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Improving the efficiency of anesthetic access during simultaneous abdominal and pelvic surgeries in patients with concomitant arterial hypertension

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Annotation: Reliable anesthesia during simultaneous operations on the abdominal organs is considered . - one of the most important links in the treatment of surgical patients, the severity of surgical stress, the use of regional methods of anesthesia, the hypnotic component, artificial lung ventilation, anesthesia in surgery, the effect of general anesthetics and opioids on cognitive and psychomotor functions; secured positive effects when using epidural anesthesia in combination with general anesthesia.

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

Аннотация: Рассматривается надежное обезболивание при симультанных операциях на органах брюшной полости - одно из важнейших звеньев в лечении хирургических больных, степень тяжести хирургического стресса, применение регионарных методов анестезии, гипнотический компонент, искусственная вентиляция легких, анестезия в хирургии, влияние общи анестетиков и опиоидов на когнитивные и психомоторные функции; обезпеченые положительные эффекты при использовании эпидуральной анестезии в сочетании с общей анестезией.

Ключевые слова: Хирургический стресс, осложнения, гипнотический компонент, анестетики и опиоиды, наркоз, эпидуральная аналгезия.

Annotatsiya: Qorin bo'shlig'i organlarida simultan operatsiyalarni bajarishda ishonchli og’riqsizlantirish vositalarini ko'rib chiqiladi - jarrohlik bemorlarni davolashda eng muhim bo'g'inlardan biri, jarrohlik stressining og'irligi, behushlikning mintaqaviy usullaridan foydalanish, gipnoz komponenti, o'pkaning sun'iy ventilyatsiyasi, jarrohlikda anesteziya. , umumiy behushlik va opioidlarning kognitiv va psixomotor funktsiyalarga ta'siri; epidural anesteziyani umumiy anesteziya bilan birgalikda qo'llashda ta'minlangan ijobiy ta'sir.

Kalit so'zlar: Jarrohlik stressi, asoratlar, gipnoz komponenti, anestetiklar va opioidlar, narkoz komponenti, epidural analgeziya .

Relevance: Currently, the number of surgical patients with several competing diseases that require active surgical tactics is increasing. One of the promising directions for improving the safety and efficiency of surgical treatment of patients with competing pathologies of the abdominal cavity and small pelvis, as well as in patients with a locally advanced pathological process with multiorgan damage, is the widespread introduction of simultaneous and combined operations into practice. Even with a high level of anesthesia and resuscitation services, abdominal surgery in modern conditions, such interventions are not often used in everyday surgical practice. Meanwhile, the proportion of patients requiring such operations is 20-30% of

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the total volume of patients requiring surgical treatment. Over the past ten years, interest in the problem of simultaneous and combined operations in thoracic surgery has been steadily increasing in our country. This is due, firstly, to an increase in the number of patients with multiorgan pathology, and secondly, with the introduction of the concept of personalized medicine into the healthcare system of Uzbekistan, 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 80–90s of the 20th century, an 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. Currently, as a result of "point" specialization (cardiac surgery, coloproctology, endocrine surgery, etc.), the number of surgeons who have combined manipulations on various organs has decreased. On the other hand, the number of patients with combined pathology is increasing, mainly due to elderly and senile patients.

Objective: To study the effectiveness of combined anesthesia in simultaneous operations on the abdominal organs in patients with arterial hypertension.

Research objectives: 1. The study of hemodynamics, respiration and hormonal parameters in the perioperative period in patients undergoing simultaneous surgical intervention.

2. To study the effectiveness of the use of anesthetics in the context of total intravenous anesthesia and artificial ventilation of the lungs with simultaneous surgery.

3. To study and evaluate the effectiveness of multicomponent general anesthesia and its combination with epidural anesthesia.

Materials and methods of research: We examined 106 surgical patients aged 45 to 72 years (average 54.6 + - 6.6): men - 45-42.5%, women - 61-57.5%. Patients differed in the nature of the surgical intervention. Patients of the main group (76 patients) underwent simultaneous operations using multicomponent general and epidural anesthesia (EA). Puncture and catheterization of the epidural space was performed 30-40 minutes after standard premedication according to the general rules. The puncture site was chosen taking into account the segmental zones of the operated elements. The local isobaric anesthetic longocaine was administered at the rate of 1.5 mg/kg/h of a 0.5% solution. General intravenous anesthesia was performed in 30 patients of the control group in the same condition on the background of mechanical ventilation with intravenous administration of ketamine 5-6 mg/kg/h. as a general anesthetic to maintain anesthesia. Sodium thiopental 3-5 mg/kg/h, the relaxant arduan was administered at doses of 0.04–0.06 mg/kg/h. early postoperative period and after 24 hours. The effectiveness of anesthesia was determined on the basis of generally accepted indicators: the clinic of anesthesia, hemodynamics, and the value of glycemia. In the postoperative period, it was assessed using a visual analogue scale (VAS).

Results and its discussion: The risk of anesthesia and surgery was assessed by ASA as grade II-III. Patients in the study group experienced a decrease in blood pressure by 15-20% and an increase in heart rate by 4-5% after EA. SpO2 remained within 96-98%. Due to the use of EA as a component of anesthesia, the consumption of fentanyl in the main group decreased by 8-10 times compared with the control group of patients. Mean BP remained stable at all stages of the operation. With stabilization of hemodynamics after the restoration of adequate spontaneous breathing, the opportunity for extubation occurred earlier than in the control group. Patients of the main group were injected with 0.5%-5 ml (25 mg) of longocaine solution through the epidural catheter every 6-8 hours and once with 5 mg of morphine as postoperative analgesia. Discomfort in the postoperative period was noted by 12 patients in the control group; there was a pronounced pain syndrome, intestinal paresis, nausea, additional anesthesia was required. The level of analgesia according to VAS was 0-1 in the main group and 3-4 in the control group.

Conclusions: The use of EA in combination with general anesthesia in the perioperative period showed its high efficiency and allowed to reduce the use of anesthetics, analgesics and muscle relaxants during surgery. The use of EA for postoperative analgesia led to a decrease in the frequency and risk of complications associated with systemic administration of opioids and postoperative hypokinesia, improved the quality of postoperative rehabilitation and, accordingly, reduced the duration of hospitalization. The use of EA for postoperative analgesia showed its high efficiency and reduced the use of opioids in the postoperative period.

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