

postoperative period, early postoperative dysphagia was detected in 20% of cases (10 patients) who underwent Nissen LF and in 11% of cases (21 patients) after Toupe LF. There were no open conversion conversions.

Conclusions. Patients for surgery are selected only for strict indications (pronounced clinical picture, presence of esophagitis and lack of effect from conservative therapy). Both laparoscopic Toupe t surgery and Nissen fundoplication allow adequate and effective antireflux correction of the hiatal hernia, which significantly improves the quality of life of patients in the postoperative period.

APPLICATION OF ABDOMINOPLASTY AS THE FIRST STAGE OF TREATMENT OF A PATIENT WITH MORBID OBESITY

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Relevance. The World Health Organization has defined obesity and overweight as "abnormal or excessive accumulation of fat that can negatively affect health" and declared this pathology a global epidemic. To classify obesity in many countries, including Russia, the body mass index (BMI) is used, calculated by the formula: weight (kg) / height (m²). At the same time, BMI ≥ 25 indicates overweight, and BMI ≥ 30 indicates obesity. Many foreign researchers attribute overweight and obesity to multifactorial, complex, multigenic disorders that are closely related to the characteristics of the psychosocial and cultural environment.

Material and methods. Patient H., 54 years old, was examined. Preoperative examination revealed a picture of morbid obesity of alimentary constitutional genesis, abdominal type, complicated by a giant fat fold of the anterior abdominal wall and secondary lymphedema. An atypical middle abdominoplasty with a reconstructive component of the anterior abdominal wall was performed.

Results. Successful removal of 60 kg fat "apron".

Findings. Based on our clinical experience, we can say that patients with advanced morbid obesity respond positively to complex treatment with minimal complications in the postoperative period. Removal of the main adipose tissue collector has a positive effect on further weight loss in combination with conservative therapy.

SURGICAL TACTICS FOR COMPLICATED FORMS OF CHRONIC PANCREATITIS

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Introduction. The choice of rational surgical tactics for various complications of chronic pancreatitis (CP).

Aim: to study of surgical tactics for complicated forms of chronic pancreatitis.

Material and methods: Based on the collected data on the basis of the 1st clinic of SamMI, in the period from 2015 to 2020, 356 operations were performed for complicated forms of CP. Indications for surgical intervention were: severe abdominal pain syndrome, not amenable to conservative therapy, biliary hypertension, obstructive jaundice, hypertension of the main pancreatic duct (GLP), cystic fibrous transformation of the pancreas (PZ). The absence of pronounced fibroinflammatory changes in the pancreas head and other complications of CP, in the presence of a wide GLP, was an indication for the imposition of a longitudinal pancreatojejunostomy (PJA) - 29 operations. With pronounced local fibroinflammatory changes in the tail of the pancreas, distal resection of the pancreas was performed - 34 operations. If it is impossible to exclude malignant neoplasm of the pancreas body, in 29 patients werecorporocaudal pancreatic resection was performed. Fibroinflammatory changes, enlargement of the pancreas head, wide GLP were indications for subtotal duodenal-preserving resection of the pancreas head with the imposition of PJA - 151 operations. Fibrous changes in the RV head without changes in the body and tail with a narrow GLP, in 8 cases were an indication only for local resection of the RV head. In this case, the cavity formed as a result of the head resection was drained into the Ru-isolated jejunum. In 43 patients, CP was complicated by biliary hypertension and obstructive jaundice. In 35 patients from this group, Frey's operation was supplemented with the imposition of hepaticojejunostomy, and 8 cases with superimposed internalbiliopancreatic anastomosis. In 9 patients with pronounced fibroinflammatory changes in the entire pancreas and narrow GPP produced longitudinal trough excision (operation Izbiki). In 9 cases CP was complicated by a false aneurysm (LA) arteries of the celiac trunk. The first stage superselective endovascular embolysis was performed tion of the vessel feeding the aneurysm. The second stage was performed by resection surgical interventions on the pancreas. The impossibility of excluding a malignant tumor of the pancreatic head was an indication for pancreatoduodenal resection -