

ΛΟΓΟΣ

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Die Kunst des Wissenschaftlichen Denkens

DER SAMMLUNG WISSENSCHAFTLICHER ARBEITEN

ZU DEN MATERIALIEN DER INTERNATIONALEN WISSENSCHAFTLICH-PRAKTISCHEN KONFERENZ

AKTUELLE THEMEN IM KONTEXT DER ENTWICKLUNG DER MODERNEN WISSENSCHAFTEN

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ОО «ЕВРОПЕЙСКАЯ НАУЧНАЯ ПЛАТФОРМА» • NGO «EUROPEAN SCIENTIFIC PLATFORM»

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THE EFFECTIVENESS OF EXERCISE THERAPY IN THE POSTOPERATIVE REABILITATION AFTER CHOLECYSTECTOMY

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Relevance of the topic. Exercise therapy is an integral stage of postoperative rehabilitation for cholelithiasis, operated by open laparotomy. Recently, cholecystectomy is principally performed by laparoscopic method as modern surgery resorts to the least invasive methods. [1, 2] Thus, the question of the effectiveness of exercise therapy in the postoperative rehabilitation after cholecystectomy performed by laparoscopic method arises.

Goal. Investigate the effectiveness of exercise therapy and gymnastics in the early and late postoperative period after laparoscopic and open cholecystectomy, analyzing the dynamics of the restoration of biochemical and hematological parameters.

Materials and methods. According to the results of surgical treatment of 87 patients with cholelithiasis complicated by obstructive jaundice, acute cholangitis was found in 31 (35.5%) patients. The age of patients ranged from 39 to 87 years, on average - 63 years. The gender: 13 of men (41.94%), 18 of women (58.06%). To diagnose the disease, Tokyo Guidelines (2013) were used, which meant the allocation of 3 sign groups: A - signs of systemic inflammation (value of hematological parameters), B - signs of cholestasis (change in biochemical parameters), C - data of visual methods, which confirm the origin of obturation of biliary ways. [1, 3] While hospitalization, all patients underwent a full range of laboratory and instrumental examinations. For the diagnosis of cholelithiasis and choledocholithiasis ultrasonography was used. To determine the severity of acute cholangitis, Tokyo Guidelines (2013) were taken. For the classification of complications the Claven-Dindo [4] scale was deployed.

After the clinical diagnosis was made, the patients were divided into 2 groups - studied (agreed to perform the recommended additional exercises in addition to the general principles of rehabilitation [5, 6] - 15 patients (48.39%) and control (adhered only to the general set of dietary recommendations and physical activity in the postoperative period [6] - 16 patients (51.61%). All patients underwent surgical correction of the biliary tract, using both laparoscopic and open surgical interventions depending on the severity of the disease and absolute indications for this type of operation.

In 12 patients, the first stage was performed by endoscopic papillosphincterotomy with lithoextraction. The second stage was laparoscopic cholecystectomy. In 19 patients, an open laparotomy was performed using subcostal access. Data on the type of surgical intervention in the control and study group are given in the table 1.

Table 1

The type of surgical intervention

	Endoscopic cholecystectomy	Open laparotomy
Control group – 16 (51,61%)	5 (31,25%)	11 (68,75%)
Studied group – 15 (48,39%)	7 (46,67%)	8 (53,33%)

In the postoperative period, the control and study groups proceeded to physical rehabilitation, which included a complex of exercise therapy and diet therapy. Physical exercises differed depending on the duration of the postoperative period for each type of surgical intervention and the patients belonging to one of the groups (control or studied). In addition, all patients had no absolute contraindications for therapeutic gymnastics (peritonitis, intoxication of the body, acute cardiovascular insufficiency, serious condition). During endoscopic cholecystectomy in the early postoperative period (1-2 days), the control group (51.61%) performed breathing exercises (starting position - lying on the back, one hand on the chest, the other on the abdomen; alternation of deep inhalation and exhalation), followed the diet and took prescribed medications. In the late

