

LAPAROSCOPY IN THE DIAGNOSIS AND TREATMENT OF ACUTE DISEASES OF THE ABDOMINAL ORGANS.

Makhmanazarov O.M.

Masharipov H.K.

Bukhara State Medical Institute, Bukhara, Uzbekistan

Relevance. Diagnostic laparoscopy has found wide application in emergency surgery, as it allows to quickly and effectively identify the cause of the disease, as well as perform surgical intervention with minimal risks for the patient.

Objective of the study: to show the effectiveness of diagnostic laparoscopy in the treatment of patients with abdominal injuries.

Materials and methods: in the Bukhara branch of the RNCCEM based on the surgical departments. In 2022-2023, 20493 operations were performed in the Bukhara branch, of which 9461 (12.1%) were abdominal operations. The examined group consisted of 2479 (26.2%) patients with urgent diseases of the abdominal organs, among all abdominal operations performed in the period from 2019 to 2021 using laparoscopic technologies. All admitted patients underwent a comprehensive clinical examination according to the generally accepted scheme using traditional laboratory and radiological methods. General clinical and biochemical studies were performed; in-depth study of the coagulation system; plain radiography of the abdominal cavity, radiocontrast studies of the gastrointestinal tract (GIT); computed tomography (CT), including with contrast, ultrasound examination (US) of the abdominal cavity and pelvis, magnetic resonance imaging in rare cases - to clarify the diagnosis; endoscopic studies fibroesophagogastroduodenoscopy.

Results. As a result of 1984 laparoscopic cholecystectomies (LCE), complications during LCE for acute cholecystitis were observed in 14 (0.8%) patients. Parenchymatous hemorrhage from the gallbladder bed was observed in 11 (0.6%) patients; in all cases, bleeding was stopped by laparoscopic coagulation (Table 4). Damage to the extrahepatic bile ducts occurred in 3 (0.2%) patients and required laparotomy. In 2 cases, lateral damage to the common bile duct was sutured. In 1 patient, the completely transected hepaticocholedochus was restored using a Kehr drainage. In the postoperative period, complications occurred in 22 patients (1.1%): bile leakage through the abdominal cavity drainage — in 8 (0.4%), subhepatic abscess in the gallbladder bed — in 2 (0.1%), suppuration of the epigastric puncture was observed — in 12 (0.6%) patients. Laparoscopic interventions made it possible to reduce the length of hospital stay (by 22.2 - 37.5%), reduce the percentage of unnecessary laparotomies (by 15-25%), reduce the diagnostic time, exclude the

occurrence of postoperative hernias, reduce the prescription of narcotic analgesics, and transfer patients to enteral nutrition at an earlier stage.

Conclusions. Laparoscopic interventions for major urgent diseases of the abdominal organs are highly effective, possessing all the advantages of minimally invasive surgery and are quite safe, accompanied by a small percentage of intraoperative and postoperative complications in accordance with the nature of the operation

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