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OPTIMIZATION OF SURGICAL TREATMENT OF PATIENTS WITH EXTRASPHINCTER FISTULAS OF THE RECTUM

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ТЎҒРИ ИЧАКНИНГ ЭКСТРАСФИНКТЕР ОҚМАЛАРИ БЎЛГАН БЕМОРЛАРНИ ЖАРРОҲЛИК ДАВОЛАШНИ ОПТИМАЛЛАШТИРИШ

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ОПТИМИЗАЦИЯ ХИРУРГИЧЕСКОГО ЛЕЧЕНИЯ БОЛЬНЫХ С ЭКСТРАСФИНКТЕРНЫМИ СВИЩАМИ ПРЯМОЙ КИШКИ

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Резюме. *Тадқиқотнинг долзарблиги. Бугунги кунга келиб, агар биз бирон бир универсал- усул ҳақида эмас, балки маълум бир йўналишни ривожлантириш, ректал оқмаларни даволашга ёндашув ҳақида гапирадиган бўлсак, сезиларли ижобий ўзгаришлар мавжуд. Шундай қилиб, ўтган асрнинг охиридан бошлаб, тиббий технологияларнинг ривожланиши фонида, сфинктер аппаратига бевосита таъсир қилмасдан бажариладиган жарроҳлик амалиёти каби ректал оқмаларни даволаш усуллари пайдо бўла бошлади ва фаол ривожлана бошлади. Тадқиқот мақсади: оқмани кесишнинг техник жиҳатларини такомиллаштириш орқали тўғри ичакнинг экстрасфинктер оқмалари бўлган беморларни даволаш натижаларини яхшилаш. Тадқиқот материаллари ва усуллари. Проспектив динамик фаол тадқиқот учун 85 та клиник маълумотлар танлаб олинди. Улар орасида тугри ичакнинг экстрасфинктер оқмалари бўлган беморлар бор эди. Барча беморлар режалаштирилганидек операция қилинди ва танланган даволаш тактикасига қараб икки гуруҳга бўлинди. Биринчи гуруҳ, таққослаш гуруҳига анъанавий усуллар билан оқмалар олиб ташланган 56 нафар (65,9%) бемор кирди. Иккинчи, асосий гуруҳга 29 нафар (34,1%) бемор киритилган бўлиб, уларда оқмани бартараф этишда модификацияланган асбоблар ёрдамида жарроҳлик амалиёти амалга оширилган. Хулоса. Ректал оқма билан оғриган беморларни жарроҳлик даволашнинг техник жиҳатлари бўйича ишлаб чиқилган янгиликлар тиббий ёрдам стандартларининг яхшиланишига олиб келди, операциядан кейинги асоратлар частотасини 8,9% дан 3,4% гача камайтирди. Мураккаб ректал оқмаларни жарроҳлик даволашда модификацияланган тугмали зондидан ва олива билан эгилувчан цилиндрсимон ўтказгичдан фойдаланиш нафақат техник амалини ошириш жараёнини соддалаштиради, балки анал сфинктерининг мушак толаларига зарар етказилишини олдини олади. Бундан ташқари, бу усул жарроҳлик учун - 44,2±5,1 дақиқа, 80,5±7,3 дақиқага нисбатан камроқ вақт талаб қилади.*

Калит сўзлар: *анал канал, тўғри ичак, экстрасфинктер оқмалар, даволаш.*

Abstract. *The relevance of research. Today, if we talk not about any single universal method, but about the development of a certain direction, approach to the treatment of rectal fistulas, there are significant positive changes. Thus, starting from the end of the last century, against the backdrop of the development of medical technologies, methods for the treatment of rectal fistulas began to appear and are actively developed, in which the sphincter apparatus is not directly affected. Purpose of the study is to improve the results of treatment of patients with extrasphincteric fistulas of the rectum by improving the technical aspects of excision of the fistulous passage. Materials and methods of research. Eighty-five cases were selected for a prospective dynamic active study. Among them were patients with extrasphincteric fistulas of the rectum. All patients were operated on routinely and, depending on the chosen treatment tactics, were divided into two groups. The first group, the Control group, included 56 (65.9%) patients who had their fistulas excised using traditional methods. The second group, the main group, included 29 (34.1%) patients in whom fistula dissection was performed using modified instruments. Conclusions. The developed innovations in the technical aspects of surgical treatment of patients with rectal fistulas led to an improvement in the standards of medical care, reducing the incidence of immediate postoperative complications from 8.9% to 3.4%. The use of a modified button probe and flexible cylindrical conductor with olive in the surgical treatment of complex rectal fistulae not only simplifies the process of technical implementation, but also prevents damage to the muscle fibers of the anal ileum. In addition, this method requires less operative time, 44.2±5.1 minutes*

compared to 80.5±7.3 minutes.
Key words: *anal canal, rectum, extrasphincteric fistulas, treatment.*

Relevance of the study. Today, if we talk not about a single universal method, but about the development of a certain direction, approach to the treatment of rectal fistula, there are significant positive changes. Thus, since the end of the last century, against the background of the development of medical technology began to appear and actively develop methods of treatment of rectal fistula, in which the sphincter apparatus is not directly affected.

