

COMBINED ANESTHESIA IN SIMULTANEOUS OPERATIONS OF GALLBLADDER AND SMALL INTESTINE

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

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.

Objective: The aim of the study was to evaluate the effectiveness of combined anesthesia in simultaneous operations of the gallbladder and small intestine.

Materials and Methods: A total of 108 patients undergoing simultaneous operations on the gallbladder and small intestine were included in the study. The age range of the patients was 35 to 66 years (mean age 52.5 ± 5.6 years). Of the patients, 45 (41.7%) were male and 63 (58.3%) were female. The patients were divided into the following surgical groups: 27 patients underwent cholecystectomy and gastrectomy,

22 patients underwent cholecystectomy and jejunum resection, 25 patients underwent cholecystectomy and herniolaparotomy, and 34 patients underwent herniolaparotomy and hysterectomy. The main group of 66 patients underwent combined anesthesia with multi-component general anesthesia (GA) and epidural anesthesia (EA). Epidural puncture and catheterization were performed according to standard premedication guidelines, 30-40 minutes before surgery. The puncture site was determined based on the surgical areas involved. Local isobaric anesthetic, 0.5% lidocaine, was used at a dose of 1.5 mg/kg. In the control group of 42 patients, general anesthesia (GA) with inhalation and intravenous anesthesia (IVA) was performed under endotracheal intubation. The general anesthetic consisted of propofol (150-200 mg), isoflurane (average 1.0-2.0 vol%), fentanyl (0.005%, 4-6 ml), and muscle relaxant atracurium (0.04-0.06 mg/kg/hour). During and after the operation, various parameters such as EKG, EXO-KG, blood pressure (systolic, diastolic, mean), heart rate, respiratory parameters (spirometry), and oxygen saturation (SpO₂) were monitored. The anesthesia effect was assessed by monitoring hemodynamic parameters, blood glucose levels, and pain relief using the visual analog scale (VAS) in the postoperative period. The surgical and anesthetic risk for the patients was classified as ASA II-III.

Results: In the examined group, a 15-20% decrease in blood pressure and a 5% increase in heart rate were observed after the administration of epidural anesthesia. Oxygen saturation (SpO₂) remained within the range of 96-98%. The use of epidural anesthesia resulted in a decrease in the consumption of fentanyl by 8-10 times in the main group. The average blood pressure during the surgery remained stable. Adequate independent respiration was achieved, allowing for early extubation in the monitoring group. In the main group, 0.5% lidocaine solution (5 ml, 25 mg) was administered through the epidural catheter as postoperative analgesia every 6-8 hours. In 11 cases in the control group, discomfort, incisional pain syndrome, and diaphragmatic irritation were observed in the postoperative period, necessitating additional pain relief. According to the VAS, the level of analgesia was 0-1 in the main group and 3-4 in the control group.

Conclusion: Combined anesthesia (GA+EA) ensures smooth intraoperative course in traumatic simultaneous operations of the gallbladder and small intestine, significantly reduces the consumption of narcotic analgesics and general anesthetics, and promotes early recovery of the patient. Postoperative epidural analgesia activates the patient earlier, improves respiratory and bowel movements, reduces the length of stay in the intensive care unit, and thus contributes to economic efficiency.

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