



SURGICAL TREATMENT AND PREVENTION OF STOMACH ULCERS

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ABSTRACT

Decompression methods can be widely used to prevent early postoperative complications, preventing the development of hypertension and stasis in the early postoperative period, creating functional rest in the surgical intervention area.

KEYWORDS

Duodenum, gastroduodenoanastomosis, decompression, probe, treatment.

INTRODUCTION

Duodenal ulcer (DU) is one of the most common gastroenterological diseases, often accompanied by life-threatening complications such as bleeding, perforation, etc. [1, 2].

Surgical treatment for complicated DU is now generally recognized, and many surgeons prefer and promote gastric resection (GR) as the most radical operation [3, 4].

MATERIALS AND METHODS

An analysis of the literature shows that the main disadvantages of traditional GR are high postoperative mortality, which still reaches 5–12.9% [5, 6], removal of pyloric sphincter and disturbances in portioned food evacuation, which are common in 18–58.6% of patients [2].

The most frequent early complications of gastric surgery include motor-evacuation disorders of the operated stomach and intestines, such as anastomosis,

gastrostasis, pancreatitis, etc. However, there is still no unified idea about their nature and patterns of development [5].

Considering that the frequency of these complications is still at a relatively high level, this problem is of particular urgency and relevance at the present time. However, many aspects of these complications from the standpoint of prevention have not yet been studied with sufficient completeness, both in domestic and foreign literature [5].

For the period from 2017 to 2022, 277 patients were operated on for duodenal ulcer at the Department of Surgical Diseases of the State Medical Institute. All patients underwent various options for primary and repeated surgical interventions.

RESULTS AND DISCUSSION

The nature of primary and repeated surgical interventions performed in patients with peptic ulcer disease, in which various decompression techniques were used, turned out to be as follows: out of the total number, the largest part was GR operations with preservation of the duodenal passage in 256 or 92.4% of patients. Of these, GR according to Billroth I in the modification of Gaberer-161 (58.1%), and GR according to Billroth I in the modification of Gaberer-Fineya-95 (34.3%).

Operations aimed at exclusion of the 12th duodenum from the act of digestion amounted to 5.1% (14 patients), that is, significantly less than in the group of patients with preservation of the duodenal passage. Reconstructive GR according to Roux-Ibadov in its various variants was performed in 7 patients or 2.5% of cases.

We made the distribution of patients according to the age classification adopted by WHO (1963), according to this classification, four age groups were identified.

Thus, the largest number of patients 146 (52.7%) was in the second age group, and 35 (12.6%) patients were in the first age group, in the third age group there were 75 (27.1%) and only 21 (7.6%) - in the fourth age group. Of the examined patients: men - 213 (76.9%), and women – 64 (23%).

It should be noted that in our observations, the bulk of the patients were young and middle-aged, i.e. the most able-bodied age of the population. It is at this age that the choice of the correct primary method of surgical intervention for duodenal ulcer is decided ambiguously.

In order to obtain the most complete and detailed idea of the localization and prevalence of the pathological process, in addition to a thorough study of the anamnesis, a detailed clarification of clinical symptomatology, and general clinical tests, the patients underwent a comprehensive examination.

The complex of preoperative examination included both conventional and special research methods, such as the study of the motor-evacuation function of the stomach or its stump by contrast fluoroscopy with computer support; endoscopic examination; study of the acid-producing function of the stomach by the aspiration-titration method and intragastric pH-metry; according to the indications, ultrasound of the abdominal organs was performed.

X-ray examination of the bulb and postbulbar duodenum was performed tight filling followed by dosed compression. Usually, the study was carried out in the vertical position of the patient, if necessary, a polypositional one was used, and to detect cardia insufficiency with gastroesophageal reflux, the study was carried out in the Trendelenburg position. All this made it possible to significantly reduce the frequency of diagnostic errors.

Postoperative X-ray examination after surgery was carried out depending on the indications, but on average for 6-7 days, because it is during these periods that the majority of complications are most often manifested. After the surgical intervention, X-ray examination studied the time of the beginning of the emptying of the contrast from the stomach stump, the relief of the mucous membrane, the speed and nature of the evacuation of the contrast mass.

CONCLUSION

1. The methods of decompression of the stomach stump, the area of anastomosis and intestines that we use are simple in execution technique, easily tolerated by patients, there is no need for special skills and techniques, tools to perform these techniques.

2. Decompression methods can be widely used to prevent early postoperative complications, preventing the development of hypertension in the early postoperative period, and these advantages and advantages of the decompression technique contribute to the regression of inflammatory changes in the "zone of interest", and conditions are created for better healing.

3. In addition, constant decompression in the conditions of the operated stomach and duodenum contributes to a more rapid recovery of the motor-evacuation function of these organs, which is the prevention of congestion.

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