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OPTIMIZATION OF SURGICAL MANAGEMENT IN OBESE PATIENTS WITH INCISIONAL HERNIAS

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Abstract. The purpose of the scientific study is improve, optimize the results of operations performed in patients with "hanging abdomen" syndrome due to abdominal (ventral) hernia and obesity. In 153 patients treated in VKTTTM I-surgery department, the results of the operations of patients with abdominal wall hernia and obesity were analyzed into 2 groups. In the first group, 76 (control group) patients with obesity and ventral hernia performed a hernia-cutting procedure, in which surgical intervention on the "hanging" Corine was not performed; the main group (II group) was studied as a result of 77 patients undergoing resection of pannikulis, abdominoplasty and cut-off of the ventral hernia. Conclusion weight loss was found to be a positive result of the implementation of the reduction of the subcutaneous fat layer in the case of the abdomen (II, III levels of the paniculus) "hanging" along with the cutting of the ventral hernia, alloprotizing in patients, when as a result of the disease of obesity and the occurrence of the ventral hernia, along with the.

Keywords: ventral hernias, alloprotizing, obesity, skin and subcutaneous, fart surgical treatment

Introduction: the presence of obesity in patients with more than 50% of ventricular hernia is known from the literature (3,4). In this case, the dressing of the hernia, the recurrence after the operation, the increase in pressure in the abdominal cavity is one of the main features of the hernia. Along with this, patients experience dystrophic changes in the muscles of the anterior wall of the corineum and joint hairs, as well as their fullness of fat deposits. One of the severe complications of obesity is the development of Panniculus, that is, the abdominal wall is accompanied by an increase in the volume of the ventral hernia, in which there is an increase in the size of the skin and subcutaneous fat pharynx at different levels and a direct effect on the quality of life of the patient (1,6). When drawing up an operation plan caused by the appearance of the syndrome of "hanging abdomen" due to the disease of the ventral hernia and obesity in front of the surgeon, the anesthesiologist reveals the degree of risk, reveals the selection of the access cylinder directly in accordance with the hernia, the choice of the individual approach and type of plastic (5,11).

Today, in these cases, 3 different approaches are distinguished. The first is to perform the procedure of cutting the hernia without taking into account the concomitant disease with respect to the ventral hernia by the method of alloprosthesis; in the second type – to perform the procedure of cutting the hernia without paniclectomy, that is, without violating the integrity of the fat fold of the skin and subcutaneous pharynx; in the third type (7,8)

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In all three operations, the commonality lies in the fact that the defect in the anterior abdominal wall is performed with a puddle of local and deep alloprotizing methods. As practice experience shows, in most cases, surgeons know that the second type of surgery should be performed more often. The advantage of this method is a positive result of the operation, since in the removal of fat deposits in a large volume, complications after a series of operations may arise.(2,9,10)

D. Jr. Jgwectal (2000) 5 classification of patients with pannikulis in Group skin-subcutaneous fat it is written that the size of the pharynx is determined in relation to the degree of hanging of the Corine. Resection weight loss of pannikulis is complex from the technical background, it is appropriate to take into account the possible positive and negative complications that can occur in its base.

The purpose of the scientific study: to improve, optimize the results of operations performed in patients with "hanging abdomen" syndrome due to abdominal (ventral) hernia and obesity.

Material and methods: In 153 patients treated in VKTTTM I-surgery department, the results of the operations of patients with abdominal wall hernia and obesity were analyzed into 2 groups. In the first group, 76 (control group) patients with obesity and ventral hernia performed a hernia-cutting procedure, in which surgical intervention on the "hanging " Corine was not performed; the main group (II group) was studied as a result of 77 patients undergoing resection of pannikulis, abdominoplasty and cut-off of the ventral hernia. During the operation, on the basis of a tactical algorithm, an fart consisting of a cutlet of skin and subcutaneous fat at the I level of the "hanging abdomen" pannikulis is not taken. In the 2 and 3 degree pannikulis, a bulging fart consisting of skin and subcutaneous fat cutlet was removed and a hernia cutting procedure was performed. In this group, such a radical procedure was carried out so that the ventral hernia does not recur.

Results: in 153 patients treated in the surgical department of the Bukhara regional Multidisciplinary Medical Center I abdominal wall hernia and obesity disease – the existing practice results of the "hanging abdomen" sign were analyzed into 2 groups. The age of the patients was around 20 – 80 years, men 26 (17%) , women – 127 (83%). In these patients, the procedure of hernia incision and subcutaneous fat fold resection was performed. Age and gender of the patients in the cross-section of all groups bulinishi Tab.Indicated on No 1.

