IMPROVING ANESTHETIC PROTECTION AND BLOOD PRESSURE CONTROL IN SIMULTANEOUS ABDOMINAL AND PELVIC OPERATIONS IN OBESE PATIENTS

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Annotation: The consideration of reliable means of anesthesia when performing one-stage operations on the abdominal and pelvic organs is one of the most important links in the treatment of surgical patients. Study of surgical stress severity, regional anesthesia method application, hypnotic component, influence of artificial lung ventilation, anesthesia in surgery, general anesthesia, and opioids on cognitive and psychomotor functions; provision of positive effect when epidural anesthesia is used in combination with general anesthesia.

Key words: anesthetics, sedativ component, surgical stress, complications, anesthesia, epidural analgesia.

Relevance of the work: Due to the increase in the life expectancy of the population, the adverse effects of environmental factors, and the increase in the rate of diagnosis, the incidence of joint surgery has increased 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, surgery It is explained by the psychological unpreparedness of surgeons and anesthetists to expand the scope of intervention

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

Materials and examination methods: 80 surgical patients who underwent simultaneous abdominal surgery were studied for examination. 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 for 34 patients in the control group. 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 assessed by hemodynamic indicators, glycemia, and in the postoperative period using a visual-analog scale (VASH).

Table 1 The dynamics of the examined indicators in groups during the research stages

Checked indicators	Groups	Research stages				
		1-	2-	3-	4-	5-
Sis.b.p.	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
Dias.b.p.	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

Number of h.c.in a 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, average	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	
SpO2, %	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. SpO2 remained between 96-98%. Due to the use of EA as a component of the anesthesiological manual, the consumption of fentanyl in the main group decreased by 8-10 times.

The average AQB was kept stable at all stages of the operation in this case. In a stable hemodynamic state, after the restoration of adequate independent breathing, earlier extubation was possible compared to the control group. Patients in the main group were given longocaine solution 0.5% - 5 ml (25 mg) every 6 - 8 hours through an epidural catheter as a post-oration analgesia. Discomfort in the postoperative period in 8 cases in the control group; obvious pain syndrome, abdominal pain, nausea were observed and required additional anesthesia. According to VASH, the level of analgesia was 0-1 points in the main group, and 3-4 points in the control group.

Conclusion: Combined anesthesia (UA+EA) during traumatic simultaneous operations of the abdominal cavity and small pelvic organs ensures a smooth intraoperative period, significantly reduces the consumption of narcotic analgesics and general anesthetics, and wakes up patient earlier. Postoperative epidural analgesia activated the patient earlier, activated breathing and bowel movements, reduced intensive care unit and intensive care unit days, which means cost-effectiveness.

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