

CESAREAN SECTION: CHOICE OF ACCESS AS ONE OF THE WAYS TO REDUCE POSTOPERATIVE COMPLICATIONS**Sh. N. Valiev, B. B. Negmadjanov**

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Key words: caesarean section, technique, complications.**Таянч сўзлар:** kesarcha kesish, texnikasi, asoratlari.**Ключевые слова:** кесарево сечение, техника, осложнения.

This article is devoted to the problem of choosing the optimal technique for caesarean section from the standpoint of early and late postoperative complications and the influence of the choice of the surgical approach on the development of complications in the postoperative period. The urgency of the problem is due to the irrational choice of the surgical approach, which ultimately leads to the development of various postoperative complications.

KESARCHA KESISH: JARROHLIK AMALIYOTIDAN KEYINGI ASORATLARNI KAMAYTIRISHNING BIR USULI SIFATIDA JARROHLIK USULINI TANLASH**Sh. N. Valiev, B. B. Negmadjanov**

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Ushbu maqola jarrohlik amaliyotidan keyingi erta va kechki asoratlar nuqtai nazaridan kesim uchun optimal texnikani tanlash muammosiga va jarrohlik usulini tanlashning amaliyotdan keyingi davrda asoratlarning rivojlanishiga ta'siriga bag'ishlangan. Muammoning dolzarbligi jarrohlik usulining oqilona tanlanmaganligi bilan bog'liq bo'lib, natijada operatsiyadan keyingi turli asoratlarning rivojlanishiga olib keladi.

КЕСАРЕВО СЕЧЕНИЕ: ВЫБОР ДОСТУПА КАК ОДИН ИЗ СПОСОБОВ СНИЖЕНИЯ ПОСЛЕОПЕРАЦИОННЫХ ОСЛОЖНЕНИЙ**Ш. Н. Валиев, Б. Б. Негмаджанов**

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Данная статья посвящена проблеме выбора оптимальной методики кесарева сечения, с позиции ранних и поздних послеоперационных осложнений и влияния выбора операционного доступа на развитие осложнений в послеоперационном периоде. Актуальность проблемы обусловлена нерациональным выбором операционного доступа, что в итоге приводит к развитию различных послеоперационных осложнений.

Relevance: The choice of the optimal surgical approach for emergency and elective caesarean section plays an important role in reducing maternal complications, including mortality. To date, the structure of indications for caesarean section has changed and relative indications have come to the fore, which mainly take into account the interests of the fetus. The modern obstetric school, unlike the past, is characterized by an increase in the number of repeat caesarean sections, the indication for which in more than 70% of cases is an inconsistent uterine scar. Obstetric operations are one of the most complex surgical interventions with an increased frequency of intra- and postoperative complications. Naturally, the amount of blood loss during operative delivery is much higher than blood loss during natural childbirth. Most authors attribute this to the fact that during the operation many vessels are crossed, before the operator reaches the uterus, with a rough extension of the rectus abdominis muscles, the lower epigastric artery (a. epigastrica inferior) and the deep artery (a. profundus) can be damaged and intra-abdominal bleeding occurs, which requires careful surgical hemostasis. When choosing a laparotomy method for caesarean section, one should approach strictly individually and be guided by the size of access to the uterus, the urgency of the operation, the condition of the abdominal wall (the presence or absence of a scar on the anterior abdominal wall in the lower abdomen), and professional skills. The option of dissection the anterior abdominal wall does not depend on the incision on the uterus. With a lower median incision of the anterior abdominal wall, it is possible to dissect the wall of the uterus in any way, and with a Pfannenstiel incision, an isthmio-corporal or corporal CS can be performed. In the absence of sufficient surgical experience, the simplest method of opening the abdominal wall is the lower midline incision. More often, for the implementation of the corporal CS, a lower midline incision is made; transverse incision in the lower uterine segment with opening of the vesicouterine fold - in-

cision according to Pfannenstiel; transverse incision in the lower segment without opening the vesicouterine fold - according to Joel-Cohen. With transverse dissection of the skin, subcutaneous tissue and aponeurosis, one of the most common complications is bleeding from the vessels of the anterior abdominal wall, which in the postoperative period can lead to the formation of a subaponeurotic hematoma. During the dissection of the abdominal cavity, especially with repeat caesarean section, adjacent organs are injured: the bladder, ureter, intestines. Improvement of traditional methods of transabdominal cesarean section and development of new ones can reduce the frequency of birth injuries, perinatal morbidity and mortality, improve the quality of life of a woman after cesarean section, increase the possibility of early contact between mother and child with adequate lactation, reduce the percentage of infectious and inflammatory diseases of the puerperal period, which will contribute to the formation of a strong scar and the optimal course of subsequent pregnancy and childbirth.

