

ESTIMATION OF ANESTHESIA EFFICIENCY DURING ENT ORGAN OPERATIONS

Beginimov O. A.

Resident of the Magistracy of the Department of Anesthesiology and Reanimatology of the Samarkand State Medical.

Goyibov S. S.

Resident of the Magistracy of the Department of Anesthesiology and Reanimatology of the Samarkand State Medical.

Daminov A. G.

Resident of the Magistracy of the Department of Anesthesiology and Reanimatology of the Samarkand State Medical.

ABSTRACT

This article discusses reliable anesthesia in simultaneous operations. - one of the most important links in the treatment of surgical patients, the severity of surgical stress, methods of regional anesthesia, hypnosis component, artificial ventilation of the lungs, the main function of accompanying surgical anesthesia, almost all common anesthetics and opioids negatively affect on cognitive and psychomotor functions, Application of EA in combination with general onesthesia

Keywords: surgical stress, complications, hypnotic component, anesthetics and opioids, anesthesia, hypnosis component, epidural analgesia .

ACTUALITY

In the time, an incresing number of patients surgical profile, with multiple competing diseases that require active surgical tactics. One of the promising directions for increasing the efficiency of surgical treatment of patients with competing pathology of the abdominal cavity and small pelvis, as well as in patients with a locally advanced pathological process with multi-organ lesions, is the widespread introduction of simultaneous and combined operations into practice. Even with a high level of anesthetic and intensive care services, abdominal surgery in modern conditions, such interventions are not included in everyday surgical practice. Meanwhile , the proportion of patients requiring such operations may be 20-30% of the total volume of patients requiring surgical treatment. Over the past ten years in our country, the stress to the problem of simultaneous and combined operations in thoracic surgery has been steadily increasing . This is due, firstly, to the increase in the number of patients with multi-organ pathology, and secondly, to the introduction of the concept of personalized medicine into Russian healthcare , which provides for an individual approach to the treatment of each patient. Some decrease in interest in simultaneous operations in recent years (judging by the number of publications) may be due to several reasons. In the 80s – 90s of the twentieth century, the increase in the number of such operations was associated with the expansion of the range of surgical interventions and the achievements of anesthesiology and resuscitation. At present, as a result of "point"

specialization (cardiac surgery, coloproctology, endocrine surgery, etc.) , the number of surgeons who have mastered combined manipulations on various organs has sharply decreased . On the other hand, the number of patients with combined pathology is increasing, mainly due to elderly and senile patients.

MATERIAL AND METHODS

A study was performed, including the analysis of anesthetic management in 38 patients aged 14 to 27 years who underwent reposition of the nasal bones for a fracture with deformity of the external nose, who underwent inpatient treatment in otorhinolaryngology department of the I clinic of SamGosMI for the last 2 years Comparison of 3 groups was carried out: group 1 - using a combination of local anesthesia with 10% lidocaine hydrochloride solution inhalation and infiltration conduction anesthesia 1 -2% solution of lidocaine or 1-2% solution novocaine in 12 patients; Group 2 - intravenous anesthesia with propofol or sodium thiopental in 14 patients (the dose of anesthetic depended on the patient's body weight, age), propofol 100-200 mg or thiopental sodium 250-500 mg intravenously slowly; Group 3 - combined endotracheal anesthesia in 12 patients, induction of anesthesia was performed by inhalation through a face mask with a gas narcotic mixture of nitrous oxide, oxygen and isoflurane; to maintain anesthesia, neuroleptanalgesia was additionally performed with fentanyl and droperidol. All patients belonged to the second and third risk classes of anesthesia according to the American Association of Anesthesiologists (ASA) scale. In all groups, premedication was the same, it was carried out in the operating room according to the indications: atropine 0.1% - at the rate of 0.01 mg / kg, diphenhydramine 1% - at the rate of 0.2-0.4 mg / kg. The preoperative examination included yourself: ECG, physical examination aimed at identifying signs of circulatory failure, laboratory tests. In the intraoperative period, the level of blood pressure, heart rate, SaO₂ was monitored .

RESEARCH RESULTS

In all groups, HR increased significantly for a short time after premedication. Due to the action of inhalation anesthetics and hypnotics, a permissible decrease in A / D was noted in all groups, however, at the time of tracheal intubation, a short-term increase in A / D was noted in group 3. Parameters SpO₂ in all groups remained stable throughout the period of anesthesia. With intravenous anesthesia, there is a risk of laryngospasm development as a result of possible aspiration of blood and oropharyngeal secretions due to suppression of consciousness and protective reflexes.

CONCLUSIONS

Combined endotracheal anesthesia is the most effective type of pain relief for nasal bone repositioning; alternatively, intravenous pain relief can be used in combination with local anesthesia.

