EFFICIENCY SIMULTANEOUS LAPAROSCOPIC OPERATIONS IN COMBINED PATHOLOGY OF THE ABDOMINAL CAVITY AND SMALL PELVIS.

Usmanov U.D
Kosimov Sh.Kh
Andijan State Medical Institute.

Relevance The World Health Organization in 1985 published statistics, according to which 25%-30% of patients subject to surgical treatment due to any disease have one or more additional diseases requiring surgical treatment. The combination of diseases of the abdominal organs and organs of the female genital area is quite common and, according to various authors, ranges from 2.8 to 63%, in particular, diseases of the appendix 3.1 - 3.3%, gallbladder - 3.1 - 15% .

Simultaneous operations are understood as such surgical interventions that are aimed at the simultaneous correction of pathological changes in two or more organs caused by independent competing diseases.

Purpose of the study. Based on a retrospective analysis of the case histories of patients operated on for the pathology of the gallbladder and small pelvis in the 3rd surgical department of the ASMI clinic in the period from 2018 to 2020, to substantiate a wider use in practice of minimally invasive simultaneous interventions on different floors of the abdominal cavity.

Materials and research methods.

The analysis of the results of treatment of 160 surgical patients with combined gynecological pathology, who underwent simultaneous operations in the period from 2018 to 2020, was carried out. The age of the patients ranged from 24 to 46 years. Gynecological operations were performed by laparoscopic and traditional approaches for benign neoplasms of the uterus, uterine appendages, endometriosis . Surgical interventions were performed on women for the following pathology: cholelithiasis , ventral hernia, abdominal adhesive disease, chronic appendicitis.

Research results.

Most often, gynecological patients were found to have chronic calculous cholecystitis - in 28.6% of cases, hernias of the anterior abdominal wall of various localization - in 20.6%, chronic appendicitis - in 13.0%, adhesive disease of the small pelvis I-II stage. - in 7.6%. 68 women underwent laparoscopic access with cholecystectomy in combination with ovarian resection (42.7%), with oophorectomy (10.3%), with cystectomy (10.3%), with supravaginal amputation of the uterus - (8.8%), panhysterectomy (7.3 %), with conservative myomectomy and resection of the ovary (8.8%), with supravaginal amputation of the uterus with cystectomy (11.8%). The average duration of both stages of the operation was 112 ± 6.1 minutes, the average intraoperative blood loss was 142.53 ml, and in all cases, blood loss was noted during the main stage, while no significant blood loss was noted during the combined

stage. Simultaneous laparoscopic cholecystectomy in uncomplicated forms of cholelithiasis does not have any specific features, is accompanied by the introduction of three additional ports and increases the overall duration of the operation by an average of 31.2 ± 1.8 minutes. regardless of the type of gynecological intervention.

In the structure of extragenital surgical pathology in patients with diseases of the small pelvis, *hernias of the anterior abdominal wall* were found in 49 (23.3%), although other authors noted the combination of this pathology in 15.8%, in 35.1%. 49 patients had hernias of the anterior abdominal wall as a competing disease: inguinal hernias in 30 patients and postoperative ventral hernias in 19. In 30 patients (mean age 30.1 ± 1.9 years), hernioplasty was performed using laparoscopic access using sutures and additional reinforcement with an implant located preperitoneally for inguinal hernias and in 19 patients (mean age 30.8 ± 1.4 years) - with the help of tension -free methods of hernioplasty : over the aponeurosis - on lay (in 9 patients), retromuscular - sub lay (in 2 patients) and in the form of a patch - in lay (in 6 patients) in combination with ovarian resection (18.4%), with ovario ectomy (20.4%), with cystectomy (16.3%), with supravaginal amputation of the uterus - (10.2%), panhysterectomy (4.1%), with conservative myomectomy and resection of the ovary (29.4%), with supravaginal amputation of the uterus with cystectomy (19.2%). No complications were identified. In our center, in 31 (14.8%) cases, gynecological diseases were combined with chronic appendicitis, for which the following operations were performed using video-laparoscopic technique: conservative myomectomy + ovarian resection + appendectomy in 11 cases; ovariectomy + appendectomy - in 8; cystectomy + appendectomy - in 13. All operations were performed using video- laparoscopic technique, since it is it, especially with appendectomy , that is accompanied by fewer complications (especially infectious ones) compared to open surgery. In our cases, during surgery for benign gynecological diseases and chronic appendicitis, intra- and - or postoperative complications were not detected.

