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Types and Complications of Gastric Resection Operas

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Abstract: This article is devoted to the types of gastric resection and their complications, one of the great operas of abdominal surgery. The article also presents modern types, diagnostics and methods of treatment of bariatric operas - which are relevant and widespread operas of the present time.

Keywords: Laparoscopic Gastric resection, bariatric operas, complications, chirurgical operas.

Introduction. Obesity is the most common and complex disease of the 21st century, and in the last 50 years is perceived as a topical muaammo. [2, 6, 15, 19]. The high frequency of occurrence of various companion diseases in the population with obesity and leading to dangerous complications - indicates that it is the most pressing problem. By the 21st century, a "bariatric revolution" began in the United States and Europe: as a result of the penetration of laparoscopy, rough scars on the abdomen were obtained, which led to an improvement in the aesthetic appearance of the abdomen in patients, and this, in turn, an increase in the quality of Life[1, 5, 14, 21].

Attempts to treat obesity chirurgically began initially, in the 70s of the XX century. During that time, malabsorbtive operas began to be developed and used, i.e., intracellular (jejuno-ileal) anastomoses. But, as a result of these, various complications (severe diarrhea, electrolyte and protein deficiencies, liver and kidney failure, etc.) as a result of the origin, such operas were not widely available [4, 10, 17, 22].

In 1969, for the first time, Italian scientists Mason and Ito performed a gastric shunting opera. In doing so, they formed an anastomosis between the small intestinal bladder and the proximal part of the stomach. In 1980, Mason performed for the first time the Opera "vertical gastroplastic bandaging", which limited the passage of food to the rest of the stomach by "pinching" the proximal part of the stomach [9, 25].

Also in the 80s of the 20th century, the Italian scientist Scopinaro successfully performed the Opera "shunting the bilio-pancreatic stomach".

By the 1990s, the discovery of laparoscopic equipment was a major impetus to the development of bariatric and Aesthetic Surgery. 1994. Belachew first performed the Opera" Laparoscopic Gastric control bandaging " (LMBB).

In recent years, within bariatric operas, "Laparoscopic Gastric longitudinal resection" (LMBR) has been widely used worldwide.

In the current period, several types of bariatric operas are distinguished [3, 11, 18, 24, 29]:

- Place balloons into the stomach. It is an endoscopic procedure that is performed in the absence of indications and patient approval against major operations. The balloon is inserted into the stomach using an endoscope, inflated inside, and can be stored in this state for several months. The main goal is to create a "fullness" of the stomach in patients. The effectiveness of this method is much lower, and in 60-70% of cases, weight gain is again observed in patients.

- "Manageable" bandaging of the laparoscopic stomach.. This is performed when patients have contraindications to performing large reconstructive operas. Patients do not perform large anatomical changes. Only the cardio-fundal part of the stomach is "bandaged". The advantage of this method is that depending on the condition of the patients, the bandage can be tightened or loosened. But in most cases, this method is not used much in practice as a result of the sliding out of the bandage.
- Biliopancreatic shunting opera. The main purpose of this opera is to "exclude" the proximal part of the Hazm rack from the Hazm process, and in turn, the execution of the gastric resection has greatly increased the effectiveness of this opera (Figure 3). This is the main guideline for operas: diabetes, obesity and other diseases in a difficult period, when conservative treatment does not work.
- Laparoscopic gastric longitudinal resection. The swing of bariatric operas has greatly increased in the last 10 years. This can be caused by a decrease in patients ' body weight, diabetes mellitus, cardiovascular disease, a sharp decrease in diseases of the musculoskeletal system, and in turn, an improvement in the overall life of patients, as well as a decrease in the mortality rate.

Yashkova Yu.I. and according to the observations of co-authors, patients after LMBR operas were observed to lose 75.8% of their body weight over a period of 12 months.

It should also be said that, as with all operas, different complications have been observed to develop in the early and late periods after the LMBR opera. One of the most dangerous of early complications is the lack of sutured sutures.

