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USE OF TENSION-FREE HERNIOPLASTY IN SURGICAL TREATMENT OF STARGED ANTERIOR HERNIA ABDOMINAL WALL (LITERATURE REVIEW)

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ABSTRACT

The world literature covers in sufficient detail the indications and contraindications for abdominal wall plastic surgery for inguinal, umbilical hernias and postoperative ventral hernias, the method and technique of performing the operation itself, and the advisability of using one or another synthetic material. Most observations have established favorable not only immediate but also long-term results of planned surgical treatment of patients. However, the question of the use of tension-free hernioplasty in urgent surgery remains relevant.

Key words. Constrained hernia, tension-free hernioplasty.

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QORIN OLD DEVORI QISILGAN CHURRALARINI DAVOLASHDA TARANGLASHMAGAN GERNIOPLASTIKADAN FOYDALANISH (ADABIYOTLAR SHARHI)

ANNOTATSIYA

Jahon adabiyotida inguinal, kindik churrallari va operatsiyadan keyingi qorin bushligi churrallari uchun qorin bushligi plastik jarrohligiga kursatmalar va kontrendikatsiyalar, operatsiyani uzi bajarish usuli va texnikasi, shuningdek, u yoki bu sintetik materiallardan foydalanish maqsadga muvofiqligi

etarlicha batafsil yoritilgan. Kupgina kuzatuvlar bemorlarni rejalashtirilgan jarrohlik davolashning nafaqat darhol, balki uzoq muddatli ijobiy natijalarini ham aniqladi. Biroq, shoshilinch jarrohlikda kuchlanishsiz hernioplastikadan foydalanish masalasi dolzarbligicha qolmoqda.

Kalit so'zlar. Cheklangan churra, taranglashmagan gernioplastika.

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ИСПОЛЬЗОВАНИЕ НЕНАТЯЖНОЙ ГЕРНИОПЛАСТИКИ В ХИРУРГИЧЕСКОМ ЛЕЧЕНИИ УЩЕМЛЕННЫХ ГРЫЖ ПЕРЕДНЕЙ БРЮШНОЙ СТЕНКИ (ОБЗОР ЛИТЕРАТУРЫ)

АННОТАЦИЯ

В мировой литературе достаточно подробно освещены показания и противопоказания к пластике брюшной стенки при паховых, пупочных грыжах и послеоперационных вентральных грыжах, методика и техника выполнения самой операции, целесообразность применения того или иного синтетического материала. Установлены в большинстве наблюдений благоприятные не только ближайшие, но и отдаленные результаты планового хирургического лечения больных. Однако вопрос о применении ненатяжной герниопластики в ургентной хирургии остается актуальным.

Ключевые слова. Ущемленная грыжа, ненатяжная герниопластика.

Favqulodda jarrohlikda sintetik implantlardan foydalanish hali ham tanlov usuli emas. Bugungi kunga qadar ushbu turdagi jarrohlik yordamidan foydalanish uchun yagona ko'rsatmalar ishlab chiqilmagan. Qisilgan churralar uchun plastik jarrohlikning protezlash usullarining keng joriy etilmagani infeksiyalangan jarohatda sintetik materiallardan foydalanganda operatsiyadan keyingi yara asoratlari rivojlanish xavfi bilan izohlanadi.

Sintetik materialning kiritilishi "yot jism" reaksiyasini keltirib chiqaradi, bu o'z navbatida yallig'lanish reaksiyasining rivojlanishiga olib keladi, shuningdek, sintetik implant patogen mikroorganizmlar tomonidan kolonizatsiya qilinishi va yuqumli jarayonni sezilarli darajada uzaytirishi mumkin [7].

Ba'zi mualliflar yo'g'on ichak rezeksiyasi yaxshi natijalar bilan amalga oshirilgandan so'ng, qisilgan churralar uchun ichak rezeksiyasi holatlarida, potensial infeksiyalangan sharoitlarda qorin devorini almashtirish haqida xabar berishgan. V.V.Jebrovskiyning fikricha, infeksiya sharoitida protezlash xavfi haddan tashqari ko'tarilgan.

Ammo ichak rezeksiyasidan keyin yarada infeksiyaning potensial mavjudligi sintetik implantlardan foydalanishga qarshi ko'rsatma sifatida ko'rib chiqilishi mumkin degan yana bir fikr bor. Sintetik implantlardan foydalanishning yagona qarshi ko'rsatmasi yo'g'on ichakni rezeksiya qilish paytida gangrenoz ichakning teshilishidan keyingi peritonit tufayli yara infeksiyalanishining yuqori xavfi hisoblanadi.

