

## IMPROVING THE METHOD OF ENDOSCOPIC REMOVAL OF SUPERFICIAL POLYPOID AND NON-POLYPOID FORMATIONS OF THE GASTROINTESTINAL TRACT

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**Abstract:** Polyps occupy a special place in the general structure of diseases of the gastrointestinal tract. Depending on the location of the formation, a gastroscope or colonoscope is inserted and an examination of the area of interest is performed, the polyp is identified. A sterile gel is prepared, for which 1.0 g of the powdered HEMOBEN composition is mixed with 20 ml of 0.1% methylene blue solution with constant stirring for 1 minute. Thus, the developed method of endoscopic removal of superficial polypoid and non-polypoid neoplasms of the gastrointestinal tract is characterized by simplicity of execution.

**Keywords:** superficial polypoid; endoscopic removal; the gastrointestinal tract; Hemoben powder.

Polyps occupy a special place in the general structure of diseases of the gastrointestinal tract.

This problem acquires the greatest importance in the aspect of oncological alertness. It has been shown that with polyp sizes up to 1 cm, the probability of its degeneration is about 1%, with polyp sizes from 1 to 2 cm, this risk increases and ranges from 5

to 10%. If the polyp is over 2 cm in size, the probability of its degeneration is up to 50%.

The objective of this study is to prevent recurrence of the polyp, prevent bleeding and other postoperative complications. The method of endoscopic removal of polyps of the gastrointestinal tract is performed as follows:

- Depending on the location of the formation, a gastroscope or colonoscope is inserted and an examination of the area of interest is performed, the polyp is identified.
- A sterile gel is prepared, for which 1.0 g of the powdered HEMOBEN composition is mixed with 20 ml of 0.1% methylene blue solution with constant stirring for 1 minute.
- Immediately after mixing (to avoid thickening), the resulting gel is injected into the submucosal layer in the area of the base of the polyp by means of an endoscopic needle injector at the rate of 1.0 ml of gel per area with a diameter of 10 mm with the formation of a roller in the mucous membrane, which extends 5-7 mm beyond the base of the polyp.
- Then the polyp is excised along with the surrounding healthy mucosal tissue to the submucosal layer, retreating from the base of the polyp leg by 2-3 mm, using a Gbox (GIGAA) diode laser with a wavelength of 1470 nm, power up to 10 W in pulsed mode with a frequency of 2-5 Hz and a spot area of up to 2 mm.
- After excision of the polyp with a base for closing the edges of the defect in the mucous membrane, 0.5 ml of Hemoben gel (obtained by mixing 1.0 g of Hemoben powder composition and 20 ml of 0.1% methylene blue solution) is re-injected into the submucosal layer along the defect on both sides.
- Final revision of the intervention area and the end of endoscopic manipulation. Advantages of the method: complete and stable hemostasis is achieved; the risk of damage to the musculoserous layer of the stomach is prevented, thereby reducing the risk of organ perforation; radical removal of the polyp is achieved regardless of the shape of its pedicle; a high-energy laser is used, which has less penetrating power compared with electrocoagulation, as well as IR lasers with radiation in the range 980-1,06mkm. Therefore, it has more gentle properties.

Thus, the developed method of endoscopic removal of superficial polypoid and non-polypoid neoplasms of the gastrointestinal tract is characterized by simplicity of execution, while the distinctive technical aspects of the technique are the formation of a roller under the formation by injection of the proposed combined gel substance to ensure a local hemostatic effect, improve control over the intervention area, as

well as the use of high-energy laser exposure to increase the radicality of removal independently it depends on the location, shape and size of the formation.

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