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## WAYS TO IMPROVE THE RESULTS OF LAPAROSCOPIC NISSEN FUNDOPLICATION FOR HIATAL HERNIA

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**Aim of the study:** to determine the optimal zones for trocar insertion when performing laparoskopik fundoplication (LFP) by Nissen, taking into account the physique of the patients.

**Material and methods:** The results of a survey of 216 patients with hiatal hernia (HH) who were hospitalized in a multidisciplinary clinic of the TMA, were analyzed. All of them underwent LFP by Nissen. All patients were divided into two groups. The I group included 96 patients who underwent standard LFP by Nissen. In the II group of 120 patients, when performing LFP, the points of trocar insertion were determined according to the calculations of a computer program developed by us. Among the operated patients, 130 had axial HH (type I), 33 - type II, 45 - type III, and 8 - type IV. There were 104 (48,1%) women, 112 (51,9%) men. The average age was  $55,2 \pm 4,6$  years. Their average BMI was  $32,2 \pm 2,5$  kg/cm<sup>2</sup>. In I and II groups, the number of patients with a normosthenic physique was respectively 40 and 51, with an asthenic physique - 23 and 30, and with a hypersthenic physique - 33 and 39.

In the II group, the points of insertion of instruments for physical therapy depended on the body type of the patients, which were determined on the basis of the program we developed for calculating parameters for inserting instruments for LFP.

**Results:** In the I group, the duration of operation in patients with normosthenic and asthenic physique was on average  $100,0 \pm 12,4$  minutes, in patients with hypersthenic physique -  $115,0 \pm 17,3$  minutes. In 4 (4,1%) cases, trocars were reinstalled intraoperatively in patients with hypersthenic physique. In the postoperative period, the following complications were observed: wound seroma - in 2 (2%) patients, dysphagia - in 2 (2%), which were resolved by conservative methods. Based on the determination of the optimal points for trocar insertion in the II group with normasthenic and asthenic physiques, the duration of physical therapy was on average  $82,0 \pm 7,3$  minutes, with hypersthenic physiques - on average  $100,0 \pm 9,1$  minutes.

**Conclusion:** Thus, the effectiveness of the program we have developed is determined by the fact that the frequency of intra- and postoperative complications decreases - thereby shortening the duration of the operation and postoperative hospital stay, especially in patients with morbid obesity.

## VIDEOTHORACOSCOPIC INTERVENTIONS FOR CLOSED CHEST TRAUMA

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**Aim of the study:** study the possibilities of videothoracoscopy (VTS) for closed chest traumas (CCT).

**Material and methods:** For the period from 2016 to the present, 292 patients with CCT were hospitalized in the surgical clinic of the TMA. CCT was more common in men - 203 (69,5%). The average age of the victims was  $37,8 \pm 1,5$  years. The most common was transport trauma, noted in 136 (46,6%) patients, followed by domestic trauma - in 115 (39,3%). To evaluate the effectiveness of VTS, we divided the patients into 2 groups: the I group consisted of 145 (49,7%) patients, who were examined and treated without the use of VTS; the II group consisted of 147 patients in whom VTS was used at the stages of diagnosis and treatment. In terms of gender, age composition and severity of injury, these groups were comparable to each other. The examination of patients was comprehensive and included, in addition to a general clinical examination, laboratory, as well as non-invasive (ultrasound and x-ray examination of the chest organs, pulse oximetry) and invasive (puncture and drainage of the pleural cavity) research methods, and in patients of II group also VTS. Based on radiography, hemothorax was detected in 13,1% of patients, pneumothorax in 10,2%, and hemopneumothorax in 39,3%.



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