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**ОПЫТ ВЫПОЛНЕНИЯ ХИРУРГИЧЕСКИХ ВМЕШАТЕЛЬСТВ У
ПАЦИЕНТОВ С ОЖИРЕНИЕМ**

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Summary. As a result of the application of the developed method and the achieved reduction in body weight, the positive dynamics of concomitant diseases indicators were also confirmed, so in 14 (37.8%) (of the monitored patients) it was possible to achieve normalization of blood pressure in the period from 12 to 18 months after the operation, also in the long term the registration of cases of OSA decreased from 48.6% to 8.1%, during preoperative preparation the elevated blood glucose level was detected in 15.5%, after 6 months it was established in 13.2% and on average amounted to 7.2 ± 3.1 mmol/l, after 12 months in 11.4% of patients.

Key words: obesity, obesity treatment, bariatric surgery, laparoscopic longitudinal resection of the stomach, bariatric surgery, sleeve gastrectomy.

Relevance. The concept of metabolic syndrome (MS) was put forward to identify a group of people with a single pathogenetic base and several risk factors. Representatives of this group have a high risk of developing type 2 diabetes, cardiovascular diseases, metabolic disorders, musculoskeletal pathologies, etc. All these factors indicate the need for both the identification of this condition and timely correction. The problem of MS has high social significance, including the need to increase patient awareness, education in the field of obesity prevention, principles of healthy eating, increasing the role of physical education and sports, especially among children and young people. On the other hand, there is a need to improve diagnostics and identify manifestations of MS, identify new effective methods for correcting the main components of MS (obesity, arterial hypertension, carbohydrate and lipid metabolism disorders). Meta-analysis of large-scale studies demonstrates the presence of MS in the adult population in the range of 10%-30% of the population, in correlation with its population characteristics and the diagnostic criteria used. In Uzbekistan, this indicator varies from 26 to 37%, and “in women it occurs 2.5 times more often and the number of patients increases with age” (1,2,3,4,5,6,7,8,9,10).

Most often, studies in this area are conducted from the standpoint of comparing the effects of various types of bariatric interventions, although many publications provide

facts indicating that the same operation can lead to different results in patients who differ in gender, age, ethnicity, regional composition, initial vital signs, eating disorders and other parameters, that is, belonging to different clinical and demographic groups (11,12,13,14,15,16).

Current guidelines from the American Society for Metabolic and Bariatric Surgery (ASMBS) and a number of other societies recommend conducting such an analysis using standardized methods, in particular integrated outcome assessment systems (such as the BAROS system) and specialized quality of life questionnaires (17,18,19,20,21). Most researchers and routine clinical practice still rely on classifying patients by the degree of obesity based on determining the body mass index (BMI), in combination with the presence/absence of any comorbid conditions (1,22). The study of treatment results most often comes down to comparisons based on one or several individual parameters.

In recent years, metabolic phenotypes of obesity have been identified with a distinction between metabolic-active and metabolic-inactive obesity (1,23,24,25). However, with regard to surgical treatment, this concept has not yet been worked out (1,26). Thus, the development of a modern classification based on metabolic phenotypes of obesity for use in bariatric surgery is a pressing issue. And a personalized strategy from the perspective of metabolic phenotypes of obesity in relation to surgical treatment is significant in the perspective of increasing the effectiveness and safety of bariatric interventions and improving treatment outcomes in general (1). In addition to the severity of obesity and metabolic phenotype, a number of other factors influence the prognosis of surgical treatment results for each potential candidate for bariatric surgery. These factors can only be optimally considered in combination.

Data Mining technologies help to determine the significance of these factors at the present stage. In addition to the standard statistical component, cluster analysis (CA) and information technologies for statistical synthesis of criteria and decision-making algorithms are most often used for medical purposes (1,27). To date, there is no “ideal” bariatric (metabolic) surgery, the results of which would satisfy patients and surgeons in terms of the benefit-risk ratio (1). Therefore, the issues of choosing the method of intervention, perioperative management of patients, surgical technique, increasing the reliability of the staple suture, locoregional anesthesia, intraoperative and postoperative prevention of complications in obesity surgery remain extremely relevant.

According to the literature, overweight patients have an increased risk of developing malignant neoplasms compared to the rest of the population, primarily endometrial cancer in women (2). It has been established that timely bariatric correction reduces this risk. At the same time, the question of the possibility and feasibility of a one-stage

surgical stage of treatment of neoplasms, in particular pelvic organs, and morbid obesity (MO) with an already established tumor diagnosis remains open. There are practically no publications on this topic in the literature, with the exception of a single report from the Mayo Clinic (2). The accumulation of experience of such interventions and the analysis of immediate and long-term results, in our opinion, are also of significant clinical interest and relevance. The search for ways to solve the problem of metabolic syndrome, especially in the context of the use of surgical methods, makes it possible to correlate the risk of surgery with the possible benefit of correcting metabolic syndrome, which, in the context of the lack of an unambiguous solution to this problem, makes the significance and importance of scientific research obvious.

