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## IMPROVEMENT OF ANESTHETIC PROTECTION IN SIMULTANEOUS OPERATIONS ON ABDOMINAL AND PELVIC ORGANS

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**Abstract:** Abdomen and small reliable anesthesia during simultaneous operations on pelvic organs methods was considered . Severity of surgical stress, use of anesthesia methods, sedation component, artificial ventilation of lungs, anesthesia in surgery. , effects of anesthetics and opioids on cognitive and psychomotor functions; the positive effect provided by the combined use of epidural anesthesia with general anesthesia is evaluated.

**Key words:** surgical stress, complications, sedation component, anesthetics, narcosis component, epidural analgesia.

**Relevance of the work:** Due to the increase in the life expectancy of the population, the negative impact of environmental factors, and the increase in the rate of diagnosis, joint surgical diseases have been increasing in recent years. Recent studies have allowed us to find new patterns in the combination of diseases of various organs and systems that are pathogenetically interrelated and random. In 2021, the World Health Organization published statistics, according to which 25-30% of patients treated with surgery have one or more diseases. At the same time, despite the real opportunities to provide necessary medical care to this category of patients and to achieve maximum medical, social and economic results, only 1.5-6% of such patients undergo surgical interventions at the same time. The very small number of simultaneous operations is explained by various reasons: incomplete examination of patients in the preoperative period, intraoperative examination of the abdominal cavity and pelvic organs during the operation, confirmation of the level of operational risk when using the possibilities of simultaneous operations and incorrect result of surgery, to expand the volume of surgical intervention. It is explained by the psychological unpreparedness of surgeons and anesthesiologists.

**The purpose of the work:** to assess the effectiveness of anesthesiological approach in simultaneous operations of various abdominal and pelvic organs.

**Material and examination methods:** 80 surgical patients who underwent simultaneous abdominal surgery were studied. Their age ranged from 35 to 72 years (average 54.6 +- 6.6): men - 35-43.75%, women - 45-56.25%. Patients were divided

according to the nature of simultaneous surgery as follows: hernigastrectomy and cholecystectomy - 29 patients, liver echinococcectomy and cholecystectomy - 16, hemiolaparotomy and cholecystectomy - 18 patients, hermiolaparotomy and hysterectomy - 17 patients. Patients in the main group (46 patients) underwent multicomponent general and epidural anesthesia (EA) in combination. Epidural puncture and catheterization were performed 30-40 minutes after standard premedication based on general rules. The area of puncture was selected taking into account the organs to be operated on. Local isobaric anesthetic longocaine (Ukraine) was used at the rate of 0.5%-1.5 mg/kg. Total intravenous anesthesia was performed on the background of O'SV to 34 patients in the control group in the same orations. As a general anesthetic, ketamine 5-6 mg/kg/h , thiopental sodium 3-5 mg/kg/h, NLA drugs and myorelaxant arduan in doses of 0.04-0.06 mg/kg/h were used. In the initial period of oration and after that, together with general clinical and biochemical analyzes, ECG (Geolik EKZT - 12 - 01, Yaroniya). EXO - KG (ACCUVIX QX, Madison. Japan). AQB (systolic. diastolic, average), YuUS, spirometry (Spiro Com Standard, XAI - MEDIKA, Kharkiv, Ukraine ) pulse oximetry (SpO2) (MPR6 – 03 - "Triton" Russia) was examined. The effect of anesthesia was evaluated by hemodynamic indicators, glycemia, and in the postoperative period using a visual-analog scale (VASh).

**Table 1**

Dynamics of the examined indicators in groups at the stages of research

Under investigation indicators	Groups	Research stages				
		1-	2-	3-	4-	5-
sis A QB , mm.sim.ust	Main group N=46	134.8± 12.6	138.4± 11.5	126.2± 9.7	121.6± 8.2	122.1± 9.3
	Control group N=34	137.3± 15.2	141.6± 16.1	138.1± 17.3	148.1± 12.8	137.5± 11.9
diasAQB mm.sim.ust .	Main group N=46	82.2± 10.2	82.8± 8.1	76.8± 4.8	75.3± 5.8	76.3± 6.1
	Control group N=34	89.6± 11.2	82.4± 12.9	91.5± 11.3	89.1± 10.1	82.4± 9.6
UP , in 1 minute	Main group N=46	76.1± 5.7	98.5± 4.9*	79.3±8.2	77.8± 5.6	76.3± 5.1
	Control group N=34	72.9± 8.1	98.8± 10.1*	97.9± 11.4*	91.6± 8.7*	89.7± 7.2
Diuresis , moderate ml / hour	Main group N=46	47.2 ± 2.7	58.4 ± 2.9	59.5 ± 2.8	58.9 ± 2.9	
	Control group N=34	48.2 ± 3.2	48.1 ± 3.5	49.3 ± 3.2	48.6 ± 3.3	
SrO 2 , %	Main group N=46	—	97.8±1.7	97.6±2.1	97.9±1.7	98.1± 1.4
	Control group N=34	—	96±3.8	95.6±3.4	96.8±2.1	96.6± 2.3

Note: p<0.05 is a reliable difference in study steps.

The risk of anesthesia and anesthesia of the patients was assessed according to ASA level II-III. It was observed that AQB decreased by 15-20%, YuUS increased by 5% after performing EA to the patients of the examined group. SpO<sub>2</sub> remained between 96-98%. Due to the use of EA as a component of anesthesiological manual, the consumption of fentanyl in the main group decreased by 8-10 times.

Average AQB this in sin was kept stable at all stages of the operation. In a stable hemodynamic state, after the restoration of adequate independent breathing, earlier extubation was possible compared to the control group. Main in the group to patients from the oration As further analgesia, longocaine solution 0.5% - 5 ml (25 mg) was injected every 6-8 hours through an epidural catheter. In 8 cases in the control group from operation next discomfort during the period; obvious pain q syndrome, abdomen drop, heart nausea observed addition anesthesia demand did. The level of analgesia according to VAS main in the group it was 0-1 points, and in the control group it was 3-4 points.

**Conclusion:** combined anesthesia (UA+EA) during traumatic simultaneous operations of the abdominal cavity and small pelvic organs ensures a smooth intraoperative period, significantly reduced the consumption of narcotic analgesics and general anesthetics, and led the patient to wake up earlier. Postoperative epidural analgesia resulted in earlier patient activation, respiratory and bowel movements, and reduced intensive care unit and intensive care unit days, suggesting cost-effectiveness.

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