



WOUND COMPLICATIONS AFTER ALLOPLASTY IN ANTERIOR ABDOMINAL WALL HERNIAS AND THEIR PREVENTION

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Article history:	Abstract:
Received: 6 th June 2022	The article analyzes the degree of wound complications after abdominal wall alloplasty for hernias and measures to reduce them.
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Conduction. According to foreign data, after laparotomies performed for various surgical diseases of the abdominal cavity, in 6-11% of cases, terminal ventral hernias are detected during examination. (Mazurik M.F. and co-author, 1985; Leshchenko I.G., Panov I.F., 1990; Mudke V., 1998). Currently, the number of examinations conducted for hernias of the anterior abdominal wall is increasing. (Deryugina M.S., 2001; Belokonev V.I., ed. 2004). According to the latest data, the mortality rate in operations performed with hernias of the anterior abdominal wall is 12-21%. (Toskin V.P., Zhebrovsky V.V., 1983; Kochnev O.S., ed., 1991; Rolyplikov I.M., ed., 2001). Hernia recurrences are observed from 25% to 60% after studies with local tissues. (Timoshin A.D., co-author, 2003). Therefore, alloplasty is currently being performed for the radical treatment of hernias and their radical treatment is being achieved. But after alloplasty, complications such as wound suppuration, seroma formation, rejection of the alloplant from the body increase. Treatment of postoperative ventral hernias remains an urgent task of abdominal surgery. The frequency of surgical complications in anterior abdominal wall hernias after surgery ranges from 20.9% to 67%.

Purpose: prevention of complications of alloplasty in hernias of the anterior abdominal wall.

Materials and methods. According to our observations , it was examined

140 patients, of which there were 72 patients in the control group, of which

49 women, 68%, and 23 men, 32%. Primary hernias of the anterior abdominal wall 8 (11.1), hernias of the anterior abdominal wall after examination - 18 (25), lumbar hernias 4 (5.5), hernias 24 (33.3), right subcostal hernias

9 (12.5%) and other hernias 9 (12.5%). The main group included 68 patients operated on according to a comprehensive technique developed by us to reduce the complications of trauma (23 women, 33.8% of them, and 8 men, 26.5%). Primary hernia of the abdominal wall 7 (10.3%), hernia of the anterior abdominal wall after examination-14 (20.6%), lumbar hernia 2 (2.9%), mandibular hernia 4 (6%) and right-sided subcostal hernia of the abdomen were 2 (2.9%). The age of patients in both groups was analyzed (the average age in the main group was 54-57 years, the average age in the control group was 57.65 years).

According to the size of the hernial gates of the anterior abdominal wall in patients of the main and control groups (classification J. Chevrel-A. Rath) in the main group V1 - 40 patients (28.8%), V2 - 62 patients (42%); in the control group V1 - 13 patients (9%), V2 - 25 patients (17.8%).

Postoperative wound complications in patients of the control group: suppuration - in 5 cases (7%), seroma - in 6 cases (8.3%), wound fistula wound in 1 case (1.4%), pain syndrome in 7 cases (9.7%). The average duration of inpatient treatment of patients was 8-10 days. The patients of the main group underwent comprehensive treatment aimed at preventing complications of postoperative trauma.

According to him, before the examination, antihistamine therapy was started for

5-7 days, antibacterial therapy was started 1 day before the examination, then during the examination the alloplant mesh was treated with decasan solution for 3-5 minutes. To create hypothermic conditions during the examination, a frozen saline solution was used. Then the allograft mesh was appropriately attached to the tissue. For control and aspiration, a nipple drainage tube was inserted into the mesh area to create a constant negative pressure. Local hypothermia was created within 2 hours after the intervention. In the postoperative period, along with antibacterial therapy, the drug serratopeptidase was recommended. Analyzing the results of the complex therapeutic measures carried out, it can be seen that the complications of injuries after alloplasty have significantly decreased.

Complications of wounds after examination in the main group of patients: suppuration -

in 1 case (1.5%), seroma - in 2 cases.

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

Conclusions: therapeutic measures aimed at preventing complications of postoperative trauma can be divided into stages.

The first stage is the preparation of the patient's body for examination. To do this, first identify patients with

comorbid pathology and allergic background. They have eosinophilia and hyperhistaminemia. For this reason, desensitizing medical procedures should be performed before surgery, and after the elimination of eosinophilia, surgical treatment and alloplasty are recommended.

The second stage is the treatment of the alloplant with decasan solution during examination. Despite the fact that the alloplant mesh is sterile, it can be damaged by infection even with short-term exposure to the open air. Because of this, it can cause complications in the postoperative period. Upon examination, the cause of purulent inflammation is the melting of the subcutaneous fat layer separated in the wound area. For this reason, hypothermia was performed during the examination in patients with a thick layer of subcutaneous fat to prevent fat melting, and local hypothermia was maintained in the post-examination period.

The third stage - in the postoperative period, the drainage tube installed in the wound area is adequately aspirated. The patient was recommended to use the drug serratapeptidase.

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