Over the years, the effectiveness of surgical treatment of patients with rectal fistulas has been evaluated, and during this period the techniques have already become established in the arsenal of surgeons. Thus, several meta-analyses characterizing the effectiveness of LIFT have been published. These meta-analyses show an average healing rate of 70-71% (40-95%) for rectal fistulas. An evaluation of the literature data on video-assisted fistula treatment has also shown encouraging results, with fistula healing rates of 40 - 95%. These data indicate that the efficacy of these techniques is approaching the effectiveness of traditional radical interventions and the need for a study comparing the results of traditional interventions and well-proven sphincter-sparing surgeries.

Purpose of the study is to improve the results of treatment of patients with extrasphincteric fistulas of the rectum by improving the technical aspects of excision of the fistulous passage.

Materials and methods of research. The study is based on the data of examination and treatment of patients with rectal fistula operated in the proctology department of the multidisciplinary clinic of Samarkand State Medical University in the period from 2018 to 2023. Eighty-five cases were selected for the prospective dynamic active study. Among them were patients with extrasphincteric fistulas of the rectum. All patients were operated on routinely and, depending on the chosen treatment tactics, divided into two groups. The first group, the Control group, included 56 (65.9%) patients who had their fistulas excised using traditional methods. The second group, the main group, included 29 (34.1%) patients in whom fistula dissection was performed using modified instruments.

Depending on the degree of complexity of the fistulous passage, the following operations were performed in the main group of patients with extrasphincteric fistulas: excision of extrasphincteric fistula of the I-II degree of complexity without damage to the muscle fibers of the anal ileum using a modified guide, and excision of extrasphincteric fistula of the III-IV degree of complexity with opening of the purulent cavity. The average age of the patients in this subgroup was 52.1 ± 9.7 years.

Technical aspects. In patients with extrasphincteric rectal fistulas in the main group, the fistulous passage was dissected using a modified button probe or a flexible cylindrical guide, similar to the method used in patients with transsphincteric fistulas. In contrast, a modified button probe or flexible conductor was inserted through the external fistulous opening and withdrawn through the internal opening. If there was difficulty in guiding the conductor, it was inserted through the inner orifice after staining the fistulous passage with dye. Then around the external fistulous opening, a fringing incision was made, exposing the fistulous passage as deeply as possible, avoiding damage to the muscle fibers of the anal sac. Then the fistulous passage was dissected at the deepest possible level. The internal fistulous opening was eliminated by pulling the proximal part of the fistulous passage into the lumen of the rectum and turning it inside out, after which the fistulous passage was sutured, ligated and cut off at its base (Fig. 1).

Fig. 1. Excision of the extrasphincter fistula of the III degree of complexity without damage to the muscle fibers of the anal pulp using a modified conductor

Fig. 2. Excision of extrasphincteric sphincter sphincter of III-IV degree of complexity with opening of purulent cavity

Table 1. Results of surgical treatment of patients with rectovaginal fistulas in the early postoperative period

Indicators		Main group (n=78)	Control group (n=56)
Average duration of inpatient treatment		10,1±2,2	17,4±3,1
		p<0,05	
Complications	acute urinary retention	2 (2,6%)	1 (1,8%)
	abscessed fistula	-	4 (7,1%)
Anesthesia	using narcotic drugs	-	+
	using non-narcotic drugs	+	-
	dressing anesthesia	-	+

If purulent accumulations were found in the pararectal cellular spaces, we performed dissection, scraping the wall of the purulent cavity, washing with antiseptics, and draining the residual cavity. The internal opening was liquidated according to the procedure described above (Fig. 2).

Results of the study. Patients of the main group in the postoperative period were given the opportunity to receive pain relief on demand using the non-narcotic drug "Ketorol". In most cases (76.9%) this amounted to 2 ml twice a day during the first two days after surgery. In the Control group, patients were prescribed the narcotic drug Promedol for the first 24 hours after surgery at 1 ml three times a day.

In 1 patient (3.4%) from the main group acute urinary retention occurred in the early postoperative period, which required bladder catheterization. We associate this complication with the use of spinal anesthesia during surgery. In the Control group, 4 patients (7.1%) had abscessation of the fistulous passage. We associate this complication with incomplete removal of the distal part of the fistulous passage, which led to the subsequent development of abscess. The patients underwent abscess opening on the 2-3 day after the operation. After that they were discharged from the hospital on the 5th-6th day after abscess opening in satisfactory condition.

