PECULIARITIES ANESTHESIA IN OPERATIONAL GYNECOLOGYU PATIENT WITH EXTRAGENITAL PATHOLOGY

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The results of a study are presented, the purpose of which was to improve the quality of anesthesiological care in hysterectomy for uterine fibroids with extragenital pathology. The study included 104 patients aged from 40 to 60 years old, who were divided into 2 groups: in the 1st group (n=44) surgical intervention was performed under endotracheal anesthesia With application propofol and isoflurane And drugs For neuroleptanalgesia ; in 2nd group (n=60) – spinal anesthesia using a 0.5% solution of longocaine-heavy and for sedation Quanadex ; The results of the study revealed the advantages of the neuraxial method pain relief.

Key words : general anesthesia, spinal anesthesia, myoma uterus, hysterectomy .

Study of the influence of modern anesthetics on the main parameters of homeostasis, their determination efficiency And security seems relevant task, because the implementation safe And effective components And methods anesthesia is extremely important task V operational gynecology. IN the present time, despite on abundance various anesthetic technologies, No optimal option, satisfying everyone requirements, presented To anesthesia V operational gynecology for patients with concomitant pathologies [1, 2, 5, 6]. Traditional options for general anesthesia are not Always provide full neurovegetative protection, protection A many Components general anesthesia provide unfavorable impact on organism person [3, 4, 7, 8].

Target research: improvement quality anesthesiological benefits at hysterectomy at sick fibroids uterus With extragenital pathology.

On the basis of the gynecology departments of SamSMU (Samarkand) for the period from 2018 to 2022. about uterine fibroids, supravaginal amputation of the uterus and hysterectomy were performed in 104 patients in aged from 40 to 60 years. The duration of the disease ranged from 2 to 8 years. Indications for operational interventions were fast height fibroids uterus, primary big dimensions tumors symptomatic myoma uterus With menorrhagia And amenization patients, violation functions adjacent organs.

At admission V hospital at female patients was determined range accompanying pathologies, among which were dominated by diseases of the

cardiovascular, respiratory tract, gastrointestinal tract, kidneys, ovaries, neuroendocrine disorders. Taking into account concomitant pathology and the volume of surgical interventions at everyone female patients degree operating and anesthesiological risk By classifications ASA is determined at the level of II-II degree. Preoperative preparation in all groups sick regardless kind there was pain relief identical.

Depending on the type of anesthesia performed, all patients were divided into two groups: in group I (n-44) surgery was performed under endotracheal anesthesia using propofol and isoflurane with drugs for neuroleptanalgesia ; in group II (n-60) - spinal anesthesia (SA) with using 0.5% longocaine-heavy and for sedation quanadex . Anesthesia in everyone groups carried out By generally accepted scheme.

For objective assessments adequacy used options anesthesia intraoperatively And V postoperative period applied complex clinical and laboratory methods research. On stages anesthesia And operations at everyone female patients was carried out monitoring indicators peripheral hemodynamics, pulse oximetry , CBS capillary blood, A Also studied range biochemical indicators blood serum. The level of anti-stress protection of patients was judged by the dynamics of the main indicators endocrine systems – glucose concentration and plasma cortisol blood.

When registering peripheral hemodynamic parameters in patients of group I (OA + NLA) after induction happened reliable demotion level HELL systolic And diastolic by 15% and 16%, and pulse by 16%, compared with the same indicators after premedication ($p<0.05$). On background intubation trachea noted reliable promotion level HELL systolic And diastolic And PS on 19%, By comparison With previous stage research ($p<0.05$). IN most During the traumatic stage of the operation, peripheral hemodynamic parameters remained at high levels, which speaks of incomplete neurohumoral protection and adaptation of the patient's body to the conditions of surgical stress.

Indicators peripheral hemodynamics at female patients II groups (SA) after punctures subarachnoid space And introduction 0.5% longocaine-heavy characterized reliable a decrease in systolic and diastolic blood pressure levels by 24% and 17%, respectively ($p<0.05$), and Ps by 12%, compared to the baseline. In 8 (18%) patients, 15 minutes after the administration of longocaine-heavy a decrease in blood pressure to 90/60 mm Hg was registered. Art., which was corrected by increasing the rate and volume of infusion , and in 11 (25%) patients during anesthesia and surgery, severe bradycardia was observed up to 48-52 beats. V minute. In all patients, bradycardia was quickly and successfully corrected by intravenous introduction atropine 0.5-1.0 ml.

At the height of the traumatic stage, peripheral hemodynamic parameters

continued to remain lower initial blood pressure data: systolic by 10%, diastolic by 8%, Ps by 8% ($p<0.05$). Lack of cardio vascular reactions at sick II groups (SA) indicates on achievement stable anesthesia. TO end surgical intervention, the studied parameters remained below the initial level, systolic blood pressure on eleven%, diastolic by 8% ($p<0.05$), PS by 6% ($p>0.05$).

