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RESULTS OF EFFECTIVE POSTOPERATIVE WOUND DRAINAGE IN LARGE AND COMPLEX VENTRAL HERNIA

F.R.Yakubov, D.S.Sapaev, K.B.Allaberganov, N.O.Matkurbonov
Urgench Branch of Tashkent Medical Academy, Urgench, Uzbekistan

Abstract

This article analyses mainly results of effective postoperative wound drainage in large and complex ventral hernia. In order to avoid complications after surgery, it is necessary to improve the method of adequate drainage of the wound after surgery and introduce it into surgical practice. To accomplish the goal, the previously known method of drainage has been improved, that is, when draining the wound after surgery in large and complex ventral hernias, both ends of the silicone tube are pushed out through a separate incision. In this improved method, the result of postoperative wound drainage was positive and no complications were encountered, local use of glucocorticoid drastically reduced seroma output, resulting in a much shorter risk of relapse. Local use of antibiotics through a drainage tube reduced the duration of the patient's stay in the hospital, reducing infectious complications. As a result of improving the method of actively controlled drainage, the healing process of patients with surgery with a huge and complex ventral hernia smoothly passes.

The use of this method dramatically reduces seroma separation in postoperative trauma, significantly reducing infectious complications, and leaving patients without re-operationalization.

Keywords: Complex ventral hernia, wound drainage, postoperative cases.

Relevance of the problem. Measures aimed at preventing wound infection, which occur in patients who have undergone extensive and complex postoperative ventral hernia practice, remain key strategic issues of surgical treatment. Despite modern antibacterial therapy, which is carried out in order to avoid complications after surgery, the complications that occur after reconstructive practices of the anterior abdominal wall (infiltrate, wound suppuration, ligature discharge) are 4-9%, as cited in the literature [2, 4, 5, 6]. Retentive complications (seroma, hematoma) accounted for 6%, depending on the different periods after surgery [6]. These complications serve as the main factor in the relapse of the hernia.

On the one hand, it is caused by the above-mentioned factors that cause a lot of complications after surgery, on the other hand, non-adequate drainage in order to mobilize the subcutaneous fatty acid on a large surface, cut many lymph vessels and cause the body's reactions to the alien implant.

It is known from the literature that the use of synthetic materials in the practice of prosthetic gernioplasty increases the risk of complications after surgery [3, 5, 6]. Halving the issue of preventing complications after the practice of cutting large ventral hernias is the main way to treat such patients.

Because the implementation of anatomical separations on the large surface of the abdominal wall at the time of operation, the preservation of creeping infections around the ligature are the main factors that lead to the above-mentioned complications.

To the problem of drainage of the operational wound after allogernioplasty surgery, the opinions of different authors have changed over the years [3, 5]. In the previous period, the post-operative wound was not drained at all, and serous and hemorrhagic fluids accumulated in the wound were punctured. n the second period, the keiyngi scar from the opera was drained by the Redon method.

In the current period, wound drainage is approached, differentiated. In surgical practice, there are many ways to drain the wound after surgery. The simplest of them is open passive drainage. The downside to this method is that the fluid separated from the wound will drain itself through the drain. This method does not have adequate aspiration, the drain itself can act as a gateway for secondary infection. It does not eliminate the residual space in the wound and can evacuate the leaking fluid back to the wound.

The next is a closed passive drain, the difference of which from an open passive drain is that a sterile reservoir is attached to the distal part of the tube. The disadvantages of this method are also similar to the previous one.

When draining a postoperative wound in the Redon method, a silicone tube would need to be plugged into the equipment where one end is placed on the wound floor and the other end creates a vacuum. The disadvantage of this method is that the tube is clogged with a blood clot at short intervals, and since the drain does not fully fulfill its function, it will have to be removed in the period after early surgery.

As a result of analyzing the methods of drainage of wounds after known large and complex ventral hernia cutting operas, having studied the negative and positive aspects of each method, we came to the conclusion that it was necessary to control the drainage process.

The purpose of the study. In order to avoid complications after surgery, it is necessary to improve the method of adequate drainage of the wound after surgery and introduce it into surgical practice.

Material and research methods. To accomplish the goal, the previously known method of drainage has been improved, that is, when draining the wound after surgery in large and complex ventral hernias, both ends of the silicone tube are pushed out through a separate incision. All holes in the Tube remain at the bottom of the wound, the wound is sutured. One end of the tube is sealed with a special sealant. The second end is connected to a vacuum suction cup. In the period after the operation, a seal is taken and 1.0 grams of antibiotics are injected into the wound using a syringe. After 30 minutes have passed, with the help of a vacuum suction, the fluid in the wound is absorbed. After 8 hours of treatment, 2.0 dexamethasone is administered in the same way, and after an hour the vacuum is connected to the suction cup.

Results and their discussion. Through a comparative comparison of the drainage methods mentioned above, it became known that the use of open and closed passive drainage and Redon methods did not bear the fruit we expected. In the Department of abdominal surgery, the Khwarezm regional Multidisciplinary Medical Center, 88 patients treated in bed with a diagnosis of "giant and complex ventral hernia" were analyzed in two groups between 2015 and 2022.

In this improved method, the result of postoperative wound drainage was positive and no complications were encountered, local use of glucocorticoid drastically reduced seroma output, resulting in a much shorter risk of relapse. Local use of antibiotics through a drainage tube reduced the duration of the patient's stay in the hospital, reducing infectious complications. Also, the use of continuous sutures when eliminating the defect of the anterior abdominal wall reduces the occurrence of post-surgical hernias [1, 7].

In patients with the use of Redon drainage, the tube had to take the drain prematurely due to clogging with blood clots. As a result, there were many cases of infection complications and the survival of the residual cavity.

Conclusion. As a result of improving the method of actively controlled drainage, the healing process of patients with surgery with a huge and complex ventral hernia smoothly passes.

The use of this method dramatically reduces seroma separation in postoperative trauma, significantly reducing infectious complications, and leaving patients without re-operationalization.

The implementation of this method in surgical practice opens up a wide range of possibilities for surgeons, increasing the percentage of positive results after surgery.

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