Despite the fact that at present medicine is developing at a rapid pace, intestinal fistulas, and in general the occurrence of fistulas, do not lose their relevance. This article describes a literature review of methods for preventing intestinal fistulas, in order to reduce their occurrence, thereby reducing the incidence among the population of Kazakhstan.

Keywords: intestinal fistula, intestinal fistula prevention, fistula surgery

Actuality: Acute fistula diseases are currently acute. Intestinal fistulas are a severe complication of various diseases and damage to the abdominal cavity. Despite the new surgical techniques, the problem of fistula remains extremely relevant. Therefore, in the prevention of intestinal fistulas, close attention must be paid. For example, in clinics with well-trained staff, patients with intestinal fistulas do not meet as often as in small surgical hospitals, in which young surgeons work, who naturally have little practical experience of seeing the operation.

Goal and Objectives: The goal of the work is to provide more effective ways to comply with preventive measures.

Results of the study: In the prevention of intestinal fistulas, aseptic and antiseptic play an important role. To preventive measures should include a broad propagation of medical knowledge. It is often necessary to carry out preventive work with the population, so that there is no late treatment and surgical interventions after 24 hours from the moment of the disease. Because late hospitalization due to the blurring of the clinical picture, leads to a delay in the diagnosis and often to the wrong tactics. Studies have shown that, both before surgery and after the surgery period due to a disturbance of the visible electrolyte balance lead to paresis of the stomach and intestines, joint failure and other complications. Therefore, in the implementation of planned surgical interventions should not be rushed. With intestinal obstruction, you must be very careful during laparotomy, so as not to damage the swollen gut with intestinal loops. Especially the surgeon should be very careful with repeated surgical interventions, which was preceded by a pronounced inflammatory process, which can be the cause of intimate fusion of intestinal loops from the anterior abdominal cavity.

Patients with gastrectomy in the postoperative period need early active movements within the bed, which prevents the development of pneumonia and prevents the cut of the intestine. After gastrectomy, strict control of electrolytes is necessary, and if an abnormality is detected, an urgent correction is indicated. Some care should be shown by the surgeon in operations on the kidneys, especially on the right kidney, with the inflammatory process possible - you can accidentally injure the duodenum. And also damage to the intestinal wall and drainage of parainflammatory process should not be ruled out.

From the reasons leading to the formation of intestinal fistula, it is necessary to pay attention to anesthesia during the period of the operative intervention. If there is insufficient anesthesia, the intestinal loops, when they enter the surgical wound, can get caught between the braces of the clamps, hooks, etc. It is necessary to pay attention to sufficient relaxation when suturing the anterior abdominal wall, in order to avoid the adherence of the intestinal loops to insufficiently tightened sutures. Poorly tightened seams can cause bedore of the intestinal wall. An important preventive measure in the appearance of external intestinal fistula is attentive conduct of the postoperative period, timely and competent correction of homeostasis disorders and early medical gymnastics.

Conclusion: Thus, the attention of practical physicians should be addressed to questions of intraoperative intestinal fistula prophylaxis: adequate access, careful treatment of intestinal loops in laparotomy, naso-intubation, adequate sanitation and drainage of the abdominal cavity in patients with peritonitis.

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PREVENTION OF INTESTINAL FACES

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