The formation of *intraperitoneal and pelvic adhesions* is noted in 63-92% of cases in the recovery period after abdominal operations, and in gynecology this problem is especially relevant, since the development of the adhesive process not only leads to a deterioration in the quality of life of patients due to pain, an increase in the risk of repeated operations, but also contributes to the development of tubal- peritoneal factor of infertility in patients of reproductive age [6]. Adhesive disease of the small pelvis I-II st. was detected in 18 gynecological patients: with uterine leiomyoma - in 4, uterine myoma in combination with diseases of the appendages - in 4 and with diseases of the uterine appendages - 10. With the help of laparoscopic technique, adhesiolysis and conservative myomectomy + ovarian resection were simultaneously performed in 8 cases, with cystectomy - in 5 and oophorectomy - in 5.

CONCLUSIONS.

When planning surgical treatment of diseases of the pelvic organs, it is necessary to expand the standard of preoperative examination in order to identify combined

extragenital diseases that require surgical correction. An analysis of the results of treatment in various groups of patients showed that the early postoperative period after isolated operations and simultaneous interventions does not have significant differences in the intensity and duration of the pain syndrome, the timing of the restoration of the main functional systems and physical activity of the patients, as well as the average indicator of postoperative temporary disability of the patient.

LIST OF USED LITERATURE:

1. Дронова В.Л., Дронов А.И., Крючина Е.А., Теслюк Р.С., Луценко Е.В., Насташенко М.И. Симультанные операции при сочетанных хирургических и гинекологических заболеваниях. // Украинский журнал хирургии. – 2013, - №2 (21), - С. 143-151.

2. Артыков К.П., Рахматуллаев Р.Р., Рахматуллаев А.Р. Симультанные операции при сочетанных хирургических заболеваниях органов брюшной полости. / Научно-медицинский журнал «Вестник Авиценны».– 2015, №2, - С. 114-118.

3. Адамян Л.В., Гайдарова А.Х., Панин А.В. Сочетанные оцерации в гинекологии: вопросы классификации и методологического подхода.//В кн.: Лапарпоскопия и гистероскопия в акушерстве и гинекологии./Под ред. В.И. Кулакова, Адамян Л.В. М., 2002.- С.422-428.

4. Гайдарова А.Х., Решетько А.В., Ткаченко Э.Р. Экономическая эффективность сочетанных операций в оперативной гинекологии. //В кн.: Новые технологии в гинекологии./ Под ред. В.И. Кулакова, Л.В. Адамян М., 2003.- С.175.

5. Александрович Г.Л., Николаев Е.В., Тургенев В.Г., Применко О.Е. Симультанные операции при заболеваниях органов брюшной полости. // Клиническая хирургия, 1981, №7, с.25-27.

6. Андрианов А.В., Макаров П.А. К вопросу о классификации симультанных операций. // Самарский мед. архив, 1996, №1, с.43-44.

7. С.И. Симультанные операции при кистах печени и хроническом калькулезном холецистите. // Тез. докл. 1-го Всерос. съезда по эндоскоп, хирургии (Москва, 24-25 февр. 1998 г.) / // Эндоскоп, хирургия. 1998, 1. с.6.

8. Семёнов В. В., Курыгин Ал. А. Симультанные операции на органах живота: спорные и очевидные аспекты проблемы. // Вестник хирургии. – 2014, - Т. 173, - №6. – С. 96-99.

9. Баулина Н.В. Симультанные операции в хирургии и гинекологии / Н.В. Баулина, Е.А. Баулина // Вестник хирургии им. И.И. Грекова. — 2004. — Т. 163, № 2. — С. 87-91.

10. Malfetano J.H. Incidental cholecystectomy in the treatment of gynecologic malignancy / J.H. Malfetano, R.T. MacDowell, M.M. O'Hare // J. Gynecol. Surg. — 1990. — Vol. 6, № 3. — P. 195-198.