

ANESTHESIOLOGICAL CARE AND INTENSIVE CARE OF
GERONTOLOGICAL PATIENTS IN UROLOGY

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ABSTRACT: Is accompanied by an expansion of indications for surgical interventions previously considered impossible, in particular, in elderly and senile patients (Gorilovsky L.M., 1993; Kosachenko V.M., 2005, etc.) - According to epidemiological data from the Russian Federation, in recent years the proportion of gerontological patients undergoing hospital treatment has been significantly increasing, and according to UN forecasts, the number of elderly and senile people in the world by 2010 will amount to 15% of the total population (Burov N.E., 2000; Gorilovsky L.M., 1999; Seltsovsky A.P., 1999, etc.). In this regard, the problem of treatment and, in particular, anesthetic care for this category of patients is extremely urgent. It is well known that during the aging process, numerous involutional changes occur in the body, characterized by a decrease in the functional capabilities of organs and systems, a decrease, and in some cases, a perversion of metabolic processes, a decrease in the reactivity of the body and resistance (or resistance) to stress effects (Fedorovsky N.M., 2002; Folkes-Crabbe.D., 1993, etc.).

In this regard, anesthesia in gerontological patients is associated with an increased surgical and anesthetic risk, complications in the early postoperative period, and, as a consequence, increased mortality (Buyanov

V.M., 1983; Sviridov SV., 2000, etc.). Therefore, there are often cases when patients are denied surgical treatment, although it is technically possible to carry it out, or are offered palliative interventions that cannot radically cure the elderly from the disease (Igel'nik A.M., 1992).

The protocol for anesthesia in gerontological patients differs from that in other age groups due to altered metabolism of drugs, decreased sensitivity of organs and tissues to them, different distribution coefficient of drugs in altered water sectors, etc. (Ovechkin A.M., 2000; Fedorovsky N.M. et al., 2002, 2003; Papin A.A.,

1988; Hosking M.P. et al, 1989, etc.). Unfortunately, the initial status of the gerontological patient's body is not always taken into account by anesthesiologists and resuscitators when performing anesthesia and intensive care (IT) in the postoperative period (Craig B.D., 1987).

Objective of the study:

To develop optimal methods of anesthesia, analgesia and corrective intensive care for elderly and senile urological patients, allowing to expand the indications for surgical

treatment, improve its results, reduce the number of complications in the intra- and postoperative period.

Research objectives:

1. To develop algorithms for preoperative examination and preparation of elderly and senile patients depending on concomitant pathology, to assess the adequacy of preoperative preparation of gerontological patients based on the dynamics of the risk degree according to ASA.

2. Based on the identified homeostasis disorders of the gerontological contingent, to develop optimal methods for anesthetic care depending on the nature of the surgical intervention.

3. Based on the individual characteristics of the aging organism, to develop tactics of qualitative and quantitative infusion-transfusion therapy

during anesthesia and in the early postoperative period.

4. Optimize the technique of postoperative analgesia for gerontological patients depending on the nature of the urological surgery.

5. Based on the obtained results, develop algorithms for IT at all stages of the study (before, during and after surgery) for elderly and senile patients in urology for practical healthcare.

6. Conduct an analysis of the effectiveness of IT, postoperative complications and mortality of gerontological patients in urology

Scientific novelty of the work:

Based on our own research, algorithms for optimal preoperative examination and preparation of patients have been developed, allowing to reduce the degree of surgical and anesthetic risk in gerontological patients and expand the indications for surgical treatment.

Indications for the type of anesthesia depending on the nature of the urological operation have been determined.

Algorithms for anesthesia, infusion therapy in the intra- and postoperative periods, a protocol for weaning the patient from a respirator in the postoperative period have been developed, taking into account the gerontological stress norm.

A method of postoperative analgesia without the use of narcotic analgesics has been developed, indications have been determined and the feasibility and effectiveness of using intrapleural analgesia has been proven.

An algorithm for the treatment of postoperative gastrointestinal paresis in gerontological patients in urology has been proposed. Practical significance of the work:

Elderly patients are the most "severe" group of patients due to the presence of both age-related involuntional changes in the body and severe intercurrent background. The use of algorithms for preoperative examination and preparation of patients allows to reliably reduce the degree of surgical anesthetic risk in gerontological patients and expand the indications for radical surgical treatment. A complete preoperative examination with the necessary correction of concomitant diseases, coupled with the applied anesthesia techniques, as well as the features of intensive care in the postoperative

period, made it possible to reduce and minimize the number of postoperative complications. The developed and implemented technique of postoperative pain relief without the use of narcotic analgesics in combination with rational infusion-transfusion therapy allows to improve the quality of treatment of this

group of patients. The use of preoperative examination algorithms, optimal anesthesia techniques, postoperative analgesia and IT allows us to optimize and standardize treatment, reduce the percentage of complications and mortality in this category of patients.

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