

COMPLICATIONS AND PREVENTION OF HERNIA**INJURY FROM ALLOPLASTY****Khabibullaev Asilbek Pattakhanovich**

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Abstract: In modern surgical practice, the frequency of complications and recurrence of hernias after hernia repair of abdominal wall hernias remains high. In the treatment of hernias, radical treatment is achieved by the method of alloplasty. But after alloplasty, wound complications are observed: wound suppuration, seroma formation, alloplant extrusion from the body, and other complications. The article analyzes the frequency of wound complications after abdominal wall alloplasty and measures to reduce them.

Key words: hernia, alloplasty, alloplant, surgical wound.

Introduction. According to foreign data, after laparotomies performed due to various surgical diseases of the abdominal cavity, in 6-11% of cases, terminal ventral hernias appear. (Mazurik M.F. also author., 1985; Leshenko I.G., Panov I.F., 1990; Mudqe V., 1998). Currently, the number of exercises with hernias of the anterior abdominal wall is increasing (Deryugina M.S., 2001; Belokonev V.I., s soavt. 2004). The mortality rate from the exertions performed in hernias of the anterior abdominal wall is 12-21% (Toskin V.P., Jebrowski V.V., 1983; Kochnev O.S., s soavt., 1991; Rolipikov I.M., s soavt., 2001). Recurrence of hernia after local tissue lesions is observed between 25% and 60% (Timoshin A.D., s soavt., 2003). For this reason, radical treatment with the alloplasty method is currently being achieved for the purpose of treating hernias. But the latest complications from the completion of alloplasty are observed: increased wound suppuration, seroma formation and the elimination of alloplantate from the body. Treatment of terminal ventral hernias from surgery remains an urgent task of abdominal surgery. The frequency of external injury complications for hernias of the anterior abdominal wall from surgery occurs from 20.9% to 67%.

Purpose: to avoid complications of terminal injury from alloplasty in hernias of the anterior abdominal wall.

Materiel and methodology: according to our observations, 140 patients were studied, of which there were a total of 72 patients in the control group, of which 49 women were 68% and 23 men 32%. The primary hernia of the anterior abdominal wall is 8 individuals (11.1%), the posterior abdominal anterior wall hernia is 18 individuals (25%), the lumbar area hernia is 4 individuals (5.5%), the chov hernia is 24 individuals (33.3%), the abdominal right subcostal hernia is 9 individuals (12.5%), and others hernia is 9

individuals (12.5%). The main group included 68 patients who were operated on according to a complex method designed by us to reduce injury complications (of which 23 were female 33.8% and 8 were male 26.5%). The primary hernia of the anterior abdominal wall was 7 individuals (10.3%), the posterior abdominal anterior wall hernia was 14 nafar (20.6%), the lumbar area hernia was 2 individuals (2.9%), the chov hernia was 4 individuals (6%), and the abdominal right subcutaneous area hernia was 2 individuals (2.9%). The age of patients in either group (the average age of those in the main group was 54-57, and the average age of those in the control group was 57.65) was analyzed.

The anterior abdominal wall of patients in the main and control group is the size of the hernia gate (J.Chevrel-A. Rath classification) consists of v1 - 40 patients (28.8%), v2 - 62 patients (42%), v1 - 13 patients (9%) in the control group, v2-25 patients (17.8%). Post-traumatic complications in patients in the control group were: tachrih injury purulent-in 5 cases (7%), seroma - in 6 cases (8.3%), wound ulcer-in 1 case (1.4%), pain syndrome-in 7 cases (9.7%). The average inpatient treatment day for patients was 8-10 days.

In patients in the main group, complex treatment measures were carried out aimed at preventing post-traumatic complications. According to him, antihistamine therapy began for 5-7 days, antibacterial therapy for 1 day before the procedure, and then at the time of treatment, alloplantate was treated in a solution of decasan for 3-5 minutes. During the procedure, a frozen saline solution was applied to create conditions of hypothermia. The alloplantate set was then secured to the tissue in the desired manner. For control and aspiration, a constant negative pressure was created by placing the nipple tube in the area where the set was placed. For the next 2 hours after the diagnosis, local hypothermia was created. In the post-tasrih period, the drug serratiopeptidase was recommended, along with antibacterial treatment treatments.

When the result of the complex treatment procedures used is analyzed, it can be seen that there is a sharp decrease in Wound complications after alloplasty.

Post - traumatic complications in patients of the main group: suppuration-in 1 case (1.5%), seroma-in 2 cases

(3%), wound leakage wound was 0 (0%), pain syndrome was 3 (4.4%). The average day of treatment of patients decreased from 8-10 days to 5-7 days.

Conclusion: treatment measures aimed at preventing postoperative injury complications can be divided into stages.

The first stage is the preparation of the patient's body before the diagnosis. To do this, first of all, to identify patients with comorbid pathology and allergic background. They experience eosinophilia and hypergistaminemia. For this reason, desensitizing treatment

procedures are required in the pre-tashrih period, and operative treatment and alloplasty are recommended after eosinophilia has been eliminated.

The second stage is the treatment of alloplantate with decasan solution at the time of disposal. Alloplantate setka can be infected despite being a sterile apyrogen. For this reason, post-injury can cause complications. The melting of subcutaneous fat secreted into the wound area during the procedure becomes the cause of purulent inflammation. For this reason, in patients with thick subcutaneous fat, hypothermia was carried out during the treatment and received fat melting, and in the post-treatment period, local hypothermia was maintained.

The third stage - the nipple tube placed in the injury area in the post-accident period-was adequately aspirated. The patient was advised to use the drug serratiopeptidase.

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