

COMPARATIVE ASSESSMENT OF THE EFFECTIVENESS OF DIFFERENT METHODS OF HERNIOPLASTY FOR POSTOPERATIVE VENTRAL HERNIAS

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Summary. Hernia repair is one of the most common operations in abdominal surgery, accounting for 10-21% of the total number of operations (Borodin I.F. et al. 1986). Unfortunately, the results of treatment are far from perfect, since relapses of the disease are observed in 15-20%, and in complex forms of hernias (large oblique and direct inguinal, recurrent, sliding, postoperative) - in 30-45% of cases (Zhebrovsky V.V. , 2002; Alvares D. et al., 1974).

Keywords: postoperative ventral hernia, alloplasty, bronchopulmonary complications, pulmonary heart failure, helium-neon laser.

Relevance. Surgical treatment of postoperative ventral hernias is one of the most complex and urgent problems of abdominal surgery. According to summary statistics, over 5% of all laparotomy cases are complicated by the development of postoperative ventral hernias, and in patients who have undergone appendectomy - in 6% of cases, after gastric surgery - in 8-10%, after cholecystectomy - in 14%. According to Bauer K. N. et al. (1998) in emergency surgery, the incidence of postoperative ventral hernias increases to 28-32%, while the total percentage of occurrence currently reaches 20-25%.

The increase in the number of abdominal operations on abdominal organs characteristic of the modern stage of surgery development, despite the widespread introduction of endovideosurgical techniques, the expansion of the volume of interventions, an increase in the number of repeated operations, as well as a constant increase in the number of elderly and senile people among the operated, led to a natural increase in the frequency of postoperative hernias (Amid J. P., 2002).

As is known, the purpose of any hernioplasty is the mechanical elimination of the hernial gate defect with the subsequent development of a connective tissue scar that reliably holds the suture sites. Treatment of recurrent large and giant abdominal hernias remains an urgent task of abdominal surgery. Synthetic materials are more often used in modern herniology (Demetrashvili Z.M., Magalashvili R.D., Lobzhanidze G.V., 2008;). Currently, in hernia repair, an endoprosthesis is used in one of several variants of the location in relation to the muscular-aponeurotic layer of the anterior abdominal wall on lay or sub lay. The main disadvantage of plastic mesh prosthesis is the development of postoperative complications: suppuration, seroma, hematoma, rejection of the prosthesis, the formation of intestinal adhesions and fistulas (Zagirov U.Z., Salikhov M.A., Isaev U.M., 2008; Nelyubin P.S., Galota E.A., Timoshin A.D., 2007)

The purpose of the study. Improving the results of treatment of patients with postoperative ventral hernias by developing pathogenetically justified methods of surgery aimed at reducing complications, mortality in the early postoperative period and the frequency of hernia recurrence in the long term.

Materials and methods of research. This paper analyzes the experience of treating 96 patients with POVH (postoperative ventral hernias) who were admitted for treatment at the Department of General

Surgery in the II surgical department of the clinic of the Andijan State Medical Institute for the period from 2010-2022. These patients accounted for 58.3% (168) of the admitted patients with various forms of abdominal hernias. Out of 96 patients, only 6 (6.2%) patients were previously operated in our clinic, the remaining 90 (93.7%) underwent primary surgery in other medical institutions of the Fergana Valley. At the same time, we used various methods of hernia gate plastic surgery.

Results and discussion. Modern medical statistics data indicate an increase in the frequency of formation of postoperative ventral hernias up to 10% in elective surgery and up to 32-35% in emergency surgery, as well as a high frequency of recurrence of this pathology - 30-60%. Such results are due to an increase in the number of surgical interventions in modern surgical practice, the expansion of their volume, as well as the tension of tissues along the line of hernioplasty sutures resulting from surgical treatment, which determines the occurrence of relapses.

Operations for POVG, as a rule, are performed in difficult conditions of adhesive and infiltrative-inflammatory processes, altered anatomy, often against the background of purulent-septic complications aggravating the patient's condition. It differs from the primary one in greater traumatism, duration of intervention, with the risk of iatrogenic damage to the intestine during repeated operations. The operation of herniation in POVG is a serious intervention, accompanied by severe traumatization, manipulations on pathologically altered tissues of the abdominal wall and abdominal organs. One of the most debatable issues remains the problem of reducing the likelihood of developing various postoperative complications in the group of patients with the highest operational risk. This category primarily includes patients with a large defect in combination with obesity.

In this regard, patients with POVG require special preoperative preparation. The program of comprehensive preoperative preparation as a whole had the goal: drug treatment of diagnosed concomitant therapeutic diseases, vitamin therapy, correction of disorders of cardiopulmonary activity, reduction of the patient's weight (up to 10-15 kg), abdominal volume and adaptation to increased intra-abdominal pressure, as well as prevention of thromboembolic and purulent-septic complications from the surgical wound.

Patients were prescribed mild laxatives, cleansing enemas every 2-3 days. After preparing the intestines, within 2 days before the operation, the patient drinks only tea and water. The deficiency of salts, carbohydrates and proteins, if necessary, is compensated by parenteral administration of salt preparations, concentrated glucose solutions, amino acids, protein preparations.

The duration and intensity of preoperative preparation of patients with POVH depended on the shape, size and size of the hernia, the presence or absence of its complications, age, as well as concomitant therapeutic and combined surgical pathology. Only comprehensive preparation of patients for surgery, especially in elderly and senile people, allows to expand indications for surgical interventions, improves the conditions for performing surgery and contributes to a smoother course of the postoperative period.

We have found that the mechanism of blood clotting is significantly disrupted with POVG: blood clotting activity according to 3 tests (clotting time, plasma recalcification, plasma tolerance to heparin) is significantly disrupted, there is a regular increase in fibrinogen, as well as indicators of the prothrombin complex (prothrombin, proaccelerin, proconvertin). There is an increase in the number of blood plates. At the same time, the indicators of the anticoagulation system of the blood are within the normal range.

For the prevention of thromboembolic complications in patients with POVH, we have studied the coagulation and anti-coagulation system of the blood. We studied the clotting and anti-clotting blood system in 97 patients (including 15 men and 82 women) aged 32 to 74 years, 8 of them were over 50 years old.

Conclusion:

1. The main causes of recurrence of postoperative ventral hernias are tactical and technical violations during hernioplasty.
2. The use of non-protracted hernioplasty methods is methodologically justified in the presence of extensive and gigantic postoperative venous hernias, a long history of herniation, morphofunctional tissue failure in the area of hernial defect and allows to reduce relapses of the disease from 13.7 to 2.2%.
3. The endovideosurgical method of hernioplasty in postoperative ventral hernias is advisable to use in the presence of medium hernias and / or several small hernias.
4. The use of the endovideosurgical method of hernioplasty allows to reduce by 2.7 times the length of stay of patients in the hospital, to reduce by 2 times the duration of the presence of severe pain syndrome in patients, to accelerate by 3.5 times the recovery of motor activity and by 2.6 times to reduce the time of disability

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