

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

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Abstract: The analysis of modern literature data convincingly indicates that the problem of surgical treatment of patients with polyps of both the upper and lower floors of the gastrointestinal tract remains relevant, and the issues of choosing alternative surgical tactics and a rational method of surgical intervention are still far from a final solution. The task is solved by the fact that the method of endoscopic removal of polyps of the gastrointestinal tract is performed as follows: depending on the localization of the formation, a gastroscope or colonoscope is inserted and an examination of the area of interest is performed, the polyp is identified. The proposed method of excision can be used regardless of the localization of superficial neoplasms of the mucous membrane of the gastrointestinal tract, their size, shape and features of the morphostructure of the neoplastic process.

Keywords: gastrointestinal tract; endoscopic removal; Hemoben; injections under the mucous membrane.

The analysis of modern literature data convincingly indicates that the problem of surgical treatment of patients with polyps of both the upper and lower floors of the

gastrointestinal tract remains relevant, and the issues of choosing alternative surgical tactics and a rational method of surgical intervention are still far from a final solution [1]. Taking into account the above, our clinic has developed a method of endoscopic treatment of polyps, the gastrointestinal tract, aimed at eliminating the disadvantages of the closest analogues in terms of preventing recurrence of the polyp, reducing the risk of bleeding and other postoperative complications.

The task is solved by the fact that the method of endoscopic removal of polyps of the gastrointestinal tract is performed as follows: depending on the localization 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. The final revision of the intervention area and the end of endoscopic manipulation.

To implement the described method, a domestic hemostatic agent made of a composite polymer material made of cotton cellulose derivatives "HEMOBEN", developed at the State Institution "RSSPMCS named after. academician V.Vakhidov", for which the patent "Bioabsorbable surgical hemostatic agent" of the Republic of Uzbekistan was obtained (IAP 05906 dated 04/24/2015).

The proposed method of excision can be used regardless of the localization of superficial neoplasms of the mucous membrane of the gastrointestinal tract, their size, shape and features of the morphostructure of the neoplastic process.

It should be noted that in the absence of high-energy laser equipment, the use of injection under the mucous membrane in the area of removal of superficial neoplasms of the proposed composition of the gel composition can also be used with

standard methods of cold or thermal excision to reduce the risk of hemorrhagic complications during and in the immediate period after the intervention.

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