The low invasiveness of the operation using modified guides without damaging the muscle fibers of the anal sphincter had a significant impact on the duration of hospital stay. On average, the patients of the main group spent 10.1±2.2 days in hospital (preoperative period was 3.2±3.2 days, postoperative - 7±1.9 days). The duration of inpatient treatment was determined by the necessity of complex examination, including fistulography, ultrasound examination of the rectum and pararectal fiber, as well as magnetic resonance imaging. After implementation of the new algorithm of examination and treatment, 15 patients operated on in 2021 managed to reduce the length of hospital stay to 7.9±1.1 bed-days. In the Control group, the average length of hospital stay was 17.4±3.1 days (preoperative period - 5.3±3.1 days, postoperative period - 11.4±2.2 days) ($p<0.05$) (Table 1).

Conclusions: The developed innovations in the technical aspects of surgical treatment of patients with rectal fistulas led to an improvement in the standards of medical care, reducing the incidence of immediate postoperative complications from 8.9% to 3.4%. The use of a modified button probe and flexible cylindrical conductor with olive in the surgical treatment of complex rectal fistulae not only simplifies the process of technical implementation, but also prevents damage to the muscle fibers of the anal ileum. In addition, this method requires less operative time, 44.2±5.1 minutes compared to 80.5±7.3 minutes.

Literature:

1. Akiba R. T., Rodrigues F. G., da Silva G. Management of complex perineal fistula disease //Clinics in colon and rectal surgery. – 2016. – T. 29. – №. 02. – P. 092-100.
2. Balciscueta Z. et al. Rectal advancement flap for the treatment of complex cryptoglandular anal fistulas: a systematic review and meta-analysis //International journal of colorectal disease. – 2017. – T. 32. – P. 599-609.
3. Cadeddu F. et al. Complex anal fistula remains a challenge for colorectal surgeon //International journal of colorectal disease. – 2015. – T. 30. –P. 595-603.
4. Davlatov S. S. et al. The choice of surgical treatment tactics in patients with acute paraproctitis //Journal of Hepato-Gastroenterology. – T. 1. – №. 2. – C. 26-29.
5. Gaertner W. B. et al. The American Society of Colon and Rectal Surgeons clinical practice guidelines for the management of anorectal abscess, fistula-in-ano, and rectovaginal fistula //Diseases of the Colon & Rectum. – 2022. – T. 65. – №. 8. – C. 964-985.
6. Sherkulov K. U., Radjabov J. P., Usmonkulov M. K. Diagnostics and surgical treatment of rectal fistulas //World Bulletin of Public Health. – 2023. – T. 19. – C. 28-30.
7. Shekhovtsov S.A., Davlatov S.S. Analysis of Factors Influencing the Results of the Laser Obliteration Technique of Short and Complex Rectal Fistulas// American Journal of Medicine and Medical Sciences 2023, 13(7): 913-916. DOI: 10.5923/j.ajmms.20231307.15

ОПТИМИЗАЦИЯ ХИРУРГИЧЕСКОГО ЛЕЧЕНИЯ БОЛЬНЫХ С ЭКСТРАСФИНКТЕРНЫМИ СВИЩАМИ ПРЯМОЙ КИШКИ

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Резюме. *Актуальность исследования. На сегодняшний день, если говорить не о каком- либо едином универсальном методе, а о разработке определенного направления, подхода к лечению свищей прямой кишки, имеются значительные положительные изменения. Так, начиная с конца прошлого века, на фоне развития медицинских технологий стали появляться и активно разрабатываться методы лечения свищей прямой кишки, при которых сфинктерный аппарат напрямую не затрагивается. Цель исследования заключается в улучшении результатов лечения больных экстрасфинктерными свищами прямой кишки путём совершенствования технических аспектов иссечения свищевого хода. Материалы и методы исследования. Для проспективного динамического активного исследования были отобраны 85 случая. Среди них были пациенты с экстрасфинктерными свищами прямой кишки. Все пациенты были прооперированы планово и, в зависимости от выбранной тактики лечения, разделены на две группы. В первую группу, группу сравнения, вошли 56 (65,9%) пациентов, которым свищи иссекались традиционными методами. Во вторую, основную группу, включены 29 (34,1%) пациентов, у которых иссечение свищей проводилось с использованием модифицированных инструментов. Выводы. Разработанные новшества технических аспектов хирургического лечения пациентов с прямокишечными свищами привели к улучшению стандартов медицинской помощи, снизив частоту ближайших послеоперационных осложнений с 8,9% до 3,4%. Применение модифицированного пуговчатого зонда и гибкого цилиндрического проводника с оливой при хирургическом лечении сложных прямокишечных свищей не только упрощает процесс технической реализации, но и предотвращает повреждение мышечных волокон анального жома. Кроме того, это метод требует меньшего времени на оперативное вмешательство - 44,2±5,1 минуты по сравнению с 80,5±7,3 минутами.*

Ключевые слова: *анальный канал, прямая кишка, экстрасфинктерные свищи, лечение.*