

ASSESSMENT OF THE RESULTS AND QUALITY OF LIFE AFTER ALLOGERNIOPLASTY IN POSTOPERATIVE VENTRAL HERNIAS

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Abstract: In modern herniology, the issue of choosing the type of mesh implant remains relevant. The clinical trials included 239 patients with postoperative ventral hernias. All patients were divided into two groups: the main group consisted of 97 patients who received a new domestic mesh implant during allogernioplasty. Summarizing the study, the following can be noted: a comparative analysis of the clinical effectiveness of allogernioplasty using the proposed mesh prosthesis showed that bioinertness in combination with hemo- and lymphostatic.

Keywords: allogernioplasty; postoperative ventral hernias; onlay; hemo- and lymphostatic. In modern herniology, the issue of choosing the type of mesh implant remains relevant. The material used should provide both skeletal properties for the anterior abdominal wall and a low risk of developing specific prosthetic complications.

Materials and methods of research. A group of scientists from the State Institution "Republican specialized scientific and practical medical center of surgery named after academician V. Vakhidov" and Khorezm Regional Multidisciplinary Medical Center developed a new composite coating for a mesh prosthesis, which, with the support of Turon Silk Pharm LLC (Republic of Uzbekistan), was used to create the first domestic mesh implant "Niprocel" for applications in herniology in allogernioplasty of ventral hernias.

The clinical trials included 239 patients with postoperative ventral hernias. All patients were divided into two groups: the main group consisted of 97 patients who

received a new domestic mesh implant during allogernioplasty. The comparison group included 142 patients in whom allogernioplasty was performed using traditional prostheses (Esfil, Prolen). In the comparison group, reconstructive plastic surgery with Onlay mesh fixation was performed in 85 patients, in the main group 48, reconstructive plastic surgery with Onlay mesh fixation was performed in 14 and 12 patients, respectively; corrective plastic surgery was performed in 43 and 37 patients. According to the distribution of patients according to the Toskin and Zhebrovsky classification, 22.5% of patients in the comparison group and 18.6% in the main group were classified as average hernias, 50.7% and 51.5%, respectively, to extensive hernias, 26.8% and 29.9% of patients were giant.

Results. Summarizing the study, the following can be noted: a comparative analysis of the clinical effectiveness of allogernioplasty using the proposed mesh prosthesis showed that bioinertness, combined with hemo- and lymphostatic, as well as reparative properties of the developed composite coating, reduces the risk of developing local reactive manifestations on the implant, which provided higher indicators of the quality of life after surgery as in the domain of physical state (in the comparison group - 61.8 ± 4.5 vs. 71.9 ± 5.0 points in the main group ($t=11.11$; $p < 0.05$), and in the domain of psychoemotional status (59.8 ± 4.0 vs. 69.6 ± 4.8 points; $t=11.76$; $p < 0.05$), and also allowed to increase the frequency of good results with 77.5% to 93.8% (satisfactory – 21.1% and 6.2%; unsatisfactory – 1.4% in the comparison group) ($\chi^2=11.739$; $Df=2$; $p=0.003$).

Conclusion. The data obtained undoubtedly state the advantages of using a new domestic mesh implant with a composite coating in ventral hernia surgery.

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