MULTIFACETOR RISK ANALYSIS OF LOCAL COMPLICATIONS OF AN INTESTINAL STOMA AS A BASIS FOR PERSONALIZED REHABILITATION

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Introduction. The formation of an intestinal stoma is accompanied by a high risk of local complications, which significantly limit the effectiveness of postoperative rehabilitation. Modern concepts indicate the multifactorial nature of complications, however, in clinical practice, there is a tendency to isolated assessment of risk factors without their integration into a single decision-making system.
The purpose of the study. To study the combined effect of clinical and surgical risk factors on the development of local complications of intestinal stoma and to determine their significance for the formation of rehabilitation tactics.
Materials and methods. A retrospective analysis of 156 patients after intestinal stoma formation was performed. 21 risk factor was evaluated, including preoperative characteristics, intraoperative features, and early postoperative parameters. A comparative analysis of the frequency of complications was performed, depending on the presence and combination of risk factors, as well as their clinical significance.
Results and discussion. The incidence of local complications was 39.1%. It was found that intraoperative and ischemic factors play a key role: complications developed in 92.9% of cases with signs of impaired blood supply, compared to 27.3% ($p<0.001$), and in 87.5% of cases with early signs of ischemia, compared to 33.6% ($p<0.001$). Systemic factors had a significant impact: diabetes mellitus (68.9% vs. 27.0%; $p<0.001$), hypoalbuminemia (60.6% vs. 23.3%; $p<0.001$), and the emergency nature of the intervention (56.8% vs. 20.0%; $p=0.0001$). It is crucial to note that the frequency of complications is directly related to the number of risk factors. As the number of risk factors increases, not only does the frequency of complications increase, but their clinical structure also becomes more severe, leading to the development of combined forms. The data obtained indicate that it is the combination of factors that determines a patient's individual risk. From the perspective of rehabilitation, this necessitates the early identification of high-risk groups for intensive preventive measures.

Conclusions. Local complications of intestinal stoma have a pronounced multifactorial nature, and their risk is determined by the combined influence of factors. The results of the study substantiate the need to integrate factor analysis into the system of personalized medical rehabilitation of patients.