In 2019, according to studies conducted in the United States, choke failure complications were observed in 0.5-8.4% of cases, with almost half of them having deaths.

Gagner and co-authors [20] found that the incidence of leaks and hemorrhages was significantly reduced by the use of glycolide sopolimer in order to refine stapler areas in their studies.

According to the opinions of Piotr Major and co-authors [7, 21], when complications are observed after longitudinal gastric resection, it is advisable to re-operationalize from the first hours.

In the studies conducted by Siyuan Li and co-authors, it is necessary to carry out a contrast CT scan in the first periods after the operation [13, 24]. If signs of suture insufficiency are observed, there will be partial dilation of the stomach during EGDFS. Repeated Egdfs are advised to be performed in patients until the condition of peroral esophageal conduction improves. This usually takes 5-6 weeks. If the patient has symptoms of stenosis in the left segment of the stomach, the practice of stenting should also be considered. When it is not possible to expand the level of stenosis with the help of stents, it is necessary to carry out a re-operation.

Rached A. A. in patients with signs of suture insufficiency, it is necessary to carry out emergency surgery and, of course, used various tactics depending on the condition of the tissue in this. Also, along with the operative treatment, patients should be transferred to full parenteral nutrition, adequate parenteral hydration, proton pump inhibitors and antibiotic therapy [8].

Classification. There are many classifications in the absence of sutures from complications of gastric operas[4, 12, 14, 16, 23]:

1. According to its etiology:

- ✓ mechanical-textured,
- ✓ ischemic,

2. According to the time of occurrence:

- ✓ Early suture failure:

a) Acute-on days 1-4,

b) acute subcutaneous-5-9 days,

c) evening - after 10 days.

- ✓ Evening: 6-12 weeks.
- ✓ Chronic suture insufficiency: more than 12 weeks.

3. According to the size of the choke failure (radiological):

- ✓ Type I (<5 mm:

a) no fluid departure is observed.

b) fluid departure is observed.

- ✓ Type II (>5 mm:

a) no fluid departure is observed.

b) fluid departure is observed.

- ✓ Type III-with scattered peritonitis symptoms.
- ✓ IV with the development of TP-pleural empyema and gastro-pleural effusion.

4. According to the localization:

- ✓ Type C - with a deficiency of the proximal part of the gastric tube (in 90% of cases),
- ✓ M type-mid,
- ✓ Type I - distal part insufficiency.

According to Baker [23], stapler line failure due to "mechanical-textured" is observed in the first 2 days in the early postoperative period. Lack of sutures due to" ischemic " is observed after 5-6 days. This is observed as a result of "aggressive" resection of the stomach and blood vessels. In addition, local factors such as poor oxygen supply of the tissue, infection, gastric surgeries in the Anamnesis, and articular processes in the abdominal cavity are also caused.

- ➢ Another of the common complications in bariatric operas is anastomosis deficiency. The complication of anastomosis deficiency is mainly observed after laparoscopic Roux-en-Y gastroeyunoshunting opera.
- ➢ Intestinal obstruction. Internal hernias are the main causes of it. All intestinal obstruction symptoms are observed in the patient. The main diagnostic treatment is contrast computed tomography, which is much safer than other examinations due to the fact that it does not call dilatation.
- ➢ Bleeding. It occurs in almost 2% of all operated patients [14].
- ➢ Hernias.
- ➢ Anastomosis stenosis. This complication is observed in 12% of cases after gastric shunting and develops on 30-40 days after surgery.
- ➢ Gastric erosion. Gastric erosion is mainly observed in 0.5-7.1% of patients who have undergone gastric bandaging surgery [21].
- ➢ Perforation.

Conclusion. Bariatric surgery-the direction of modern surgery aimed at treating not only obesity, but also various companion metabolic disorders is noted. The creation of modern operas in turn is accompanied by the hryvnia of various complications. Therefore, the choice of operas with individual instructions to each patient makes it possible to avoid observable complications.

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