Table No. 1

Division of patients by age and gender into groups

Age, year	Group 1			Group 2		
	Man	Woman	Total	Man	Woman	Total
21 – 30	2	6	8	2	7	9
31 – 40	3	10	13	3	10	19
41 – 50	2	15	17	2	15	17
51 – 60	6	11	17	6	11	17
61 – 70	3	10	18	3	10	13

71 – 80		4	4	8	4	4	8
Total	Aбс	20	56	76	20	57	77
	%	13	37	50	13	37	50

Table №2

Patients with hernia and IMT (body weight index) – according to the size of the hernia and the degree of obesity

Hernia size	Obesity at the level of obesity (by gruppes)					
	Group 1			Group 2		
	I *	II **	III ***	I *	II **	III ***
W ₁	9	9	7	8	7	6
W ₂	3	8	6	10	5	8
W ₃	15	9	10	9	14	10
Total	27	26	23	27	26	24

***IMT I degree**

****IMT II degree**

*****IMT III degree**

According to the location of the hernia on the anterior abdominal wall, the middle (M) and lateral (L) hernia, according to the size of the hernia gate W1 (small, 4cm small), W2 (medium) = 4 – 10 cm, W3 (large) greater than 10cm (based on the classification of whole-body health care (1997 y)) Tab№2. I degree of obesity (IMT=30,0 – 34,9) II degree of obesity (IMT=35,0 – 39,9) III degree of obesity (IMT – 40).These data are presented in 2 tables.

During the procedure of cutting the hernia, which is performed pannikulis (without taking subcutaneous fat cutletchatka) in patients with a hernia of the middle three parts of the abdominal cavity, the hernia bag is separated from the side of the limb, the hernia bag is poured into the abdominal cavity, the procedure of performing alloprotection in a combined manner over the aponeurosis. When the width of the gate of the hernia defect exceeds 12cm, the submuscular prosthetic plastic method was pounded:

Skin – subcutaneous fat in 2 group of patients was continued until the part of the side walls of the abdomen with the help of Oval incisions rotating the transverse part of the pharynx. Subcutaneous fat cuttings were obtained by resection of the superficial fascia and the subcutaneous fat cuttings. The next churra cutting bandits performed an alloprotizing amadiotomy over aponeurosis, that is, as in Group I.

Results of surgical procedure in the presence of post – operative ventral hernia and obesity in patients of both groups, the surface of the complications after the operation of gernioplasty methods without resection of the skin – subcutaneous fatty tissue (1 group) and after the weight of the resection (2 Group), the presence of the hernia in patients of the operation for several years, the absence enigma (p>0,05).

From the Anamnesis of patients it was found that the average presence of hernia in I group of patients was 3.7 years, in II group of patients 2 – 3.5 years. In Group I patients, 98% of the ventral hernia was Primary, 2% of the patients had recurrent (relapsed) hernia. In 2 group of patients, this ratio was 96,8% and 3,2%.

In connection with an increase in the level of obesity in patients, it is permissible to insist that the "hanging belly" in accordance with the increase in body weight is at the level of manifestation of fat fart yakkol. The hanging of the skin – subcutaneous fat on the various stadiums of pannikulis d. Dindo (2004) carried out the compilation of boyicha algorithm to Level III. The procedure for cutting a hernia at the I level of pannikulis was carried out standing under the fat fold. At the II – III level of pannikulis. In our II group of patients, of course, abdominoplasty was performed by pulling down the anterior abdominal wall along with resection weight loss of subcutaneous fat in abdominal syndrome, which "hangs" the practice of cutting the hernia.

When analyzing the results of the operation, seroma was detected in 8 cases in I group of patients, hematoma in 1 case. In 2 cases of seroma in patients of II Group, hematoma was not observed.

Conclusion weight loss was found to be a positive result of the implementation of the reduction of the subcutaneous fat layer in the case of the abdomen (II, III levels of the paniculus) "hanging" along with the cutting of the ventral hernia, alloprotizing in patients, when as a result of the disease of obesity and the occurrence of the ventral hernia, along with the.

Conclusion: what complication did xech cause in patients with a "hanging belly" sight, in which the skin and subcutaneous fat cuticle had a ventral hernia and obesity.

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