

PRACTICAL TRAINING OF ENDOSCOPIC AND CONVENTIONAL SURGICAL INTERVENTIONS IN THE BILIARY TRACT

**Teshabaeva M.A.,
Bektasheva G.M.**

Department of General Surgery and Transplantation Andijan State Medical Institute Andijan,
Uzbekistan

Relevance. Undoubtedly, like any other method of treatment, laparoscopic interventions on extrahepatic bile ducts have their advantages and disadvantages, indications and contraindications. The search for new and improvement of existing methods of treatment of patients with choledocholithiasis, stenosing duodenal papillitis and their combination, the development and introduction into surgical practice of the optimal technique and algorithm of laparoscopic intervention on extrahepatic bile ducts determines the relevance and great practical significance of this study.

The purpose of the study. The main purpose of this study is to improve the results of treatment of patients with choledocholithiasis, stenosing duodenal papillitis and their combination by introducing and improving methods of laparoscopic interventions on extrahepatic bile ducts.

Research materials and methods. Research was carried out in the surgical departments of the Andijan branch of the scientific center of Emergency Medicine of the Republic, in the Department of Neurosurgery of the adti clinic, in the private clinic of Carona MEDLAIN.

The study is based on an analysis of the results of the treatment of 115 patients with choledocholithiasis, stenosis duodenal papillitis from 864 patients who underwent cholecystectomy from January 2020 to December 2023. All patients are divided into two groups.

The control group included 60 patients treated with choledocholithiasis, stenosis duodenal papillitis from January 2020 to December 2023. In the surgical treatment of tumor disease during this period, as a rule, without prior laparoscopy, mainly open cholecystectomy is used.

The main group included 55 patients who underwent surgery from January 2020 to June 2023. In this group, a two - stage treatment of choledocholithiasis is mainly used-endoscopic transpapillary lithextraction, followed by laparoscopic cholecystectomy. Laparotomy is performed choledocholithomia if it is not possible to eliminate choledocholithiasis using endoscopic transpapillary interventions. Laparoscopic methods of treating cholelithiasis patients with choledocholithiasis and duodenal papillitis with stenosis are actively being introduced and improved to practice.

Research materials. Today, in terms of operational activity in the structure of general surgical pathology, cholelithiasis and its complex forms occupy a leading place, and patients with acute appendicitis, strangulated hernia and other diseases of the abdominal organs, uncomplicated forms of cholelithiasis prevail. For the period from 2020 to 2023. The total number of patients treated with various forms of cholelithiasis in medical institutions of the Andijan region was 15,396 people. Of these, 12,610 are in Andijan clinics and 2,786 are in Andijan region district hospitals.

2,052 (13.33%) patients with cholelithiasis were shown to have choledocholithiasis. 1,182 people (7.68%) had choledocholithiasis, which was complicated by stenosis duodenal

papillitis, and 750 (4.87%) had duodenal papillitis with choledocholithiasis-free stenosis. In 2061 (13.39%) patients, the disease was complicated by benign obstructive jaundice, which accounted for 51.73% of all patients with benign pathology of the extrahepatic bile ducts.

In 2023, compared to 2018, the number of patients with cholelithiasis increased by almost one and a half times, that is, by 46.87%. During the same period, the number of cholelithiasis patients with choledocholithiasis complications increased by 30.87%. A similar trend is observed in patients with choledocholithiasis combined with stenosis duodenal papillitis and obstructive jaundice. The number of patients with choledocholithiasis and SDP increased by 17.89%, with stenosis duodenal papillitis by 12.32% and with good obstructive jaundice by 31.93%. The presented data once again confirms the trend of an increase in the number of patients with complex forms of cholelithiasis in recent years.

Conclusion. First of all, the final result of the treatment of patients with choledocholithiasis, stenosis duodenal papillitis and their combination was taken into account. Comparison of patient groups was also carried out according to other indicators: the duration of surgical intervention, the severity of the postoperative pain syndrome, an assessment of the 10-point visual analog scale of pain, and the need for analgesics, the duration of patients' hospital stay. after surgery, the frequency and nature of intraoperative complications and complications in the early postoperative period, the number of deaths and the frequency of access to laparotomy.

Surgical intervention in patients in the main group was carried out according to the algorithm and techniques developed during this study. This treatment strategy proved effective and safe in 98.18% of patients with choledocholithiasis, stenosis duodenal papillitis, and a combination of these, where endoscopic transpapillary interventions were ineffective, allowing intervention of choledocholithiasis and stenosis duodenal stenotic duodenal intestinal papillosis. in no case without resorting to the transition to laparotomy.

For lithextracting in 23 patients, we used a device to laparoscopic removal of stones from the extrahepatic bile ducts we developed, which also showed its effectiveness and safety in 95.5% of cases. In 22 cases of the use of the device, the stones were successfully removed, and in no case were intraoperative complications observed.