When studying the function of external respiration in all groups in all patients during anesthesia and operations Not happened statistically significant changes in indicators gas exchange And pH (Table 1).

You can note, What in patients of all groups the average pCO_2 indicators end several operations exceeded the initial data by 1.2-4.6 mm Hg. Art., however, these changes were not statistically significant. In 6 patients from group I (OA + LPA), the average $pCO_{2\ values}$ after tracheal extubation were slightly higher than the initial ones values by 1.6-3.8 mmHg. Art., but they were not statistically significant. Indicators of deficiency or excess reasons BE on everyone stages operations And anesthesia were V within physiological norms, behind except 5 patients from group I , where noted change buffer reasons BE up to □ 3.4 .

In group II (SA) the average values of respiratory rate, oxygenation coefficient and PaO_2 arterial blood on everyone stages research were V within normal quantities, What testifies about absence oppression breathing.

Level average quantities content general squirrel serum blood, at sick everyone groups before operations was within physiological norms.

In patients of group I (OA + NLA), by the end of the operation the amount of total protein in the blood serum significantly decreased ($p<0.05$), and by the 5th day of the postoperative period the average value of total protein serum blood remained below the limits physiological norms.

The performed SA did not lead to significant changes in the protein balance of the blood serum. On everyone stages research the index practically Not changed And was V within physiological norms. U sick II groups (SA) general protein serum blood To end operations

decreased slightly ($p>0.05$), and by the 5th day its increase was noted.

The initial content of albumin in the blood serum in the studied patients of all groups was in the range within physiological norms.

The results of a dynamic study of albumin content in the blood serum in patients of group I (OA + NPA) immediately after surgery significantly decreased, and on the 5th day they were below the initial level ($p<0.05$). In patients of group II (SA), the amount of albumin at the end of the operation decreased unreliably, and then increased And was on this same level at research on 5th day.

When studying the activity of transaminases , we found that in patients of group I (OA + NLA) by the end of the operation, AST activity significantly

increased, reaching a level significantly exceeding original. On the 5th day, the AST level decreased slightly, but remained above the initial figures. In patients II (SA) group, this indicator increased slightly, but remained within the physiological range norms. Similar results were obtained in the study of AlAT , which reflected the same patterns. In group I (OA + NPA), ALT increased significantly after surgery, after 5 days it remained significantly higher original level ($p<0.05$). IN II group (SA) this same magnitude reliably increased right after surgery and despite a slight rise, after 5 days remained within the physiological norm ($p<0.05$).

Can Mark, What statistically reliable decline absolute quantities albumin V serum blood at sick I groups (OA+NLA) Maybe be regarded How one from signs . tensions protein-forming function of the liver and as a result of hypermetabolism . Intraoperative increase in the number of liver enzymes and their activity in patients I group (OA+NLA) in the early postoperative period can be explained by cytolysis associated during surgical intervention with a significant increase in biologically active substances and hormones, and Also With unfavorable factors intraoperative interventions on background insufficient neurohumoral protection.

Use of SA (group II) in contrast to patients operated on under OA + LLA (Group I), activity of liver enzymes (AST , ALT), levels of bilirubin, creatinine , urea, electrolyte balance V serum blood significantly Not changed, What, probably, connected With pharmacological stability, rapid elimination of local anesthetics from body, lack of biotransformations in the body and the influence of anesthetics on the main biochemical parameters of serum blood. All this indicates that regional methods are more effective and safe options pain relief.

As can be seen from Table 2, the initial blood serum glucose level in all patients was within the range norms. U sick I groups (OA+NLA) V end operations noted promotion level glucose. Hyperglycemia was short-term in nature and by the end of the first day the glucose level returned to original values. The same indicator at all stages of surgery and anesthesia in patients of group II (SA) practically did not differ from the initial indicators before the start of anesthesia, i.e. not noted stressful blood hyperglycemia on height traumatic stage of the operation increased by 72%, and by the end of the operation by 91% from the original (Table 2). That there is a statistically significant increase in cortisol concentration compared to the baseline values, although they remained below the upper limit of normal. In patients of group II (SA) at the same stage operations indicators cortisol reliably increased on 43% from original, With subsequent decrease by 25% of the initial values ($p<0.05$).

The degree of activation of serum cortisol for group II (SA) **was** assessed by us as very moderate, since the hormone level not only did not exceed, but in all cases was below the upper limit borders norms. This Can explain preservation

capabilities bark adrenal glands To increase functional activity.

By completion operations everyone female patients translated V postoperative ward, Where continued dynamic control behind indicators peripheral hemodynamics, assessed duration analgesia, motor And sensory block And clearly registered emergence painful syndrome.

