

**PREVENTION OF INTRAOPERATIVE COMPLICATIONS OF
ENDOVIDEOSURGICAL INTERVENTIONS IN UROLOGY**

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ABSTRACT: The history of diagnostic laparoscopy and laparoscopic surgery goes back many decades. Recent years have been characterized by particularly rapid development of endovideosurgery throughout the world. The scope of application of minimally invasive techniques is steadily expanding. The development of laparoscopy in the diagnosis and treatment of urological diseases is also rapidly evolving from diagnostic manipulations to organ removal and, in recent years, reconstructive surgeries. Currently, endovideosurgical techniques are routinely used in many clinics in children with non-palpable testicles [Podtsubny I. V. et al. , 1996], which makes it possible to avoid surgery if a blind-ending vas deferens is found. A number of authors consider laparoscopic occlusion of the testicular veins to be the operation of choice in the treatment of varicocele , allowing for precise performance of this intervention, which reliably reduces the duration of treatment and the number of complications and relapses [Tsukanov A. Yu., 2007]. Laparoscopic and lumboscopic techniques are increasingly used in the treatment of patients with various kidney diseases - polycystic disease [Puchkov K. V. et al. , 2006], nephroptosis , nephro- and ureterolithiasis [Aboyan I A et al. , 1999, Krapivin B V et al. , 2000, Altarac S , et al , 1996] There are reports of laparoscopic techniques for performing such extensive interventions as cystoprostatectomy with the formation of a urinary reservoir from the ileum [Khatkov IE et al , 2007] Improvement of surgical techniques and technological support for endovideoscopic interventions allows for the expansion of the areas of application of these methods in oncurology. There are quite a few reports in the literature on the performance of laparoscopic prostatectomy At the same time, many oncurologists consider laparoscopic pelvic lymphadenectomy to be the preferred method in staging the tumor process in the 4 prostate gland, allowing the optimal treatment regimen to be determined [Brodsky A R. et al. , 1999, Idom C B Jr. , Sterner M S , 1998] The accumulating data on the results of such operations allow us to reasonably assume that endovideosurgery in urology has broad prospects for further development. In the process of introducing endovideosurgery into urology, it is necessary to take into account the fact that these methods, as they developed, significantly changed the ideas about the favorable course of the operation and the postoperative period. The use of modern technologies allows for precise control of all manipulations performed by the operator. The ideal endoscopic operation today seems to be an intervention with precise isolation, intersection and anastomosis of all anatomical structures, the absence of blood loss, infection of the abdominal cavity and abdominal wall, as well as minimal periods of inpatient treatment and disability. As a result, the concept of complications of laparoscopic surgery becomes more capacious in comparison with traditional surgery [Laurent O. B., Godunov B. N., Zaitsev A. V., 2000, Goel R.K , etc . al , 2007] Currently, the analysis of the literature shows that most publications contain a simple statement of complications and failures of laparoscopic operations, based on more or

less material without a detailed analysis of the causes and methods of prevention. In this regard, it seems relevant to study and analyze this problem, the purpose of which would be to develop practical recommendations for improving the efficiency and safety of endovideosurgical interventions in urology. Objective of the study: Prevention of intra- and postoperative complications in urological endovideosurgical interventions through the rational use of diagnostic equipment, development of optimal surgical tactics and the most effective technical methods. Research objectives: 1. Determine the specifics of complications of endovideosurgical operations in urology 2. Study the topographic and anatomical features of access to the organs of the retroperitoneal space in conditions of two-dimensional spatial orientation 3. Develop recommendations for the optimal use of endovideosurgical techniques in the diagnosis and treatment of urological diseases 4. Assess the volume of intraoperative blood loss and to study the structure of possible complications of electrosurgical methods of hemostasis when performing endosurgical operations in urology 5 To determine the most effective technical methods that allow you to quickly cope with complications that arise during laparoscopic operations Scientific novelty: For the first time, an analysis was made of the frequency of occurrence and causes of intraoperative injuries at the "key" stages of various endoscopic urological operations The specificity of complications of endovideosurgical operations in urology was determined For the first time, the topographic and anatomical features of access to the organs of the retroperitoneal space were studied under two-dimensional spatial orientation using various technical methods For the first time, the structure of intra- and postoperative complications of laparoscopic urological operations was studied using monopolar , bipolar coagulation and the Liga device for hemostasis Sure » and the basic principles of their prevention are defined 6 For the first time, recommendations have been developed on surgical tactics for the most typical surgical complications from the urinary system during endovideosurgical interventions. The most effective technical methods have been developed and substantiated, allowing for the rapid management of complications arising during laparoscopic operations with complications Practical significance: Based on the conducted research, recommendations have been developed for the rational use of diagnostic equipment, the application of optimal surgical tactics and the most effective technical methods for performing laparoscopic and retroperitoneoscopic interventions in urology. The experience of treating complications of laparoscopic interventions on the part of the urinary system has been summarized. A topographic and anatomical assessment of laparoscopic and retroperitoneoscopic approaches to the urinary organs of the retroperitoneal space has been made. Recommendations are given for practitioners on the use of electrosurgical hemostasis techniques during laparoscopic operations on the pelvic organs, reflecting, in particular, the advantages and disadvantages of hemostasis using monopolar , bipolar coagulation and the Liga electrosurgical generator Sure » taking into account their impact on the duration of the operation, the amount of intraoperative blood loss, the development of complications and the course of the early postoperative period. The implementation of the obtained results in the practice of training doctors and the work of surgical hospitals will contribute to improving the safety of laparoscopic interventions. The main provisions submitted for defense: 1. Damage to the urinary tract during endoscopic surgeries have their own specifics, which determines the choice of surgical tactics for their correction 7. 2. Endovideosurgery is inextricably linked with the use of thermal energy, the carriers of which are electrosurgical, as well as laser, argon devices, while the use of this equipment has its own specifics, knowledge of which is an indispensable condition for their safe implementation 3. During laparoscopic operations in urology, it is preferable to use the electrosurgical generator " Liga

" Sure ", in its absence, an alternative is bipolar coagulation 4 To assess the feasibility and convenience of performing laparoscopic surgeries, a formula for calculating the index of accessibility of the object of laparoscopic intervention can be used 5 The most frequently used and most fully studied is the laparoscopic access, but in certain situations, the retroperitoneoscopic access may be safer and more promising Personal contribution The author personally conducted a series of experiments on 15 human cadavers included in the study During the collection of material for the dissertation, Chikirev S. V. mastered the methods of calculating the index of accessibility of the object when performing laparoscopic surgeries, the author participated as an assistant and operating surgeon in performing surgical interventions for varicocele , the author independently conducted a retrospective analysis of 140 case histories of patients who underwent laparoscopic urological surgeries

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