

performed for lower extremity fractures have lower LEFS score after surgery, but in the next months it is improving. In the late outcome the patients that applied for plate removal from femur comparing with those who did not showed lower LEFS score - 44.23 ± 2.12 . After osteosynthesis of tibia the score was 40.15 ± 1.72 for the patients that applied for plate removal.

After plates osteosynthesis good and satisfactory functional results were achieved in 94.9 % (37 patients) of cases for femoral fractures and 93,2 % (69 patients) cases of tibial fractures. The osteosynthesis allows us to improve functional results due to better reduction and stability of fractures. The relation between the functional statuses of lower extremity after osteosynthesis with the removal procedures was found, as LEFS scores was significantly lower for those patients that applied for plate removal.

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GROIN HERNIA: ANATOMICALLY DETERMINED RISK FACTORS FOR THE RECURRENCE

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The analysis of scientific publications of last 5 years shows that the questions of anatomical preconditions, role of gender and physique in recurrences of groin hernias after mesh hernia repair remain up-to-date. Considered as a “gold standard”, tension-free hernioplasty has many advantages comparing to tissue repair, but the question of the graft’s size remains a subject of discussions.

The aim: to substantiate anatomical parameters influencing choice of graft’s size and shape in groin hernia repair. In the research took part 74 patients of both gender with primary groin hernias. All the patients were divided into 3 groups due to type of physique: 26 patients (35.1%) of endomorph type, 20 patients (27%) of ectomorph type and 28 patients (37.8%) of mesomorph type. An in-depth analysis of anatomical parameters of the groin region was performed in these groups. Received data were used to calculate the optimal sizes of the prosthetic mesh for the groin hernia repair depending on the physique and gender.

Results of the study show that the anatomical parameters of pelvis and groin regions in particular vary not only in people of different gender and type of physique, but sometimes may vary in one person. That leads us to necessity of individual approach to the choice of size of hernia mesh in every individual case. Based on the obtained data the optimal size of the allograft for the groin hernia repair for the patients of different physique and gender were calculated. We may conclude that groin allografts of standard size (6×11 cm) correspond not to all patients. During the operation, surgeons have to modify the size of standard graft with the scissors or to use a bigger piece of mesh to form the graft of necessary size. All that may lead to mistakes and raise the risk of complications and recurrence.

The anatomical sizes of groin regions vary not only in people of different gender and body structure, but sometimes may also vary in one person, and require an individual approach to the choice of size of hernia mesh in every individual case.

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THE ROLE OF PREOPERATIVE PREPARATION IN THE ANAL FISSURE TREATMENT

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Preoperative preparation of the patient is of great importance in the prevention of early and long-term complications of surgical intervention, and thus plays the integral role in their quick recovery after the proposed surgical treatment to the state of working capacity.

Taking this into account, it is extremely important to improve the preoperative preparation of the patient for surgical excision of the anal fissure to prevent possible complications and achieve a favorable treatment result.

Therefore, the aim of the given study was to improve the results of anal fissure treatment by developing and introducing into practice new methods of preoperative preparation based on the pathogenetic aspects of this pathology.

In the main group (54 patients) intratissue electrophoresis was performed for 5 days before surgical treatment with a current density of 0.05 mA/cm² for 60 minutes (Ukrainian patent of utility model No.87377). During procedure 5 ml of antiseptic solution with anesthetic was injected into the rectum through an active drainage electrode. In the control group (52 patients) standard methods of preoperative preparation were used.

The use of intratissue electrophoresis with an antiseptic-anesthetic solution in the preoperative period leads to a decrease in the manifestation of hemodynamic disorders, acute inflammatory reactions in the tissues of the anal fissure in patients of the main group and stimulates the development of young granulation tissue in the area of the wound edges and the resection edge.

Already after one intratissue electrophoresis procedure the pain level decreased by 42.56% (1.43 times), after 3 sessions by 51.94% (2.17 times relative to control). Within five days intratissue electrophoresis pain at rest was completely absent as well as reduced manifestation of hemodynamic disorders and acute inflammatory reactions in the tissues. In contrast to the control group, the pain level after surgery in the main group was 1.78 times less on the 2nd day, and from the 4th day the patients did not need painkillers, whereas in the control group, pain relief was prescribed for 7-8 days after the operation. In the main group in the postoperative period, the wound healed much faster.

Analyzing the long-term results of treatment (5 years of follow-up after surgical treatment), recurrence of anal fissure in the control group was noted 1.8 times more often, and insufficiency of the anal sphincter - 2.8 times more often, compared with the main group. Cicatricial strictures were not observed in patients of the main group, and the period of complete healing of the surgical wound, using the developed therapeutic approach, was lowered by 27.6%.

Thus, the use of intratissue electrophoresis in the complex treatment of anal fissures with an antiseptic and anesthetic solution according to the developed method reduces the manifestation of the inflammatory process, stimulates reparative processes in the area of the fissure, accelerates epithelialization and the healing period of the postoperative wound, quickly eliminates anal spasm and postoperative pain syndrome.

The proposed treatment method is technically simple, has no contraindications, and is available for inpatient and outpatient use in medical institutions of any level.

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THE ROLE OF PROVIDING PROPER MEDICAL CARE IN “GOLDEN HOUR” FOR VICTIMS WITH DOMINANT ABDOMINAL TRAUMA

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Providing qualified and timely care to victims with abdominal trauma, i.e. is one of the urgent problems of emergency surgery. This is due to the increase in the number of man-made disasters, consistently high rates of road accidents, adverse effects of patient treatment with multiple and combined injuries. Therefore, the aim of the given study was to improve the provision of medical care for abdominal injuries with the active use of time as a prognostic and quality care factor.

The study was conducted on the basis of data collected as the results analysis for treating 19 patients with dominant abdominal trauma. The study involved the retrospective data assessment at the pre-hospital stage of medical care for victims of abdominal trauma, as well as examination and treatment of victims at the hospital stage, taking into account the time criteria for diagnosis and treatment.

Depending on the injuries received, the victims were distributed as follows: liver injury was presented in 9 cases (47.37%), whereas spleen injury in 10 cases (52.63%). The gender distribution among victims of splenic trauma was 6 males (31.58%) and 3 females (15.79%); 8 males (42.11%) and 2 females (10.53%) were observed with liver injury. The exclusion study criteria were children and