ROLE AND PLACE OF MINIMALLY INVASIVE, MINIMALLY INVASIVE AND TRADITIONAL INTERVENTIONS IN GALLSTONE SURGERY AND ITS COMPLICATIONS

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Relevance of the problem. According to the World Health Organization, today the world population has reached 8 billion. According to the VI World Congress of Gastroenterologists, up to 10-15% of humanity suffers from cholelithiasis, which is more than 1 billion of the world's population. According to summary statistics, this disease ranks third in the overall structure of diseases after cardiovascular diseases and diabetes mellitus (Vakhrushev Ya.M., 2016; Ivashkin V.T., 2016; JKB, 2022).

Material and research methods. The work is based on the analysis of the results of treatment of 1929 patients with chronic calculous cholecystitis and its complications, which are conditionally divided into two groups.

- comparison group: 776 (40.3%) patients operated on for the period from 2016 to 2018, who were subject to retrospective analysis.
- the main group: 1153 (59.7%) patients operated on for the period from 2019 to 2021, who were treated with improved methods and techniques of operations and optimized surgical tactics.

The patients underwent a complex of general clinical, laboratory, biochemical and instrumental, special and statistical methods of research.

In the comparison group, traditional cholecystectomy (TCE) was performed in 75 (9.6%) patients, laparoscopic cholecystectomy (LCE) - in 536 (69.1%) patients, and chronic endometritis (CE) from mini-access - in 165 (21.3 %).

In the main group, TCE was performed in 76 (6.6%) patients, LCE - in 715 (62.0%), CE from mini-access was performed in 362 (31.4%). At the same time, CE from mini-access - in 220 (19.1%) and CE from mini-access using instruments of the original design - in 142 (12.3%).

Results and discussion. A retrospective analysis of the results of surgical treatment in the control group has shown that we made a number of tactical and technical omissions. In particular:

1) the use of a wide laparotomy in the right hypochondrium according to Fedorov was often the cause of the development of a postoperative hernia;
2) when determining the surgical tactics and choosing the method of operation, the nature of changes in the gallbladder (GB), localization and diameter of calculi, as well as their presence in the general gallbladder were not taken into account;
3) when diagnosing cholangitis, a blind suture was applied to the common choledochal;
4) with cholelithiasis in combination with choledocholithiasis, preliminary retrograde papillosphincterotomy was not always performed with the extraction of calculi from the common gallbladder with the installation of a nasogastroduodenal probe;
5) the desire for low-traumatic access in LCE was a common reason for conversion;
6) in the presence of wrinkled gallbladder, LCE was used, which caused the development of bleeding from the liver bed.
7) when performing CE from the mini-access, it was used in the initial stage without a preliminary assessment of the patient's physique;
8) when draining the common bile duct, several methods of its drainage were empirically used.

The analysis of omissions in the comparison group allowed us to develop and introduce into clinical practice a treatment and diagnostic algorithm and improve the method of CE from a mini-access, clarify the indications, advantages and disadvantages of each of the three methods, which in general made it possible to optimize the surgical tactics.

In the main group of patients, we carried out purposeful complex preoperative preparation. The volume and content of therapeutic measures is determined depending on the form of the disease, the age of the patients and the presence of concomitant therapeutic pathology. Also, omissions and errors were identified in the preoperative preparation and postoperative management of patients, as well as choledocholithotomy and drainage of the common gallbladder.

As a result of the study, in the main group, the frequency of iatrogenic injuries in relation to the comparison group decreased from 14.7 to 3.9%, postoperative complications associated with surgical intervention decreased from 14.7 to 2.6% and wound (purulent-septic) complications - from 10.7 to 2.6%, which also allowed to increase the proportion of patients with no postoperative complications - from 14.9 to 1.5%, to reduce the mortality rate from 1.2 to 0.2%

and conversions after LCE with 1.8 to 0.1%, as well as to eliminate the number of relaparotomies from 8.5 to 0% (p=0.005).

Conclusion. Thus, LCE and CE from a modified mini-approach are distinguished by high clinical efficiency, being, at the same time, not competing, but mutually complementary methods of surgical treatment of cholelithiasis. At the same time, TCE retains its significance to this day and is indispensable in the above situations. Therefore, the use of each of the methods of surgical intervention should be carried out with the proposed diagnostic and treatment algorithm, in compliance with the whole complex of specified indications, advantages and disadvantages of each method, which allows determining their role and place in each specific case.