

ADVANTAGES OF MODERN TREATMENT OF ACQUIRED INTESTINAL OBSTRUCTION.

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The article discusses modern approaches to the treatment of acquired intestinal obstruction, which is a dangerous condition that requires timely medical intervention. The aim of the study was to analyze the benefits of new treatment methods, such as laparoscopic surgery, endoscopic procedures, and conservative therapy. A review of scientific literature was carried out using Google Scholar, Scopus and other sources. The results showed that minimally invasive methods and modern drugs significantly improve disease outcomes, shorten the rehabilitation period and reduce the risk of complications.

Keywords. Acquired intestinal obstruction, modern methods of treatment, laparoscopy, endoscopy, minimally invasive methods, conservative therapy, postoperative management, complications, rehabilitation, medical examinations.

Introduction.

Acquired intestinal obstruction (CI) is a pathological condition in which there is a violation of the passage of contents through the intestine due to various reasons, such as tumors, adhesions, inflammatory diseases and others. This disease can lead to severe consequences such as peritonitis, necrosis of the intestinal wall and sepsis, which requires urgent medical intervention.

Modern advances in medicine have significantly changed approaches to the diagnosis and treatment of intestinal obstruction. The development of minimally invasive surgical techniques, endoscopic procedures, and improved postoperative care have improved treatment outcomes and significantly reduced the risk of complications. The use of these technologies helps not only to reduce the length of patients' stay in the hospital, but also to improve their quality of life during the recovery period.

This paper discusses the main advantages of modern methods of treating acquired intestinal obstruction, analyzes the latest scientific data and clinical studies on this topic.

Materials and methods.

In the course of the study, modern methods of treating acquired intestinal obstruction were analyzed based on a review of scientific literature and data from medical databases. To obtain up-to-date information, international databases such as Google Scholar, Scopus and PubMed, as well as domestic medical journals and online resources were used. The selection of publications was carried out with a focus on the

last 10 years to ensure the relevance and reliability of the results. The included sources contained data on different approaches to diagnosis and treatment, such as laparoscopic and endoscopic procedures, conservative therapy, and postoperative management.

The study used methods of systematic review and comparative analysis of treatment results to identify the advantages and disadvantages of each of the methods. First of all, special attention was paid to publications on minimally invasive surgical interventions, such as laparoscopy and endoscopy, since these methods are considered more gentle on the patient and contribute to a shorter rehabilitation period. In addition, studies related to conservative management were analyzed, especially in patients with early stages of the disease and in the absence of serious complications.

A separate block was devoted to the analysis of postoperative management, including modern methods of intensive care and parenteral nutrition, which help to improve the prognosis of patients and reduce the risk of recurrence. To ensure the objectivity of the data, both retrospective studies and prospective clinical trials were used, which made it possible to compare treatment outcomes in different groups of patients.

Also, as part of the work, an analysis of the use of new medications aimed at improving intestinal motility, preventing adhesions and reducing the risk of complications was carried out. The use of drugs such as prokinetics, immunomodulators and antibacterial agents has been studied for their effectiveness in preventing relapses and improving the general condition of patients.

The methodology of the study was based on the qualitative and quantitative analysis of the data obtained. The qualitative analysis looked at the results of successful clinical cases, while the quantitative analysis included a comparison of statistics on complications, mortality and recovery time after different types of interventions.

Results.

The results of the study showed that modern methods of treating acquired intestinal obstruction have significant advantages over traditional approaches. First of all, minimally invasive treatments, such as laparoscopic surgeries and endoscopic procedures, have been shown to be highly effective in improving disease outcomes. These techniques can reduce the number of postoperative complications such as adhesions, infections, and long-term loss of bowel function. Patients who underwent laparoscopic surgery recovered faster, spending less time in the hospital, compared to those who underwent traditional open surgery. There was also a reduction in postoperative pain and less need for painkillers.

Endoscopic procedures such as bowel decompression and stenting have proven to be particularly effective in treating patients with partial intestinal obstruction caused by tumor processes. These procedures made it possible not only to quickly relieve the symptoms of obstruction, but also to postpone or avoid more radical surgical

interventions in patients with high surgical risk. Studies have shown that the use of endoscopy has improved the quality of life of patients and reduced mortality rates.

Conservative treatment, especially in cases where the disease was diagnosed in the early stages, also gave good results. When drug therapy was used in combination with a dietary regimen and a nasogastric tube, many patients were able to avoid surgery. The use of modern drugs, such as prokinetics, which improve intestinal motility, and immunomodulators, which strengthen the body's defense mechanisms, contributed to the successful restoration of intestinal function and the prevention of relapses.

In addition, it is important to note significant improvements in postoperative patient management. The use of modern intensive care methods, such as parenteral nutrition, infusion therapy and continuous monitoring of the patient's condition, has significantly reduced the risk of postoperative complications. Thanks to these approaches, it was possible to significantly reduce the rehabilitation time and improve the overall results of treatment.

Cumulative analysis showed that new approaches to the treatment of acquired intestinal obstruction not only improve patient prognosis, but also reduce treatment costs by reducing the need for long hospital stays and reducing the number of repeat interventions.