Biroq, so'nggi yillarda adabiyotlarda qisilgan churralarni jarrohlik davolashda sintetik implantlardan muvaffaqiyatli foydalanish haqida ko'proq xabarlar keltirilyapti. Shunday qilib, Wysocki A. 27 qisilgan chov churra haqida xabar beradi. Barcha holatlarda Lixtensheyn usuli bo'yicha plastik jarrohlik qo'llanilgan. Operatsiyadan keyingi erta davrda bitta holatda yiringlash qayd etilgan. 24 oygacha bo'lgan kuzatuv davrida churraning qaytalanishi aniqlanmagan [23].

Sukovatix B.S. va boshqalar. Lintex Esfil to'rsimon eksplantatdan foydalangan holda turli joylarda qisilgan ventral churralarni yo'q qilish bo'yicha 51 ta operatsiyani ma'lum qildi.

Operatsiyadan keyingi davrda 4 nafar (7,8%) bemorda yiringlash rivojlandi, operatsiyadan keyingi yaraning yiringlashi kuzatilmadi [11].

Axtamov J.A. qisilgan chov churralarni davolashda Lixtenshteyn bo'yicha 7 ta muvaffaqiyatli gernioplastika natijalarini taqdim etdi. [5]. Romashin-Timanov operatsiyadan keyingi qorin bo'shlig'i churrasi bo'lgan 17 nafar bemorda to'rli eksplantlardan (onlay plastikasi) foydalanish to'g'risidagi ma'lumotlarni e'lon qildi, shu bilan birga operatsiyadan keyingi davrda operatsiyadan keyingi yaralarni yiringlash hollari kuzatilmagan [6].

Sajin V.P. turli joylarda bo'g'ilib qolgan churrasi bo'lgan 31 bemorni taranglashmagan plastika yordamida davolanish natijalari bilan maqola chop etdi. Muallif operatsiyadan keyingi yarani yiringlashning bitta holatini ham qayd etmadi. Operatsiyadan keyingi yaraning yiringlashi 11 nafar (35,5%) bemorda aniqlangan bo'lib, bemorlarni 3 yilgacha kuzatishda churraning qaytalanishi kuzatilmagan [8].

Shvachko S.A. to'rli protez yordamida taranglashmagan plastik jarrohlik amaliyoti haqida, qisilgan chov churra bilan - 129 ta, son churrasi bilan - 10 ta (jami 139 (65,9%)), kindik churrasi bo'lgan - 44 (20,9%),. operatsiyadan keying qisilgan ventral churralar - 28 (13,3%) nafar bemorda kuzatilganini xabar berdi [12].

Samsonov A.A. Shuningdek, qisilgan churralar operatsiyalarda allotransplantlardan foydalanish usulning yuqori samaradorligini, asoratlar va o'limning past foizini ko'rsatadi, deb hisoblaydi [9]. Gareski R. Qisilgan va to'g'rilanmaydigan ventral churralar bilan 44,9% da protezlar bilan taranglashmagan plastika yordamida davolashdan foydalangan. Martinez-Serrano M.A. qisilgan churrasi bo'lgan operatsiya qilingan bemorlarning 92,5 foizida qorin devorini sintetik protezlar bilan almashtirish qo'llanilganligi haqida xabar beradi [21].

Qoniqarsiz natijalarning asosiy sabablari implantni mustahkamlashda texnik va taktik xatolar, yiringli yara asoratlarining rivojlanishi va operatsiyadan keyingi davrga salbiy ta'sir ko'rsatadigan hamroh kasalliklarning mavjudligidir.

Operatsiyadan keyingi yara asoratlarining sabablarini bilish bizga jarrohlik usulini tanlash va yara asoratlarining oldini olishga qaratilgan bemorlarni operatsiyadan keyingi davolashni optimallashtirish bilan bog'liq ko'plab taktik masalalarni muvaffaqiyatli hal qilish imkonini beradi.

Bir qator mualliflar jarrohlik yarasining yiringlashiga olib keladigan ligaturalar va chandiqlarda "harakatsiz" infektsiyaning davom etishiga alohida ahamiyat berishadi [1,2]. Chandiqlar to'qimalarida topilgan mikroflora ko'p yillar davomida virulent bo'lib qolishi va uning faollashishi mahalliy to'qimalar bilan plastik jarrohlik paytida ham, qo'shimcha plastik materiallardan foydalanganda ham yaraning asoratlarini keltirib chiqarishi, keyin esa operatsiyadan keyin qorin bo'shlig'i churralari paydo bo'lishi isbotlangan.

