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Postoperative Bleeding In Hepatobiliary Surgery: Issues Of Choosing The Tactics Of Surgical Correction

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Background : Improving the results of treatment of postoperative bleeding in hepatobiliary surgery by choosing a rational method of conservative and surgical correction.

Methods : Over the past 18 years, the clinic has performed 6548 surgical interventions on the liver and biliary tract. Postoperative intra-abdominal complications were observed in 643 (9.8%) patients. At the same time, in 420 (6.4%) cases, various options for repeated surgical interventions were resorted to in order to correct the developed intra-abdominal complication. Among them, postoperative bleeding, expressed as intra-abdominal bleeding (n=97) and acute esophageal-gastrointestinal bleeding (n=58), amounted to 155 (36.9%) patients. In 29 (29.9%) cases, videolaparoscopy was used to diagnose and treat intra-abdominal bleeding in patients of the main group. At the same time, in 6 (6.2%) cases, laparoscopy was transformed into minilaparotomy, and in 13 (6.2%) cases, minimally invasive methods of correction and relaparotomy were performed with various types of hemostasis. 55 (56.7%) of the control group had traditional relaparotomy.

Results : Postoperative intra-abdominal bleeding after surgery on the liver was observed in 63 (64.9%) patients out of 97. After various options for echinococcectomy in 32 patients, in 23 (71.9%) cases, intra-abdominal bleeding was observed after various options for liver resection and pericystectomy. Postoperative intra-abdominal bleeding after operations on the biliary tract was observed in 24 (70.6%) patients of the main group and in 10 (29.4%) patients in the control group. In the postoperative period after relaparoscopic interventions, complications were observed in 2 (6.9%) cases with 2 (6.8%) deaths. The cause of deaths was progressive liver failure (n=1) and acute myocardial infarction (n=1). After performing relaparotomy in patients of the control group, postoperative complications of a purulent-septic nature occurred in 12 (21.8%) cases with 7 (12.7%) deaths.

Conclusions : Thus, relaparoscopy for postoperative intra-abdominal bleeding, regardless of the nature of the previous operation, allows, with minimal aggression of re-intervention, to reliably stop bleeding and eliminate its causes.

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