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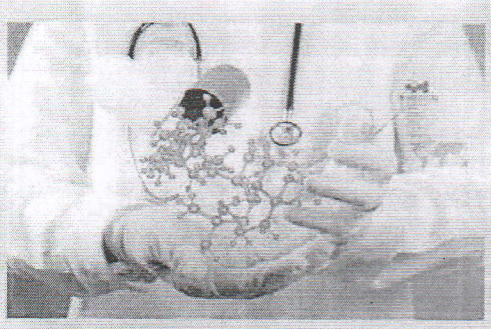

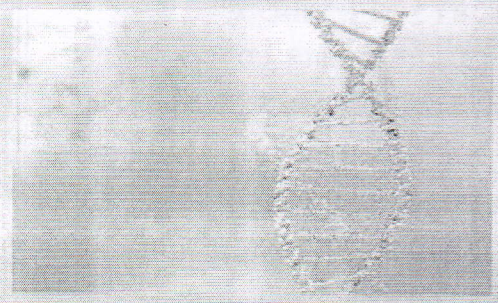

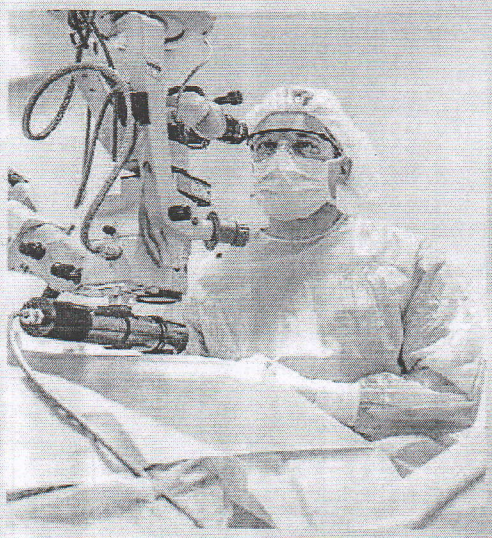

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IMPROVING METHODS OF TREATMENT AND PREVENTION OF INTESTINAL OBSTRUCTION IN CHILDREN

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✓ ***Resume***

In article analyzes experience of treatment of 111 children with various forms of adhesive impassability of intestines is presented. The differentiated approach is put in a treatment basis in a choice of operative or conservative methods of treatment depending on the form of disease, clinical features of a current and efficiency of spent conservative actions. The specified principle in tactics choice has allowed to lower considerably quantity of possible vain operations and their complications, to avoid a lethality, it is essential to lower risk reoperations. The complex program of rehabilitation used in clinical practice and preventive maintenance of adhesive impassability has allowed to reduce quantity of relapses of disease.

Keywords: adhesive intestinal obstruction, treatment, prevention, children.

СОВЕРШЕНСТВОВАНИЕ МЕТОДОВ ЛЕЧЕНИЯ И ПРОФИЛАКТИКИ КИШЕЧНОЙ НЕПРОХОДИМОСТИ У ДЕТЕЙ

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✓ ***Резюме***

В статье представлен анализ опыта лечения 111 детей с различными формами спаечной непроходимости кишечника. В основу лечения положен дифференцированный подход в выборе оперативных или консервативных методов лечения в зависимости от формы заболевания, клинических особенностей течения и эффективности проводимых консервативных мероприятий. Указанный принцип в выборе тактики позволил значительно снизить количество возможных неудачных operatsiй и их осложнений, избежать летальности, существенно снизить риск повторных operatsiй. Используемая в клинической практике комплексная программа реабилитatsiи и профилактики спаечной непроходимости позволила снизить количество рецидивов заболевания.

Ключевые слова: спаечная кишечная непроходимость, лечение, профилактика, дети.

Distribution of patients by age and sex (n-111)

Gender of patients	Total age of patients				Total
	3-7	8-11	12-14	15-17	
Boys	6	16	23	21	66
	5.4%	14.4%	20.7%	19%	59.5%
Girls	5	8	15	17	45
	4.5%	7.2%	13.5%	15.3	40.5%
Total	11	24	38	38	111
	9.9%	21.7%	34.2%	34.2%	100

The average age of patients is from 3 to 17 ears. Patients had different processes of disease progression and used from 1.5 to 12 hours.

The diagnosis is made on the basis of the clinical picture and X-ray studies (vertical and correct radiographs of the abdominal cavity), and in some cases, diagnostic methods such as CT, MSCT and ultrasound were used.

Based on many ears of practical experience, CT, MSCT and ultrasound methods play a key role in the early diagnosis of intestinal obstruction.

Conservative and surgical methods are used to eliminate intestinal obstruction. Conservative complex methods of treatment include decompression of the gastrointestinal tract, gastric probing, cessation of feeding, and infusion therapy with correction of electrolyte disturbances and potassium levels, drug stimulation of the intestine, siphon enemas, conservative measures, early adhesive intestinal obstruction and late adhesive intestinal **obstruction with acute subtypes**. Conservative measures were determined by the results of contrast studies of the gastrointestinal tract, how effective measures are in intestinal obstruction.

Yu. F. Isakov (1990) **distinguishes subacute, acute and subacute** forms of intestinal obstruction with late adhesions, generally accepted in pediatric surgery.

If conservative treatment performed in children with intestinal obstruction does not give an effect after 2-3 hours, despite intestinal stimulation, this is an indication for surgery.

The diagnosis of acute and subacute forms of intestinal obstruction is an indication for urgent surgical practice in hospitalized patients.

In our center, much attention is paid to the early prevention of infectious diseases.

Intraoperative early prevention of adhesive disease requires a very delicate approach to the tissues of the abdominal cavity. In the postoperative period, the main goal of disease prevention is the rapid elimination of inflammatory processes in the abdominal cavity, the drainage tube in the abdominal cavity should not be left for more than 2-3 days.

The abdominal cavity must be washed with a fibrinolytic mixture according to the scheme used in the focus. Fibrinolytic mixture (heparin 10,000 IU + fibrinolysin 20,000 IU + hydrocortisone 125 mg + gentamicin 80 mg + novocaine 0.25% -200 ml).

The complex scheme for the treatment of adhesive disease developed in the clinic consists of measures: diet, physiotherapy courses against adhesive disease, dispensary observation of patients. The main tasks of restorative treatment and prevention of abdominal adhesions include ensuring adequate functioning of intestinal motility, prevention of prolonged coprostasis, resorption of abdominal adhesions and strengthening the muscles of the anterior abdominal wall.

One of the main goals is to prevent paralysis of the intestines and to give food at least 4-5 times a day so that patients do not starve for a long time. It is necessary to limit foods that are poorly digested and produce gases in the intestinal cavity. It is necessary to regularly take enzymes (festal, pancreatin, panzinorm), control free defecation, conduct 4 courses of physiotherapy treatment of adhesive disease per ear with an interval of 1-2 months. Physiotherapeutic procedures, starting from the stages of inpatient treatment, including UHF No. 5-7, electrophoresis with potassium iodine No. 15, phonophoresis with hydrocortisone No. 15, applications of ozokerite on the anterior wall of the abdomen No. 10. Depending on the situation, it is recommended to carry out balneotherapy once or twice a ear. They should always do physical exercises to strengthen the muscles of the anterior abdominal wall. In recent ears, we have recommended Serrata for a comprehensive program for the prevention and rehabilitation of adhesive

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