ABSTRACT BOOK

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(58.8%), 35 men (41.2%). The average age was 50 ± 6.5 years. Cardiovascular diseases, obesity and diabetes prevailed among the pathologies.
Results of research. During the study, it was found that the ICP varied by 1.5 mm hg. ± 0.87 ($p < 0.05$) among the patients operated on for POGH with an initial ICP up to 15 mm hg, When raising the head end of the bed by 15 °. When the head end of the bed is changed at 30 °, ICP will change to 3.7 mm hg. ± 1.7 ($p < 0.05$). We also learned that the sharper is the angle between the thorax and the pelvic axis, the higher is the ICP.
Conclusions. Patients with a high risk of developing respiratory complications need more careful preoperative preparation due to reduce visceral volume and compensate the respiratory diseases. It is necessary to give preference to the non-stretch plastic method among patients with a high risk of developing respiratory complications operated on for POGH. Considering the possible application of the elevated position of the body after performing hernioplasty, ICP should't exceed 15 mm hg. In case of the impossibility of plastics of the anterior abdominal wall without excessive tension, it is necessary to use various methods of decompression of the abdominal cavity, like a bridging method, decrease in the visceral volume or completely refuse to close the abdominal cavity.

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QUALITY OF LIFE OF PATIENTS OPERATED ON THE COMPLICATED FORMS OF CHRONIC PANCREATITIS

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Introduction. Chronic pancreatitis (CP) is a common disease; its specific gravity among diseases of the gastrointestinal tract varies from 5.1 to 9%, characterized by a significant disruption in the quality of life of a large number of people of working age. Particular attention is required by patients undergoing surgical interventions for complications of CP because their recovery period is very long and time consuming, requires constant monitoring, both from the physician and the patient. Therefore, our goal was to study the quality of life of patients who underwent surgery for complicated forms of chronic pancreatitis using SF-36 and GSRS questionnaires.
Materials and methods. Life quality assessment was performed on 115 patients using SF-36 and GSRS questionnaires, which included 13 indicators, as well as age, gender, post-operative time and method of surgical treatment. When processing data for modeling and predicting the quality of life of patients, multilevel statistical methods were used: agglomerate and divisional cluster analysis, discriminate analysis, Data mining methods of the classification tree.
Results of research. In assessing the quality of life with the help of a mathematical model, we obtained the following results: after resection operations in 11.1% of patients, good results were obtained, in 77.7% – satisfactory and 11.2% – unsatisfactory results; after duodenum-preserving surgeries in various modifications, good results were obtained in 79.5%, satisfactory – in 20.6%, unsatisfactory – in 5.9%; after draining operations, good results were obtained in 22.2%, satisfactory – in 44.5%,

unsatisfactory – in 33.3%; after symptomatic operations, good results were obtained in 8,9%, satisfactory – in 62,2% and unsatisfactory – in 28,9% in terms of 1 to 7 years after the operation. Unsatisfactory results of surgical treatment in patients with draining and symptomatic operations were due to the fact that a part of fibrous tissue remained, and persistent pain syndrome was temporarily eliminated, the CP progressed. Therefore, these patients (17) were re-hospitalized in therapeutic and surgical hospitals. The reasons for re-hospitalization were persistent pain syndrome, dyspeptic syndrome, caused by the continued use of alcohol by patients and the refusal to accept enzyme drugs for substitution therapy.
Conclusions. Thus, the conducted analysis of the quality of life with the help of the developed mathematical model allowed substantiating the use of resection and resection-draining techniques of surgical interventions for complicated forms of CP.

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THE USE OF RECTOSACROPEXY IN SURGICAL TREATMENT OF RECTAL PROLAPSE

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Introduction. Archoptosis is an important problem of coloproctology and is a serious disease for a patient. Prolapse of a straight intense through anus makes its evacuation problematic, leads to anorectal incontinence, which in its turn immensely influences the social and labor adaptation (Voinov M.A., 2013).
Dr. Hoore and his colleges (in 2004) proposed the method of straight intense fixation – rectosacropexy that showed good functional results. The aim of the research was to study the rectosacropexy usage in patients with straight intense prolapse.
Materials and methods. Today 32 patients operated on the rectal prolapse in 2010-2015 are in the research. The average age of the patients – 43,6±7,8 years. Among them women (78,125%), men – 7(21,875%). The research includes patients with inner and outer prolapse. Anal incompetence has been tested through the adopted in clinic classification. Evaluation of motor skills of a small gut has been made with the x-Ray control of small gut follow-through. Anal incompetence has been tested with the methods of sphincterometry and profilometry. Evaluation of pelvic floor muscle function has been made through defecography with registration of gut position relative to pubococcygeus muscle (PC). Volition action shift, residual volume and time of evacuation have also been tested. Descending perineum has been diagnosed with registration of gut stasis 2,9 ± 0,9 cm. and more. Lower then PC muscle or with its shift to 6 cm. and more with straining. Decompensation of pelvic floor muscle function was shifting in anorectal area with straining less then 1,2±0,4 см (Zarodnyuk I.V. and Co., 2005).
Results of research. All the patients have been operated with the rectosacropexy method. The peculiar feature of this operation is mobilization of straight intestine without transaction of side straight intestine ligaments.