Operatsiyadan keying ventral churralar uchun mahalliy to'qimalar bilan qorin bo'shlig'i devoridagi plastik jarrohlik paytida yara asoratlari 20,9-49,2% ga yetadi. Ularning tuzilishiga yiringlash, gematomalar, seromalar, cho'zilgan limforeya, yara infiltrati, ligatura oqmalari, yara qirralarining nekrozi va boshqalar kiradi.

Yaraning chetlarini har qanday o'z-o'zidan ajratish yoki qorin devorining chuqur qatlamlarini tozalash uchun ularni majburiy ajratish yiringlash deb hisoblanishi kerak degan fikr mavjud.

Kelib chiqishi turli xil bo'lgan plastik materiallardan foydalanish tufayli churrani tuzatishda ilgari kuzatilmagan qo'shimcha yara asoratlari paydo bo'ldi [20].

Seroma ko'rinishidagi asorat turli xil jarrohlik aralashuvlardan so'ng paydo bo'ladi. Bu operatsiyadan keyin to'qimalarning qalinligida, "bo'sh" bo'shliqda yoki operatsiya sohasida eksudatsiya natijasida suyuqlikning to'planishi natijasidir [10]. Toza yaralarni oddiy birlamchi tikishda seromalar juda kamdan-kam hollarda rivojlanadi, ular sintetik implantlardan foydalangan holda qorin bo'shlig'idagi plastik jarrohlik davrida alohida ahamiyatga ega bo'ladi. Gerniologiyada seromaning operatsiyadan keyingi shakllanishi protezga xos bo'lmagan yallig'lanish reaksiyasidir. Operatsiyadan keyingi davrda sintetik implant va qo'shni to'qimalar o'rtasidagi bo'shliqning mavjudligi ba'zi hollarda punksiya yoki drenajni talab qiladigan katta miqdordagi eksudatning to'planishiga olib keladi.

Protezning joylashishiga, uning turi va hajmiga, qo'llaniladigan tikuv materialining bir xilligiga qarab, seromalarning chastotasi 17,6 dan 30,3% gacha, xorijiy mualliflarning fikriga ko'ra, 50% ga yetadi [15]. Eksperimental ishlar va to'plangan tajribaga asoslanib, biz ideal biomaterialga xos bo'lgan xususiyatlarning ko'pini birlashtirgan I turdagi polipropilen protezlar gernioplastikada samarali ekanligi haqida xulosa qilishimiz mumkin. Bularga nisbiy inertlik, infeksiyaga chidamlilik, g'ovaklik, molekulyar o'tkazuvchanlik, mexanik mustahkamlik, elastiklik va to'qimalar suyuqliklariga chidamlilik kiradi [14].

Bitishmalar va ichak oqmalarining paydo bo'lishining sababi operatsiyani noto'g'ri bajarish texnikasi (implantning qorin bo'shlig'i organlari bilan to'g'ridan-to'g'ri aloqasi yoki implantning burmalar va burmalar hosil bo'lishi bilan mahkamlanishi, keyinchalik qorin bo'shlig'iga tushishi). Implantlarning migratsiyasi qorin old devori to'qimalarida degenerativ-distروفик o'zgarishlar paytida, ayniqsa kuchlanish paydo bo'lganda sodir bo'ladi [10].

Qorin old devorining plastik jarrohlik amaliyotidan so'ng yara asoratlarning oldini olish usullarini optimallashtirish juda dolzarb muammodir. Ko'rinib turibdiki, hatto turli xil plastik usullardan foydalangan holda muvaffaqiyatli bajarilgan operatsiya ham oqilona profilaktika choralari qo'llamasdan turib, operatsiyadan keyingi asoratlarning rivojlanishiga to'sqinlik qila olmaydi. Yara asoratlarning oldini olishning asosiy yo'nalishlari jarrohlikning boshqa sohalarida qo'llaniladiganlarga o'xshashdir [13].