The purpose: to study the results of choosing the method of abdominal delivery in emergency obstetric situations.

Materials and methods: We have studied the history of childbirth of pregnant women for 2019-2020 in the No. 3 maternity complex of Samarkand. We have observed 80 pregnant women with longitudinal and transverse access in emergency obstetric situations.

Depending on the method of surgical access during caesarean section, the patients were divided into two groups:

I-group lower midline laparotomy (longitudinal approach) (35 patients).

II-group transverse incision (Joel-Kohen) (55 patients).

Findings: Comparative analysis of the two methods of abdominal dissection showed that the lower-middle approach based abdominal dissection has some advantages over Joel-Cohen's abdominal dissection. These include: less blood loss, shorter surgery and hospital stay, less frequency of fever, less duration of post-operative pain, with less frequent injections of pain medication, and a shorter time from skin incision to delivery. The use of lower midline laparotomy can safely reduce the duration of the period from skin incision to fetal extraction to 1–1.5 minutes and reduce the incidence of infectious diseases from 19.8–23.5% to 4.4–7.1%. The main indications for caesarean section in the groups were: abruption of a normally located placenta (group I 33%, group II 30%), severe preeclampsia (group I 20%, group II 23%), placenta previa (group I 42%, group II 41%) and failure of the scar (I group 5%, II group 6%). We conducted a comparative analysis of both groups.

The mean age in both groups was 25-27 years on average. Scheduled caesarean sections: group I - 92% emergency 8% planned, group II 81% emergency 19% planned.

The frequency of complications after cesarean section operations were: uterine subinvolution (group I 12%, group II 17.1%), lochiometer (group I 8%, group II 20%), hematoma of the muscles of the anterior abdominal wall (group I 0%, group II 8.5%), suture seroma (group I 12%, group II 14.2%), average bed-day after surgery (group I 7.1 days, group II 8.85 days).

Conclusions: Thus, the longitudinal section is less traumatic and has fewer postoperative complications compared to the transverse one. The use of a longitudinal section in all obstetric emergencies is preferable, as it reduces muscle and tissue damage and allows better control of the size of the wound. Adequate relaxation of the muscles of the anterior abdominal wall, careful attitude to the tissues and vascular formations of the anterior abdominal wall contributes to a pronounced decrease in life-threatening complications such as DIC, multiple organ failure, erroneous removal of the uterus and its appendages, reduces the risk of iatrogenesis and is the prevention of maternal mortality. In case of damage to the muscles and blood vessels, perform stitching and ligation of the lower deep epigastric vessels - a.epigastrica inferior profunda. To prevent bleeding from the muscles of the anterior abdominal wall, ligation of the vessel a.epigastrica inferior and its branches such as ramus a.epigastrica inferior superficialis et profunda should be performed. The use of the method of lower midline longitudinal access of caesarean section in combination with the restoration of the anterior abdominal wall with a continuous subcutaneous-intradermal suture provides a favorable course of the postoperative period, adequate involution of the uterus, which

reduces the duration of a woman's stay in the hospital. According to our study, it was revealed that a continuous subcutaneous-intradermal suture used in the restoration of the anterior abdominal wall contributes to the prevention of wound complications, provides full hemostasis and tightness along the overlay line while maintaining a cosmetic effect. A continuous subcutaneous-intradermal suture during suturing of the anterior abdominal wall provides maximum tissue matching, contributes to the prevention of wound complications (seroma, hematoma) and the formation of a full-fledged cosmetic scar. It can be recommended for wide use, including in all types of obstetric and gynecological operations. The use of this access provides a favorable course of the postoperative period, which allows avoiding postoperative complications and reducing the duration of a woman's stay in the hospital to an average of $7.1+0.5$ days in relation to the indicators of the comparison group - $8.85+0.7$.

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