

OPTIMIZATION OF PREVENTIVE MEASURES FOR LATE COMPLICATIONS OF CHOLECYSTECTOMY IN BARIATRIC SURGERY

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INTRODUCTION

Obesity is currently considered one of the most significant chronic noncommunicable diseases, exerting a systemic impact on morbidity, mortality, and the economic burden on healthcare systems. According to international epidemiological observations, the prevalence of obesity continues to rise steadily in both economically developed countries and resource-poor regions, accompanied by an increase in the number of patients with severe metabolic and surgical complications.

Materials and methods

To achieve the stated goal and address the study objectives, clinical, clinical-surgical, instrumental, laboratory, and statistical research methods will be used. Clinical and clinical-surgical methods will include analysis of anamnestic data, assessment of comorbidities, characterization of the postoperative period, and analysis of the characteristics of simultaneous surgical interventions. Instrumental methods will be used to verify late complications of cholecystectomy and assess the condition of the biliary system in the late postoperative period. Laboratory methods will be used to evaluate biochemical parameters reflecting the functional state of the hepatobiliary system over time after surgery.

Results and discussions

Based on the data obtained, clinical and surgical criteria for predicting late complications of cholecystectomy in patients undergoing simultaneous bariatric surgery will be developed.

A differentiated approach to postoperative care for patients with calculous cholecystitis and morbid obesity, based on risk stratification for late complications, will be substantiated.

Implementation of the developed prognostic criteria in clinical practice will optimize postoperative monitoring, promptly identify high-risk groups, and improve the long-term effectiveness of bariatric surgery.

Conclusion

This study will clarify the structure and incidence of late complications of cholecystectomy in patients with calculous cholecystitis undergoing simultaneous bariatric surgery in the late postoperative period.

Clinical, surgical, intraoperative, and early postoperative factors associated with the risk of late complications of cholecystectomy in the context of combined surgical treatment of obesity and cholelithiasis will be identified.

Prognostic criteria for the risk of late complications of cholecystectomy during simultaneous bariatric surgery will be developed, allowing for patient stratification according to surgical risk in the late postoperative period.

References

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