BIBLIOGRAPHY

1. Analysis of the frequency of critical incidents during planned surgical interventions on the abdominal organs / A.V. Shchegolev, K.A. Tsygankov, R.E. Lakhin, S.V. Bokatyuk // Bulletin of the Russian Military Medical Academy. - 2016. - No. 1. - P. 29-32.
2. Berdikyan, A.S. Intraoperative hypothermia: causes, pathogenetic significance, prevention / A.S. Berdikyan, A.V. Marchenko // Bulletin of intensive care. - 2002. - No. 1. - S. 36-44.
3. Bolotnikov, D.V. Circadian changes in infraslow physiological processes in humans: author. dis. ... Cand. honey. Sciences: 03.00.13 / Bolotnikov Dmitriy Vyacheslavovich. - Krasnodar: Kuban state. honey. Academy, 2002 .-- 20 p.
4. Bolotov, V.V. Homeostatic determinants of wakefulness levels and their role in predicting the postoperative period: author. dis. ... Cand. honey. Sciences: 14.00.37 / Bolotov Viktor Vasilievich. - Krasnodar, 2000 .-- 21 p. 4
5. Briskin, B.S. The influence of polymorbidity on diagnosis and outcome in abdominal surgery in the elderly. Briskin, O. V. Lomidze // Clinical Gerontology. - 2008. - No. 4. - S. 30-33.
6. Bunyatyan, A. A. Anesthesiology: national leadership / A. A. Bunyatyan, V. M. Mizikov. - M.: GEOTAR-Media, 2013. - S. 112-113. 24. Koryachkin, V. A. Neuroaxial blockade / V. A. Koryachkin. - SPb. : Elbi-SPb, 2013 .-- 544 p.
7. Bunyatyan, A.A. The problem of patient safety in anesthesiology / A.A. Bunyatyan, E.V. Flerov, I.I. Shitikov // Materials of the 4th All-Russian Congress of Anesthesiologists and Reanimatologists. - 1994 .-- S. 39.
8. V.A. Holbreich, S.S. Maskin, V.V. Matyukhin, I.N. Klimovich, A.G. Harutyunyan. MODERN APPROACHES TO SIMULTANEOUS SURGERY (INDICATIONS, PERFORMANCE ALGORITHMS, COMPLICATIONS) // Surgery. Journal them. Bulletin of VlgGMU. - 2021. - No. 2 (78). - P. 28–36
9. Lung ventilation in anesthesiology and intensive care / V.L. Kassil, M.A. Vyzhigina, A.A. Eremenko, Yu.Yu. Sapicheva. - M. : GEOTAR-Media, 2016. –728 p.
10. Vertkina N.V., Khamitov F.F., Lisitsky D.A. and other Clinical and economic aspects of simultaneous operations in elderly and senile patients // Clinical gerontology. - 2008. - No. 4 (14). - P. 5-10
11. Possibility of predicting the development of critical incidents during planned surgical interventions in abdominal surgery / D.A. Averyanov, S.V. Bokatyuk, A.V. Shchegolev, K.A. Tsygankov // Bulletin of intensive therapy. - 2016. –№ 2. - S. 80-84.
12. Gelfand, B. R. Preoperative preparation, anesthetic management and intensive therapy / B.R. Gelfand, T.F. Trinenko, P.A. Kirienko // Guidelines for emergency surgery of the abdominal organs; edited by V.S. Saveliev. - M. : Ed. "Triad - X", 2004. - S. 69-103.
13. Gerasimov S.S. Modern strategy of surgeon's treatment of oncological patients with severe concomitant cardiovascular diseases: abstract of Ph.D. dis. ... doct. honey. sciences. - M., 2017 .-- 38 p.
14. Glantz, S. Biomedical statistics. - lane. from English / S. Glants. - M. : Practice, 1999 .-- 459 p.

15. Gorobets, E. S. Disposable infusion pumps have made the widespread use of postoperative epidural analgesia (five years of experience) real / E. S. Gorobets, R. V. Gariaev, A. R. Shin // Reg. anest. and treatment of acute pain. 2011. - No. 5 (3). - S. 14–20.
16. Gorobets, E.S. Sevoflurane or propofol as a component of multimodal combined anesthesia in operations for tumors of the biliopancreatoduadal zone? / E.S. Gorobets, A.R. Shin // Bulletin of Intensive Care. - 2012. - No. 1. - S. 37-40.
17. Grigoriev, S.V. Prediction of hypothermia and concomitant changes in hemodynamics and gas exchange during general anesthesia: author. dis. ... Cand. honey. Sciences: 14.00.37 / Grigoriev Sergey Valentinovich. - Rostov-on-Don, 2006. - 19 p.
18. Gruzdev V.E., Gorobets E.S., Davydov M.M. and others. Anesthetic management of simultaneous surgical interventions for cancer and severe ischemic heart disease: experience of 8 operations // Clinical and Experimental Surgery. Journal them. Academician B.V. Petrovsky. - 2015. - No. 4 (10). - P. 85–90
19. Gruzdev, V.E. Perioperative epidural analgesia during lung operations in patients with low functional breathing reserves. Gruzdev, E.S. Gorobets // Anesthesiology and Reanimatology. - 2015. - T. 60, No. 6. - S. 43-46.