

METHODS OF ENDOVIDEOLAPAROSCOPIC TREATMENT OF  
INGUINAL AND INGUINAL HERNIAS IN CHILDREN.

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**Abstract:** In the article, 60 children diagnosed with inguinal and inguinal hernias were treated at the Republic Children's Scientific Practical Center of Minimally Invasive and Endovisual Surgery from 2018 to 2022. The advantages of modern endolaparoscopy technologies, the time spent on the operation and the number of recurrences of hernias are low compared to the method.

**Keywords:** inguinal hernias, inguinal hernias, hernioplasty, children, laparoscopy

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**Relevance of the problem:** The problem of surgical treatment of external hernias in children remains relevant to this day and is far from a final solution. This is evidenced by the large number of surgical methods (more than 400) in the treatment of hernias in children, none of which protects the patient from recurrence of the hernia in the postoperative period. According to different authors, the number of complications after open hernioplasty (hernia recurrence, suppuration of the surgical wound, damage to the male reproductive tract, etc.) reaches 5-7%, and repeated interventions reach 30% or more. Modern endoscopic technologies have allowed radical changes in the surgical correction of this disease.

The purpose of the work is to treat hernias in children with minimally invasive methods and evaluate their experience.

**Materials and methods:** 60 children diagnosed with invaginal hernias were treated at the Republic Children's Scientific Practical Center of Minimally Invasive and Endovisual Surgery from 2018 to 2021.

Table №1

gender	age			total
	month 1 y.o	1-3 y.o	4-7y.o	
boys	8	24	11	43
girls	3	11	3	17
total	11	35	14	60

All patients were scheduled for surgery under general anesthesia after a regular examination by a pediatrician, an anesthesiologist, complete blood, urine, blood biochemistry, blood group, HbSAg examinations. Surgery was carried out using "Karl Ztorz" (Germany) endosurgical technologies.

**Results:** 62 operations were performed on 60 children. 43 of them are boys and 17 are girls. Of these, 38 (63.3%) had a right-sided invaginal hernia, 20 (33.4%) had a left-sided hernia, and 2 (3.3%) had a bilateral hernia. 35 children underwent endovideolaparoscopic hernioplasty surgery. 25 of them underwent traditional surgery. The average time of performing endovideolaparoscopic hernioplasty was 26.4-12.0 minutes, while the traditional open operation was 31.5-16.6 minutes (R-0.01).

The average hospital stay after endolaparoscopic treatment was 4.7 + 1.2 days, and after the open traditional method was 4.9 + 1.5 days. There were no complications after surgery. In only 1 patient who underwent open traditional method, a rough kelloated scar was observed in the area of the postoperative wound, the patient was prescribed scheduled physiotherapeutic treatments.

**Conclusion:** Endovideolaparoscopic hernioplasty has advantages in terms of criteria such as the time spent on surgery and the number of recurrences compared to conventional treatment, which allows us to consider this intervention as the method of choice in the treatment of invaginal hernia in children.

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