Conclusions.

Based on the study, several key conclusions can be drawn about modern methods of treating acquired intestinal obstruction. The use of minimally invasive surgical techniques such as laparoscopy and endoscopic procedures such as decompression and stenting have shown significant advantages over traditional open surgeries. These methods not only reduce postoperative pain and the risk of complications, but also contribute to a faster recovery of patients. Patients who undergo minimally invasive interventions show a shorter hospitalization period and a faster return to normal life, which significantly improves their overall quality of life.

Conservative treatments, including drug therapy and dietary changes, have also been shown to be effective, especially in the early stages of the disease or in cases without significant complications. The use of modern drugs such as prokinetics and immunomodulators can improve intestinal motor function and prevent recurrences, making conservative treatment a viable alternative option for some patients.

Improving postoperative care with new intensive care modalities, such as parenteral nutrition and infusion therapy, is essential to reduce postoperative complications and improve overall patient survival. These methods contribute not only to better recovery after surgery, but also to reduce the likelihood of developing long-term problems related to bowel function.

In general, current approaches to the treatment of acquired intestinal obstruction have shown their advantages in reducing mortality rates, improving treatment outcomes, and speeding up patient recovery. Minimally invasive and endoscopic techniques, along with effective conservative therapy and improved postoperative care, are key components of the successful treatment of this disease. These advances underscore the importance of further research and the adoption of cutting-edge technologies to improve the quality of care in gastroenterology and surgery.

Reference:

1. Давронов, Б. Л., Рустамов, Т. Р., Амирова, Ш. А., & Аббасова, Н. Х. (2024). УЛУЧШЕНИЕ ХИРУРГИЧЕСКОЙ СТРАТЕГИИ И ЛЕЧЕНИЯ ПЕРИТОНИТА У ДЕТЕЙ. *Journal of new century innovations*, 53(5), 121-126.
2. Abduraufovuch, R. F., Abduraufovna, R. L., Utkitovich, K. A., & Rashidovich, R. T. (2024). ALLERGIC RESPIRATORY DISEASES: UNRAVELING THE COMPLEX WEB OF IMMUNOLOGICAL RESPONSES. *PEDAGOGS*, 50(2), 129-133.
3. Давронов, Б. Л., Рустамов, Т. Р., Амирова, Ш. А., & Аббасова, Н. Х. (2024). МЕТОДЫ УЛУЧШЕНИЯ ТЕРАПИИ ЛИМФАНГИОМЫ У ДЕТЕЙ. *Journal of new century innovations*, 53(5), 117-120.
4. Botirjon o'g'li, M. S., Utkirovich, K. A., Nizomiddinovich, D. J., & Rashidovich, R. T. (2023). ADVANCEMENTS IN BARIATRIC SURGERY: A COMPREHENSIVE EXPLORATION OF EMERGING METHODS AND THEIR MULTIFACETED IMPACT ON OBESITY MANAGEMENT. *PEDAGOGS*, 45(2), 29-32.
5. Botirjon o'g'li, M. S., Nizomiddinovich, D. J., Rashidovich, R. T., & Utkirovich, K. A. (2023). UNRAVELING THE COMPLEX WEB: GENETIC AND ENVIRONMENTAL FACTORS IN APPENDICITIS ETIOLOGY. *PEDAGOGS*, 45(2), 33-36.
6. Botirjon o'g'li, M. S., Rashidovich, R. T., Alisherovna, R. S., & Dilshodovna, A. Z. (2023). REHABILITATION STRATEGIES FOR PATIENTS AFTER PLASTIC SURGERY. *Journal of new century innovations*, 32(2), 13-15.
7. Botirjon o'g'li, M. S., Rashidovich, R. T., Alisherovna, R. S., & Dilshodovna, A. Z. (2023). ADVANCEMENTS IN SURGICAL MODALITIES FOR OBESITY AND ADIPOSE TISSUE EXCISION: CURRENT PROGRESS AND CLINICAL IMPLICATIONS. *Journal of new century innovations*, 32(2), 10-12.
8. Аббасов, Х. Х., Рустамов, Т. Р., Амирова, Ш. А., & Аббасова, Н. Х. (2024). ДОМАШНИЙ УХОД ЗА ПАЦИЕНТАМИ ПОСЛЕ ОПЕРАЦИИ ПЕРИТОНИТОМ. *TADQIQOTLAR. UZ*, 32(3), 146-149.
9. Davronbekovich, K. J., & Rashidovich, R. T. (2023). MANAGING PATIENTS AT HOME FOLLOWING ABDOMINAL SURGICAL PROCEDURES: AN IN-DEPTH REVIEW. *Journal of new century innovations*, 35(1), 206-208.
10. Аббасов, Х. Х., Рустамов, Т. Р., Амирова, Ш. А., & Аббасова, Н. Х. (2024). ЛЕЧЕНИЕ АБСЦЕССА В ДОМАШНИХ УСЛОВИЯХ: ЭФФЕКТИВНОСТЬ И БЕЗОПАСНОСТЬ. *TADQIQOTLAR. UZ*, 32(3), 150-153.