ISSN 3060-4567

DETECTION OF HIGH-RISK PATIENTS IN THE PREVENTION OF POSTOPERATIVE HERNIA

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***The purpose** of the study is to improve the quality of the life of patients by identifying the patients of the high-risk group, which can develop hernia in the postoperative period.*

***Keywords:** postoperative hernia, risk factors, re-laparotomy, fascial decay, preventive grid.*

***Annotation**:The development of postoperative hernias (PO) is a serious problem after abdominal operations, which leads to a decrease in the quality of life of patients and an increase in health costs. In our opinion, there are cases that deserve attention and requiring special attention: urgent laparotomy, repeated laparotomy, degree of contamination and removal of stoma. In our opinion, when closing the front abdominal wall during emergency laparotomy, re-laparotomy, contaminated or connected with a stoma operation, two points should be taken into account: the level of contamination and risk factors for the patient. We recommend considering the possibility of using the fascial dressings (FP) and the preventive mesh (PS) for prevention (PO) in a surgically contaminated or infected surgical field with focal sepsis in patients with Development Risk (PO). At least if the PS is not used, surgeons should try to gently close the laparotomy.*

Nevertheless, the scientific community needs to pay attention to and conduct quality research on this important issue. Surgical treatment of patients with postoperative ventral hernias is one of the important problems of abdominal surgery. The development of modern herniology is impossible without the use of

modern synthetic materials for plastic front abdominal walls. In hernioplasty, especially large and complex postoperative hernias of the anterior abdominal wall, the prevention of the complications of injury is of great importance and requires a multicomponent complex approach. Complications of injuries after plastle of large postoperative hernia front abdominal walls still occupy a leading place. Operation to remove hernia, like any other operation, leads to significant tissue damage. Dissection and separation of tissues lead to the discovery of a large lymphatic system and small blood vessels. Therefore, in any case, lymph, blood, serous separated and developing serous inflammation is accumulated on the surface of the wound. Seroma - long serous exudate is one of the most frequent complications after surgical henioplasty and is defined as any subcutaneous fluid detected by clinical or ultrasound examination of the postoperative wound. In most cases, a sulfur is formed in a plastic "lining". A number of researchers believe that the main cause of the formation of sulfur is the contact of the subcutaneous fat layer with endoprosthesis. Others include very extensive dissection and mobilization of subcutaneous fat.Other researchers agree with this, and the accumulation of fluid in the wound is not a complication, but a normal healing process of wounds in accordance with the exudative step of wound inflammation. No specific criteria for treating patients with gray is not developed. Some researchers actively support the puncture method, others for long-term vacuum aspiration. The wound process was evaluated in the postoperative period. In particular, the amount and duration of the exudate from postoperative wounds, painful syndrome on a numerical rating scale (LFS), as well as early and late complications were evaluated. During our observation, the peak of the serous branch from the postoperative wound falls on the 3rd and 4th day, corresponds to the I and II groups and continues until 10 days. Daily patients were used ultrasound examination of the postoperative wound. In the group III, Seroma were minimal in 7 days, while in two other groups they continued to accumulate. Thus, research on the understanding of the wound process, the accumulation of the serous fluid around the retinal prosthesis and methods of combating it, are very

relevant. In the course of the study, we concluded that the most effective way to prevent sulfur is the emptying of the cavity and leaving tubular drainage. This method led to the frequency of complications of 9.8-15.8% and the high frequency of the occurrence of sulfur. In the early postoperative period, the use of vacuum drainage in Redone does not have the advantages over the puncture method in the hernias of medium-sized and leads to an increase in the amount of exudate by 11.4-22.5%. The most appropriate punitive method of treating sulfur after alloplasty postoperative hernia. This was evidenced by a faster extruction resorption by 10.1-26.2% and a smaller risk of sulfur cavity by 9.4-36.4%.

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