

REDUCING POSTOPERATIVE COMPLICATIONS IN APPENDICITIS WITH LIVER CIRRHOSIS**Khudaybergenov Shikhnazar Olloberganovich**

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Purpose of the study. To evaluate the effectiveness of adapted postoperative therapy in preventing complications in patients with acute appendicitis associated with liver cirrhosis.

Materials and methods of research. An analysis of the postoperative management of patients with acute appendicitis and concomitant liver cirrhosis was conducted. Postoperatively, combination therapy was administered, including antibacterial (ceftriaxone), infusion-metabolic, and hemostatic support (albumin, glutathione, concentrated glucose solutions, and vicasol). Routine abdominal drainage was discontinued to reduce the risk of ascitic fluid infection and the development of ascites-peritonitis. The incidence of postoperative complications, mortality, the need for readmissions, and the dynamics of the patients' clinical condition were assessed.

Research results. An analysis of clinical outcomes showed that the use of adapted postoperative therapy in patients with acute appendicitis associated with liver cirrhosis was associated with significantly improved treatment outcomes. A reduction in postoperative mortality from 25% to 10% was noted, demonstrating the clinical efficacy of the proposed approach. With combination therapy, a decrease in the incidence of purulent-inflammatory complications, including wound infections and intra-abdominal inflammation, was observed. A reduction in the number of readmissions was also recorded, indicating a more stable postoperative course and better compensation of concomitant liver pathology. However, an analysis of the causes of adverse outcomes revealed that hepatic encephalopathy, septic complications, and peritonitis remained the leading mortality factors. This reflects the severity of the initial condition of patients with liver cirrhosis and the high risk of decompensation even with adequate therapy.

Conclusion. Comprehensive, adapted postoperative therapy, including antibacterial protection, infusion and metabolic support, correction of liver protein-synthetic function, and hemostatic disorders, significantly improves clinical outcomes in patients with liver cirrhosis. Individualized postoperative management, taking into account liver function, reduces mortality, decreases the incidence of complications, and improves the overall effectiveness of treatment in this patient population.