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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 nails was 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 talocrural and knee joints. On average, the patients were treated from 12 to 14 days. There was prolongation of postoperative wound healing in 12 patients by 2-3 days as the 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 resilience was 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 periods in patients suffering from overweight and fractures of 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 treatments 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.



Materials and methods. A retrospective analysis and a prospective study of 57 patients were performed. All patients were diagnosed with rectal fistula. Only uncomplicated cases of transsphincteric rectal fistulas were included in the study. All patients were treated in the surgical department of the Kharkiv regional hospital. This patients are divided into two group. The first group included 30 patient who were operated on according to standard methods (excision of fistula with sphincterotomy, fistula excision with sphincteroplasty). The second group was represented by 27 patients (excision of the anal fistula was combined using biowelding).

Results. We identified parameters for evaluating the effectiveness of surgical treatment. It was relapse of the disease, functionality of the apparatus of sphincter's complex, terms of wound healing. Satisfactory treatment outcome in the first group was 66,7%. In the second group the success rate was 96,3%. The use of biowelding for excision of the intrasphincter part of the fistula reduce the invasiveness of the operation. Also we reduced the time of the operation and number of postoperative complications.

Conclusions. The use of biowelding in the surgical treatment of rectal fistulas is a minimally invasive technique. This approach to treatment combines radicalism with minimal damage to the sphincter complex.