

THE MEANING, ACHIEVEMENTS AND DISADVANTAGES OF MODERN METHODS AND CLASSICAL METHODS IN THE TREATMENT OF HERNIAS

Sattarov Oybek Taxiurovich

*Associate Professor of the Department of faculty and Hospital surgery No. 1 of the
Tashkent Medical Academy, doctor of Medical Sciences*

Ashuraliyev Shahjah Khasanboyevich

*3rd year Master of the Department of faculty and Hospital Surgery № 1 of the
Tashkent Medical Academy*

Urinov Oybek

*3rd year Master of the Department of faculty and Hospital Surgery № 1 of the
Tashkent Medical Academy*

Bobojonov Oybek Huderovich

*3rd year Master of the Department of faculty and Hospital Surgery № 1 of the
Tashkent Medical Academy*

Annotation: *The main methods of surgical treatment of inguinal hernias in modern herniology are open surgery with local tissue plasty, open prosthetic and endoscopic prosthetic plastic surgery with the use of a mesh endoprosthesis.*

Key words: *less pain after surgery, necessary, treatment, laparoscopic surgery*

The article is devoted to modern methods of surgical treatment of inguinal hernia. The urgency of the problem is shown due to the high prevalence of the disease, the high risk of relapses after surgical treatment. The main methods of surgical treatment of inguinal hernias in modern phrenology are described. A comparative analysis of the effectiveness of endoscopic inguinal hernia repair using transabdominal preperitoneal (TARP) and transabdominal extraperitoneal plastic (TER) was performed. The results of the postoperative period are shown, depending on the mesh endoprosthesis used. The advantages and disadvantages of the open and laparoscopic method of hernioplasty are revealed. The effectiveness of the use of tension-free seamless methods of open plastic surgery of inguinal hernia is shown. Modern methods of video endosurgical hernioplasty are described. It is concluded that the variety of existing methods of surgical treatment of inguinal hernias causes the problem of choosing effective methods of surgical intervention, taking into account the risks of chronic pain syndrome and the development of inguinal hernia recurrence.

- Since a small incision is made, complications such as infection, wound orifice are very low compared to open surgery.

- Less abdominal adhesions after surgery.

- * Laparoscopic surgery in gynecology

Laparoscopy in gynecology-what is it and how to prepare for its preparation? What are the contraindications? What difficulties can there be? These are not all the questions women ask before carrying out a similar procedure.

Laparoscopy is a minimally invasive procedure for examining the abdomen. During the procedure, surgery can be performed to remove the affected tissue, stop bleeding and take a biopsy. This method of examination has significantly expanded the capabilities of gynecologist doctors. Extensive experience has shown that postoperative rehabilitation is much easier than other types of surgery. The important thing is to follow all the doctor's recommendations.

The main methods of surgical treatment of inguinal hernias in modern herniology are open surgery with local tissue plasty, open prosthetic and endoscopic prosthetic plastic surgery with the use of a mesh endoprosthesis. Open plastic surgery of inguinal hernias with the use of a mesh is carried out through a number of methods of surgical treatment that have shown their effectiveness, which include "methods in which the spermatic cord is located under the aponeurosis of the external abdominal muscle; methods in which the seminal canal is located in the subcutaneous tissue, and the leaves of apo-neurosis are stitched under the seminal cord". Endoscopic plastic surgery of inguinal hernias, in turn, is performed using transabdominal preperitoneal (TARR) and transabdominal extraperitoneal plastic surgery (TER). Each of the methods has its own advantages. The advantages of TARR include, as A.A. notes. Polyakov, based on the analysis of clinical research data, "a more familiar view of a hernial defect from the abdominal cavity with an accurate visualization of the main landmarks, the possibility of visualizing a contralateral hernia without additional dissection and tissue mobilization, the identification of an athlete's hernia, visualization of occult hernias; the possibility of performing simultaneous interventions on the organs of the abdominal cavity". The negative consequences of the TARR method include "the risks of injury to the abdominal organs, the development of the adhesive process and intestinal obstruction, infringement of the intestine in the defect of an inadequately sutured peritoneum, as well as the possibility of the formation of trocar hernias". The advantages of the method, in contrast to TARR, are "a lower risk of intra-abdominal injury, fewer adhesions in the abdomen, no need to perform and suture an incision of the peritoneum".

With improve the performance of surgeons-IC treatment of inguinal hernias, as of the country, and in national surgery is published annually review of randomized controlled required clinical trials which a comparative analysis of the postoperative period after laparoscopic hernioplasty in depending on used mesh endoprostheses new lay-either traditional grid. According to the results, in the postoperative period, both variants of the mesh endoprosthesis showed almost the same result. Biological prostheses, mesh endoprostheses impregnated with an antibacterial drug, self-fixing meshes, meshes with 3D inguinal shape memory have proven themselves well, however, they have not found wide application due to the high cost. In the study of A.B. Baburin, it was shown that the use of endoprostheses based on polyvinylidene fluoride, reperiene when performing plastic surgery

methods allows to preserve reproductive function in young men. In Clinical practice introduced new ways of plasticity at inguinal hernias, which allow you to isolate the spermatic cord from of the implant, which helps to improve the immediate and long-term results of treatment of patients with this pathology for by reducing the number of relapses and reproductive function in of young men is known that [2]. Surgical treatment of inguinal hernias with the use of fixation-free tarplasty, according to the clinical data obtained by A.V. Koshkina, characterized by low pain syndrome, in contrast to plastic surgery with fixation of the endoprosthesis with herniated glass. At the same time, the early postoperative period of fixationless TARR-plasty is not accompanied by complications compared to TARR-plasty with herniated endoprosthesis fixation

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