Purpose of the study. To improve the results of surgical treatment of patients with obesity by developing and implementing a new method of surgical intervention.

Materials and methods. This work is based on an analysis of the results of examination and treatment of 152 patients with various types of external hernias of the anterior abdominal wall, who were examined and inpatiently treated in the 1st surgical department of the Bukhara Regional Multidisciplinary Medical Center and the Department of Thoracoabdominal Surgery of the Multidisciplinary Clinic of the Tashkent Medical Academy for the period from 2011 to 2023. The analyzed material included women of reproductive age who planned to have children in the future. The control group consisted of all women with hernias of the anterior abdominal wall who underwent traditional hernial orifice repair without the use of allomaterial. The main group is all women with hernias of the anterior abdominal wall who underwent alloplasty according to our recommendations.

Research results and discussion. During the period of implementation of bariatric surgeries, vertical gastroplasty of the Mason type was performed in 15 (5.4%) patients, of which 10 (3.6%) in the clinic modification, gastric bypass of the Fobi type was performed in 24 (8.7%) patients, gastric bypass of the Mason type in 29 (10.5%) patients, mini gastric bypass was performed in 25 (9.05%) cases, laparoscopic non-adjustable gastric banding (LNBJ) with a band developed in the clinic was performed in 11 (4.0%) patients, 51 (18.5%) patients underwent "sleeve" gastrectomy, of which 45 (16.3%) in the laparoscopic version, 37 (13.4%) patients were operated using a new technique of laparoscopic gastroplication, in order to correct sagging skin and fat flaps after weight loss. 56 (20.3%) patients underwent abdominoplasty.

Our study included 82 patients who were divided into 2 groups: the main group (Group 1) consisted of 37 patients who underwent surgery over 2 years using a new technique of laparoscopic gastroplication. These patients were surveyed at periods from 6 months

to 3 years after surgery. Of these, 25 were women (67.6%) and 12 were men (32.4%), aged from 29 to 59 years, the average age was 37.1 ± 0.54 years.

The control group (Group 2) included 45 people who underwent laparoscopic longitudinal gastrectomy, it included 9 (33.3%) men and 30 women (66.7%) aged from 25 to 57 years. The average age was 34.4 ± 0.81 years. The average age was 34.4 ± 0.81 years, with 87.3% of patients under 50 years of age, i.e. they were in their prime working age. The body weight of the operated patients ranged from 110 to 208 kg, averaging 166.41 ± 3.61 kg. Excess body weight ranged from 49 to 92%. That is, almost all patients had body weight that was more than twice as large as their ideal weight. The body mass index ranged from 35 to 57 kg/m² in the operated patients, with an average BMI of 48.6 ± 0.32 kg/m². The duration of obesity ranged from 5 to 17 years, averaging 10.4 ± 0.6 years. Each patient was repeatedly treated in hospitals of various profiles. Therapeutic diets and fasting were used by 100% of patients, but none of them managed to lose more than 20 kg. After stopping conservative treatment, patients regained their original weight and noted an increase in weight in a short period of time. The vast majority of patients had concomitant diseases in the compensation stage, which, in our opinion, were mainly associated with existing pathological obesity. Thus, arterial hypertension was detected in 67 (81.7%) patients of the main group, obstructive sleep apnea syndrome (OSAS) in 44 (53.6%), diseases of the musculoskeletal system in 36 (43.9%), diabetes mellitus - 21 (25.6%), varicose veins of the lower extremities in 19 (23.2%). Obesity and concomitant diseases led to loss of working capacity in 55 (49.1%) patients. 14 (12.5%) patients were unable to keep their families together and were divorced. Laparoscopic gastroplication is indicated for patients with obesity and metabolic syndrome, motivated to lose weight, ready for physical activity after surgery and development of eating behavior, the developed method is a necessary trigger for this. Bariatric interventions allow patients to return to an active existence in society and return the quality of life to the level of patients without obesity.

Conclusions: 1. If patients with obesity have the clinical picture of "metabolic syndrome" and obesity-associated pathology, it is necessary to offer surgical methods of weight correction.

2. When choosing a bariatric surgery method, it is necessary to be guided by the patient's body mass index, obesity history, patient motivation and the severity of the associated pathology.

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