frequency of pathology, which has no tendency to decrease and constitutes, according to various data, from 0.3 to 8.6% of the total number of operations on abdominal cavity organs, with a persistently high lethality - from 23.6 to 71.2% - and reaching 80% and more in severe forms of postoperative peritonitis [2]. This is especially relevant because postoperative peritonitis is the most frequent intra-abdominal complication [1]. The listed reasons give a full right to consider the results of treatment of early postoperative complications unsatisfactory especially in elderly and elderly patients, because mortality in this age group is the highest [9].

The basis of diagnostics of postoperative intra-abdominal complications is dynamic clinical monitoring of the patient's condition after the intervention. It should be taken into account that analgesic and antibacterial drugs, as well as multi-target intensive therapy have a special influence on the clinical symptoms. Therefore, the "classical" picture of complications is rare [13]. With all the variety of clinical manifestations of intra-abdominal complications, the most frequently identified are signs of progressive systemic inflammatory reaction and persistent intestinal paresis not responding to conservative therapy [9,12]. The "alarming" clinical symptoms include disorders of the cardiovascular and respiratory systems, and the central nervous system. "Classic" manifestations of complications are: sudden onset or intensification of abdominal pain, vomiting, flatulence, signs of "acute" abdomen

Changes in haemodynamic parameters (tachycardia, decreased blood pressure) are of decisive importance for the diagnosis of intra-abdominal bleeding and are most pronounced in case of its intensive character.

Purpose of the study: Comparative analysis of the incidence of early and late complications after diagnosis according to the recommended variants of abdominal surgery

Materials and methods

This study is based on the results of surgical treatment of 481 patients with various abdominal cavity pathologies (100.0%) treated in the surgical department of Andijan Regional Multidisciplinary Medical Centre in 2020-2023. Patients participating in the study were administered a questionnaire specially developed by us during primary and repeated clinic examinations in accordance with the "protocol of abdominal cavity examination of postoperative patients". Before surgical treatment, the patients' condition was assessed not only visually, but also with the help of additional examinations. The effect of sewing materials on the recovery time and levels of functional status of the organ and tissues after surgery was studied.

Result and discussions

In abdominal surgery, the elimination of pathological disorders of their sex and age is considered one of the criteria for evaluating patients to a certain extent. The physical advantage is the exposure of sewing materials to the wound and the factor of early wound healing. Separately, it should be noted that the appointment of surgical interventions at late terms (complicated) will cause anatomical features of injuries, tactical errors and difficulties in treatment. Improper organisation of rehabilitation period after surgical intervention or lack of dispensary control may lead to poor results.

Taking into account the tactical and technical aspects performed, patients were divided into two study groups: the comparison group, in 2020-2021, 246 (51.1%) patients traditionally used polyflament sutures; while the main group, in 2022-2023, consisted of 235 (48.9%) patients, in addition to sutures when using antibiotic- and mannitol-impregnated sutures during surgical interventions, these preventive measures lead to a shorter rehabilitation period, improving early and long-term results after surgery. In both groups, the fact that all methods of abdominal surgery for the same internal organ use suture material for the same internal organ, which is absorbed during tissue suturing and which is not applied to the skin, is equally likely when comparing the results of the two groups.

In age distribution of patients, the age period as per bsst classification is 25-44 years, middle age is 45-59 years and old age is 60 years and above. In our study we distributed the decades. Males in our observations were 202 (41.9%) while females were 261 (58.1%), 93.3% of patients in the main group had patients qualified for mexnate, while in the control group they were 95% and overall they were 95.4%. Pearson's χ^2 criterion was 43.7; df=44; R=0.014. The mean age was 43.7 ± 2.9 .

The following therapeutic and prophylactic directions applied in the main group served as the basis for scientific research:

- * in order to prevent the development of specific local complications at the stage of treatment:
 - determination of the degree of absorption of antibiotic and mannitol solution by the open method by intraoperative polyflaments;
 - determination of optimal time and exposure of soaking in polyflament;
 - Determination of instructions for permanent intradermal sutures;
 - aesthetic results in case of the use of drugs affecting the mechanism of secondary hypertrophic or keloid scarring by acute dermotension by physiological assessment of tissue deficit in dermal sutures;
 - determination of the distance and constancy of light exposure to the lesion centre during intraoperative trauma
- * prevention of deterioration of functional and aesthetic results in the postoperative period.

Scheduled surgical operations were performed by open and closed methods, these are operations on retroperitoneal organs and abdominal wall. Tashrikhas are divided into two parts according to the time of performance: emergency and planned practices. Out of 481 (100%) tashrix, 413 (85.9%) were charted in scores, while 68 (14.1%) patients (Pearson's χ^2 criterion -29.19; df=8; R=0.0012.) underwent urgent interventions.

Conclusions

Surgical site infection is common among patients undergoing abdominal surgery at TUTH. This study identified some preventable risk factors associated with SARI in TUTH. It is expected that identification of such risk factors will help surgeons to improve patient care and reduce mortality and morbidity as well as the cost of hospitalisation of surgical patients.

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