Bir qator jarrohlar qorin bo'shlig'i devoridagi operatsiyadan keyin jarohatni drenajlash zarurati va samaradorligini shubha ostiga qo'yishadi. Isroillik jarrohlar mamlakat bo'ylab tadqiqot o'tkazdilar, unga ko'ra ular turli joylarda churra bo'yicha 11 kasalxonada operatsiya qilingan 1487 bemorda yara infeksiyasining sabablarini o'rganishdi [22]. Operatsiyadan keyingi yaraning yiringlashi 68 nafar (4,6%) bemorda rivojlangan. Yaraning drenajlanishi uning yiringlashiga yordam beradigan omillardan biri bo'lib chiqdi. Yara infeksiyasi xavfi yara drenajining foydali ta'siridan ustun turadi degan xulosaga keldi. T.J. White va boshqalar. shuningdek, qorin bo'shlig'i devorini davolash usulidan qat'i nazar, yara drenajidan keyin asoratlarning kamayishi aniqlanmadi [24]. Krasnov O.A. ba'zi hollarda Redon drenajlari operatsiyadan keyingi yaraga infeksiyasi uchun kanal bo'lib xizmat qiladi, deb hisoblaydi. Muallif onlayn plastik jarrohlikdan so'ng seromalarni ultratovush yordamida punksiya qilishni afzal ko'radi [4]. Shu bilan birga, Vrijland V.V. va boshqalar. polipropilen protezlar yordamida operatsiyadan keying ventral churralar uchun qorin old devorining plastik jarrohlik amaliyotidan so'ng drenajlash va yara infeksiyasi darajasi, drenajlash va seromalarning paydo bo'lishi o'rtasida korrelyatsiya topilmadi [18].

Chevrel J.R. onlayn plastik jarrohlikdan so'ng 2-4 ta vakumli drenaj qoldirgan. Agar 48 soat ichida drenajlar orqali oqma bo'lmasa, drenaj to'xtatildi. Muallif yara drenaji bo'lgan bemorlarda seromalarning chastotasi 3% gacha, drenajsiz 15% dan farqli o'laroq pasayishini qayd etdi [16].

Martin-Duce A. va boshqalar. operatsiyadan keying ventral churra uchun qorin old devorining sublay plastik jarrohligidan so'ng, bitta vakuumli drenaj to'g'ridan-to'g'ri protez ustida, ikkinchisi - aponevroz ustida qoldiriladi. Drenaj 48-72 soatdan keyin olib tashlanadi, chunki ularni jarohatda uzoqroq ushlab turish limforeyani rag'batlantiradi va yiringlash xavfini oshiradi [19].

Evropa Gerniologiya Jamiyati ekspertlar guruhining konsensusiga ko'ra, qorin bo'shlig'i devoridagi plastik jarrohlikdan so'ng barcha operatsiyalar yarani faol drenajlash bilan yakunlanishi kerak [17]. Ammo, muammo ochiqlicha qolmoqda, operatsiyadan keyingi jarohatni drenajlash va yopiq chok qilishning turli usullari bo'yicha qiyosiy tadqiqotlar mavjud emas va drenajlash usulining yarada seroma shakllanishiga ta'siri haqida aniq ma'lumotlar yo'q.

Shunday qilib, mavjud adabiyotlarda chov, kindik churralari va operatsiyadan keying ventral churra uchun qorin bo'shlig'i devoridagi plastik jarrohlik uchun ko'rsatmalar va qarshi ko'rsatmalar, operatsiyani bajarish metodologiyasi va texnikasi, shuningdek, u yoki bu sintetik materialdan foydalanishning maqsadga muvofiqligi yetarli darajada batafsil ishlab chiqilgan. Ko'pgina kuzatuvlar bemorlarni rejalashtirilgan jarrohlik davolashning nafaqat darhol, balki uzoq muddatli ijobiy natijalarini ham aniqladi. Biroq, shoshilinch jarrohlikda taranglashmagan gernioplastikadan foydalanish masalasi dolzarbligicha qolmoqda. Qoniqarsiz davolash natijalarining asosiy sabablari plastik jarrohlik usulini noto'g'ri tanlash, qorin devori to'qimalarida sezilarli taranglik, qorin bo'shlig'i

hajmining pasayishi va operatsiya qilingan bemorlarning 0,8-12 foizida qorin bo'shlig'i sindromining rivojlanishi hisoblanadi. Shu paytgacha asoratlangan qisilgan churralar bilan og'rigan bemorlarni operatsiyadan oldingi, intraoperativ va operatsiyadan keyingi davolash taktikasining o'ziga xos xususiyatlari, asoratlangan qisilgan churraning kattaligi va joylashishiga qarab tuzatish usulini tanlash, qorin old devori to'qimalarining anatomik yetishmovchiligi va ichak tutilishi sharoitida katta va gigant o'lchamdagi qisilgan operatsiyadan keyingi ventral churralar uchun gernioplastika, qorin bo'shlig'i sindromi rivojlanishining oldini olish kabi masalalar yetarli darajada yoritilmagan.

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