

# **SURGERY AND REHABILITATION FOR BLEEDING ULCER TREATMENT**

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**Key words:** bleeding duodenal ulcer

Objective of the study. To assess the effectiveness extrateritorialization of the bleeding duodenal ulcer as a method of organ-preserving surgical intervention in the complex bleeding duodenum ulcer treatment with the aim of reducing the traumatism of the operation, shortening the time of operation, reducing the rate of bleeding recurrence.

Material and method. The analysis of results of surgical treatment of treatment of 39 patients with a duodenal bleeding ulcer is carried out. We have detected the highest level of NO-synthesis in the periulcerosis area. These changes lead to an increase in blood supply in this area and high risk of recurrent bleeding.

Results. With active bleeding from duodenal ulcers and ineffectiveness of the methods of local endoscopic haemostasis, we produce an upper-median laparotomy, longitudinal duodenotomy with the transition of the incision to the pyloric region. When carrying out extraterriorisation, we perform a double incision and needle removal on both sides of the ulcerative defect with the formation of a muscular-mucous roller. When this stage is performed, the vessels of the periulcerous zone are mechanically compressed. The operation is completed by pyloroplasty according to Heineke-Mikulicz. The use of this method allows to reduce the number of recurrent bleeding to 2 (5.1%) cases with post-operative complications – from 27.4 to 7.7%, post-operative lethality from 7.5 to 4.1%.

Discussion & conclusion. The proposed method of extrateritorialization of bleeding duodenal ulcer of the facilitates the improvement of treatment results. This category of patients successfully underwent rehabilitation course in a remote post-preoperative period including physical and psychological methods as well.

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# **TRAUMATIC SPLENECTOMY: A SYSTEMATIC REVIEW OF ADHERENCE TO CURRENT PROPHYLAXIS GUIDELINES FOR OVERWHELMING POST-SPLENECTOMY INFECTIONS**

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**Key words:** Splenectomy

Blunt or penetrating trauma accounts for 40% of patients requiring an emergency splenectomy, whilst haematological diseases (35%) and iatrogenic injury (24%) account for the rest. Asplenic patients are considered to be at risk of Overwhelming Post-Splenectomy Infection (OPSI) from encapsulated organisms