



On the terms of using omentopancreatoburso- or lumbostomy in a comprehensive treatment following the principle of low-traumatize procedures, repeated inspection of the foci, necrosis ectomy, sanitation and repeated local draining were conducted under control of a flexible fiber endoscope. It enabled to perform the indicated manipulations adequately, even in hard accessible "pockets" without any excessive traumatizing of the surrounding tissues.

We have worked out new draining-sorption devices, peritoneum- and vulneorsorption methods (patents for useful model № 66934, № 66654, № 30930, № 28280) with the aim to inhibit aggressive proteolytic injury of the pancreatic parenchyma and surrounding tissues as well as for prophylaxis and treatment of purulent-necrotic complications of acute pancreatitis. The use of the latter is characterized by sorbent applications with present antienzymatic and antibacterial properties that enabled to prevent a destructive action of local alternative factors and their spread effectively.

Laparotomy was performed in case diffuse pancreatogenetic purulent peritoneal inflammation (peritonitis) developed. Evacuation of peritoneal exudate followed by quadruple lavage of the peritoneum with warmed up to 38C⁰ Decasan and Miramistyn solutions and 5 minute exposition was made. Then the peritoneum was exposed to ultraviolet light with the help of the portable apparatus DRT-220 for 60 seconds. On completion of the main stage (necrosectomy, sequestrectomy, sanitation) surgery was finished by open bursa omentalis drainage or temporal closure of the operating wound (laparotomy) according to exactly determined methodology (patent for useful model № 25280, № 30930).

An essential part of effective treatment of acute necrotizing pancreatitis is providing conditions for an adequate prolonged local effect on the damaged pancreas tissues and retroperitoneal area during the post-operative period. That is why we offered the use of special draining-sorption constructions (patents for useful model № 25832, № 62379, № 66934). A prolonged running-fractional sanitation of the damaged tissues was performed in the post-operative period by means of these constructions.

As the result of such investigation we noticed that the use of the elaborated surgical methods in the treatment of acute necrotizing pancreatitis enabled: to reduce occurrence of microbe contamination of the operating wound edges to 61,7 % (P<0,05), the level of microbial pollution decreased to 73,7 % (P<0,05); to accelerate elimination of purulent-necrosis pancreas injury and its surrounding tissues to 27%; to reduce the number of postoperative complications to 18%; to make the duration of hospital treatment 25% less.

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CHRONIC URINARY INFECTION (CUI) AND BLADDER FUNCTION IN FEMALE INCONTINENCE (FI) PATIENTS

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The problem of FI is not solved yet. It has long be accepted that the main causes are hormonal influence and weakness of the perineum muscles but these suggestions can not explain all reasons of FI.

Two groups of incontinence women were examined (without neurological diseases) - with (40 pts) and without (56 pts) CUI. Only incontinence (without other voiding disorders) was presented in 10% pts with CUI and in 30,4% patients from the second group (p<0,01). On flowgrams max. and mean flow rates and acceleration were 1,57, 1,55 and 1,9 times less accordingly, and hesitancy was 1,98 times higher in the first group (table 1).

Table 1.

Pts	Max.fl.rate	Mean fl.rate	Hesist.	Acceler.
With CUI (40)	14,33*	7,03*	12,02*	1,91*
Without CUI (56)	22,4*	10,91*	6,07*	5,16*

On retrograde cystography during voiding only 5% of patients in the first group had the normal location of bladder neck (in comparison with 39,3% in the second group, table 2).

Table 2.

Position of bladder neck on cystography (%)

Pts	Motionless		Miction	
	Normal	Lower	Normal	Lower
With CUI	65	35	5*(p<0,05)	95
Without CUI	69,7	30,3	39,3*(p<0,05)	61,7

So these changes may be explained by deep affecting of the neuro-muscular apparatus of the sphincter and pelvic floor due to CUI and may be one of the main causes of ineffective FI treatment.