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ANALYSIS OF SURGICAL TREATMENT FOR PATIENTS WITH DIAPHYSARY FRACTURES OF THE TIBIA ON THE BACKGROUND OF CONCOMITANT OVERWHIGHT AT THE TRAUMATOLOGICAL DEPARTMENT OF MUNICIPAL INSTITUTION OF KRC «REGIONAL CLINICAL HOSPITAL» DURING PERIOD OF 2017-2019

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The problem of overweight and obesity in the XXI centuryis on a leading position. In the economically developed countries, almost 50% of the population is overweight, while 30% of them are obese. Among the Ukrainian population able to work, obesity is found in 26% of cases, and over 40% of the total population is overweight. Traumatic injuries of long bones in patients suffering from overweight and obese have a number of features which must be taken into account by ortopaedist-traumatologist when choosing a method of surgical stabilization of the fracture.

In our opinion, blocking intramedullary osteosynthesisconforms all the requirements of best-possible surgical stabilization of long bone shaft fractures in patients with this comorbidity, because it is easy to be performed. Minimally invasive technique minimalizeimpact on soft tissues in the fracture area, does not disrupt the process of parafractal and intraosseous circulation, angioneogenesis, allows to preserve the primary hematoma, initiates the process of primary fusion and is a predictor of a smoothpostoperative period. The mechanical properties of the implants provide reliable interfragmental fixation not only at the level of the fracture, but also along the axis of the medullary canal of the bone. It allows to avoid additional methods of immobilization during the postoperative period and accelerates the process of earlier mobilization of the patient.

During the period from 2017 to 2019, 87 patients with isolated closed fractures of the shaft of the tibia on the background of overweight were surgically operated at the traumatological department of MUNICIPAL INSTITUTION OF KRC «REGIONAL CLINICAL HOSPITAL».The average age of patients is 34 ± 2 years old. The average

value of the Kettle Index is 29.2 ± 1.4. Surgical treatment was performed within 24 hours after injury. Intraosseous fixation with the predominant utilization of locking nailswas used. Patients in the postoperative period were provided with anti-inflammatory, analgesic, antithrombotic, vascular and neuroprotective therapies, along with a course of physical therapy for talocruraland knee joints. On average, the patients were treated from 12 to 14 days. There wasprolongation of postoperative wound healing in 12 patientsby 2-3 days asthe early postoperative complication. Controlling and monitoring examinations were performed at 1st, 3rd, 12th months after osteosynthesis. During the examination of patients at the end of the first month after surgery, the restoration of the function of the joints adjacent to the fracture of the injured limb was determined. Within three months, the limb's resiliencewas restored. Complete restoration of the bone matrix occurred at 12th month from the initial injury. Conclusions: The outcomes of the study allowed us to establish the fact of prolongation of rehabilitation periodsin patients suffering from overweight and fracturesof the shaft of the tibia.

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MODERNIZATION OF THE SURGICAL TREATMENT OF RECTAL FISTULAS

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Actuality. Rectal fistulas are one of the most common rectal pathologies. There are many surgical treatment for this disease, but the relapse rate remains high. An unsatisfactory result of treatment is most often associated with incomplete excision of the fistula or damage to the complex of the anal sphincter. The development of new methods for excising rectal fistulas is an important and relevant area in surgery.

The aim of the study: to compare the results of surgical treatment of rectal fistulas and determine the benefits of the proposed technique.