postoperative period (3-6 days), the control group performed walking 15 minutes 3 times a day, followed a diet and took prescribed medications. In the early postoperative period, the study group (48.39%) performed breathing exercises, diaphragmatic breathing (inhaling through the nose, simultaneously inflating the abdomen, exhaling through the mouth, simultaneously retracting the abdomen (6 times), followed the diet and took the prescribed drugs. In the late postoperative period, the study group performed the following activities: starting position supine, arms along the body, legs together, flexion of the legs alternately in the knee joint (imitation of walking, 1 min); lying on the back, legs bent at the hip and knee joints, stand at the buttocks, arms lowered, bend knees and bring them down (4-5 times at a slow pace); lying on your back, raise your legs above the bed, slightly bend your knees; cycling movements imitating cycling (1 min); sitting on the chair, arms to the side, legs together (turns to the sides 4 times); walking (15 min 3 times a day); dieting; taking prescribed drugs. With laparoscopic cholecystectomy, the control group performed diaphragmatic breathing during the early postoperative period, followed the diet and took prescribed medications, and in the late postoperative period - the following exercises: imitation of walking (1 min); walking (15 min 3 times a day). The study group in the early postoperative period performed the following activities: breathing exercises; diaphragmatic breathing (6 times); imitation of walking (1 min); dieting; taking prescribed medications. In the late postoperative period, the study group performed the following activities: lying on the back, raise legs above the bed, slightly bend the knees; imitation of cycling (1min); side turns in the chair (4 times); walking (15 min 3 times a day); dieting; taking prescribed medications. In case of any pain, the exercise was stopped.

Results. With the restoration of adequate bile flow, the functioning of the liver returned to normal. At the same time, a significant decrease in direct and indirect bilirubin was observed in patients of both groups for 1-3 days. The trend towards normalization of AST and ALT was observed in the control group on the 4th day, in the study group - on the 3rd day. Neutrophilia and leukocytosis significantly decreased by the 5th day in the control group of patients, and in the studied group - 4 days after the surgical intervention. Postoperative complications were observed in 4 patients (21.05%), however, their severity did not exceed the 3D degree on the Clavien scale. Complications were observed only after open cholecystectomy, 3 of 4 patients were in the control group. All patients of the studied group noted relief of recovery of normal life and were discharged on average 2 days earlier than patients of the control group.

Conclusion. Cholelithiasis is one of the most common diseases of our time. Acute cholangitis, as the most common complication of cholelithiasis, requires cholecystectomy only in specialized surgical departments. However, only the observance of the set of physical rehabilitation exercises will allow to avoid severe postoperative complications and returning the patient to normal life as quickly as possible.

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THE LOCAL TREATMENT OF APHTHOUS RECURRENT STOMATITIS (RAS)

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Among the lesions of the oral mucosa of children a special place belongs to the chronic recurrent aphthous stomatitis [1, p.158] [2, p. 185], [3, p. 154]. Until recently, certain questions remain about the etiopathogenesis of this disease. Clinical manifestations of RAS in the baby's cavity often occur in the context of general-somatic illness [4, p. 45], [5, p. 229], [6, p. 207]. The use in clinical practice of the generally accepted methods of local RAS treatment have a positive clinical effect, but in their turn, they do not guarantee the achievement of a long inter recurrent period.

The dispensary group consisted of 20 children from 12 to 15 years of age, in whom there were clinical manifestations of RAS in the course of two or three years. Local treatment, clinical and laboratory studies were conducted in the dental center of Bohomolets university: - anesthetics; antiseptic and anti-inflammatory therapy; - keratoplasty therapy by phonophoresis of the gel «Solkoseril». The duration of the procedure was 5 minutes (intensity: 0.3 W / cm³ in steady state of generation - an average of 5-8 sessions).

Patients were treated at home by rinsing with a solution of "Rotoccan" during clinical manifestations and within 5 days after.

The effectiveness of the treatment was evaluated using a laboratory cytological method in accordance with the recommendations of Kimelye E. (1984) on the basis of the calculation of the cellular epithelial index [7, p. 132].

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