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**NEW APPROACHES TO LABORATORY AND PHONOENTEROGRAPHIC MONITORING OF THE
INTESTINAL MOTILITY IN PATIENTS WITH POSTOPERATIVE ILEUS**

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Postoperative intestinal paresis remains unresolved problem of abdominal surgery. Its complication causes significant disturbances of homeostasis, metabolic disorders, and as a result can cause postoperative peritonitis. Unfortunately, nowadays methods of predicting of postoperative intestine motility disorders are not entirely developed, which stops the development of preventive methods.

The study involved 57 patients, the hollow organs of the digestive system of whom were operated on in planned and urgent order. The patients were divided into 2 groups. The first group consisted of 25 patients, who had no postoperative intestine dysmotility. The second group consisted of 32 patients, who had signs of postoperative parietic intestinal ileus. All the patients were examined in the pre- and postoperative periods by conducting clinical, laboratory and instrumental examination, including phonoenterography. Indicators of fibrinolytic and proteolytic activity were identified in all patients. Statistical analysis of the obtained indices was conducted by Student and Fisher criteria.

The diagnosis of postoperative intestinal paresis was confirmed on the basis of the absence of peristalsis, stool and gas on the third day after the operation. The results of modified phonoenterography were also used in the second or third day after operation to reveal signs of normalization of contractile intestine ability or predict the development of dynamic ileus. It was found, than results of phonoenterography of the first group patients had low magnitude and frequency of peristaltic waves on the second day after the operation, however, the dynamics showed the increase of the number and amplitude of peristaltic waves, decrease of interval between waves.

In the second group of patients after 2-4 days after surgery peristaltic waves were not identified, and the fonoenterogramm showed only some contractions of intestine. This indicates, that phonoenterography is an informative method of early diagnostics of early postoperative ileus.

We studied serotonin level in blood plasma to identify possible causes of disturbances in bowel contractile ability of the patients. It is known, that serotonin acts on serotonin receptors in the postsynaptic membrane, causing contraction of the muscular layer of the bowel wall, which in its turn causes peristalsis. It was found that in the patients without dysfunction of the contractile intestine ability in the postoperative period the level of serotonin was significantly higher compared to the group of patients with postoperative intestinal paresis ($p < 0.01$).

This shows that one of the reasons of intestine dysmotility in the postoperative period is insufficient blood plasma concentration of serotonin. Using certain treatment strategy the results of treatment have been greatly improved, the incidence of postoperative intestinal paresis has been reduced, and in case of its development the intestine motility has been restored.

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GLAUCOMA. CONSERVATIVE TREATMENT: SIDE EFFECTS

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Beta-blockers are effective local agents, the average peak of intraocular pressure (IOP) is reduced by 25%, and the average deflection is reduced by 20% using non-selective agents. Unfortunately, no studies classify side effects of beta-blockers. The objective of the study was to identify and classify the side effects of beta-blockers in the treatment of primary open-angle glaucoma.

Ocular side effects at several levels of morbidity are being analyzed in the research: 1. Very common (10% or more); 2. Common (1% to 10%); 3. The frequency is not reported. Contraindications for beta-blocker usage include asthma, severe chronic obstructive pulmonary disease, bradycardia, a cardiac block of the second or the third-degree, and congestive heart failure.

Clinically, it is not reasonable to use this class of drugs for any patient with asthma, a heart rate less than 55 beats per minute, who has or had heart failure or used antidepressant medications. A positive history of cardiac problems or symptoms is usually present in patients with heart failure and is greater than the first degree of heart block.

Although cardiac and pulmonary side-effects are the most obvious, in a large review, the problems of the central nervous system were the most frequent; they were ranging from hallucinations to depression and general feeling of malaise.

These side-effects may be much more difficult to identify. In the majority of patients, the usage of this drug may cause or lead to exacerbate various problems. In this case, it is necessary to stop the usage of the drug until the symptoms improve. The elderly appear to be at the greatest risk for beta-blocker side effects. A conscious effort is required to identify susceptible patients (in line with the overall philosophy of individualization of therapy and specific assessment of drug effects). Other systemic side effects of topical beta-blockers are rare, including the dermatological problem of alopecia. Locally, beta-blockers are well tolerated, although it has been reported about corneal hypesthesia and epithelial changes.

In addition, some researchers believe that the usage of these drugs should be avoided by patients with diabetes, because the symptoms of hypoglycemia may be masked and those of myasthenia gravis may be exacerbated.