Investigating indicators of peripheral hemodynamics and gas exchange in the immediate postoperative period, came To next patterns. Indicators peripheral hemodynamics For I (OA+NLA) And II groups (SA) were higher, how original, noted insignificant arterial hypertension and tachycardia..

Assessing the state of postoperative analgesia using a scoring scale , it was revealed that in patients II (SA) group postoperative analgesia was persistently maintained, and the patients did not experience pain V postoperative area wounds, even at deep breathing And cough.

How it is seen from tables 3 at female patients II groups (SA) V postoperative period quality sensory block by the 4th hour of observation - 0 points

Motor block in patients Group II (SA) To 4th one o'clock observations recovered in 92%, A at female patients

U sick I groups period postoperative analgesia was ending To 40-50 minutes fast reached clinically significant intensity, which required additional analgesia. In group II (SA), the average pain intensity is significantly lower than in patients operated on under general conditions. anesthesia (I group).

In patients of group II (SA), adequate pain relief was achieved mainly by using non-narcotic analgesics, and in patients of group I (OA + NLA) depending on the severity of pain syndrome was achieved With application as drugs, yes And non-narcotic analgesics.

Conducting their total count, installed What general quantity expendable narcotic analgesics V flow 1 day postoperative period V greatest degrees varied between in groups. For cupping postoperative painful syndrome V flow days dose narcotic analgesic in counting on one sick in I group (OA+NLA) reliably exceeds similar ones indicators sick II (SA) groups ($p<0.05$).

First day after operations analgesia recognized satisfactory only at patients, operated under regional anesthesia. On days 2 and 3 they required even smaller doses non-narcotic analgesics, and from day 4 there was a persistent decrease in pain leading to refusal from applications analgesics. U 12% sick from I groups (OA+NLA) V similar deadlines observations were preserved painful sensations that required introduction painkillers funds.

Total number of patients who did not require narcotic analgesics in group I (OA+NLA) amounted to 2 sick, A V II (SA) − 16.

Taking into account the quality of anesthesia during surgery, the course of the

postoperative period and subjective assessments anesthesia patients, us carried out grade researched options general anesthesia By 5- scoring system: excellent, good, satisfactory and unsatisfactory. According to the results of a survey in I group (OA+NLA): excellent results - 14.2%, good results - 71.4%, satisfactory - 7.4%. In group II (SA) excellent results - 54.9%, good results - 35.3%, satisfactory - 9.8%.

Complications in the postoperative period serve as one of the criteria on the basis of which it is possible judge O quality carried out anesthesia And operations. From everyone researched us sick postoperative period without complications was leaking at 84.3%, With complications at 15.7% female patients. Complications of various types occurred in 40% of patients in group I (OA+NLA), 11.7% in group II (SA)

Greatest quantity complications with sides respiratory systems was revealed V group patients in whom anesthesia was administered using the endotracheal technique using propofol and isoflurane , which can be associated with the negative effect of mechanical ventilation on the tracheal mucosa and bronchi, worsening the patency of the tracheobronchial tree (Table 3). In 3 patients I (OA+NPA) groups V end first days developed clinic acute tracheobronchitis , at 1 sick on 2 day after operations developed clinical painting pneumonia. U 1st sick I (OA+NLA) groups The postoperative period was complicated by an attack of unstable angina. In 1 patient I (OA+NLA) group, the postoperative period was complicated by thromboembolism of the branches of the pulmonary artery (PE). Clinic of post-puncture headache (PDPH) developed in 6 patients of group II (SA) within 24 hours after punctures.. Postoperative period Observation of patients of group I (OA + NLA) was accompanied by moderate hyperthermia. It's possible explained by a local inflammatory process. Absence of temperature reaction in the form of hyperthermia in patients of group II (SA) may indicate that in these patients the stress factor is during the surgical intervention was less pronounced than in patients of group I (OA + NPA). Differences the severity of the temperature reaction in group I (OA+NPA) differed significantly from the corresponding indicators in group II (SA), both immediately after surgery ($p<0.05$) and after 3 and 6 days ($p<0.05$). IN in particular, in group II (SA), by the 6th day the temperature in patients normalized (36.6±0.03 and 36.7±0.03) ($p<0.05$), and V I (N_2O+O_2+NLA) group was preserved low-grade fever (37.0±0.08) ($p<0.05$).

Thus, all of the above indicates that patients randomized groups under conditions of equal care in the postoperative period, various complications are possible, especially in sick With accompanying pathology who received general anesthesia (OA+NLA).

Application of SA using 0.5% longocaine-heavy during hysterectomy , allows conduct prolonged, Fine controlled, safe, effective anesthesia With fast

rehabilitation patients in the postoperative period, as well as early rehabilitation of patients, which reduces the frequency dangerous complications, complications With their high-cost correction subsequently. Decrease or full refusal from use potent narcotic analgesics For pain relief V postoperative period allows to avoid side effects drugs.

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