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ANTIBIOTIC PROPHYLAXIS OF BRONCHOPULMONARY COMPLICATED INFECTIONS IN THORACOABDOMINAL SURGERY DURING PROLONGED ARTIFICIAL VENTILATION

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By the widening of indications to artificial ventilation of lungs (AVL), improving technologies and methods of invasive respiratory support led to the good results on intensive care of some critical conditions. But nowadays it is still top agenda the risks of developing of ventilator-associated pneumonia, angiogenic sepsis, polyorganic insufficiency etc.

Purpose of investigation: Investigate activity of the new antibacterial drug "FarGALS" for prophylactics and treatment pyoinflammatory lung disease by patients being in AVL for a long time.

Materials of our investigation was results of bacteriologic tests from trachea, mouth, washing material from bronchi of patient on AVL this patient was divided in 2 group: 1- patients with FarGALS (1:4); 2- patient with traditional treatment.

Method of investigation: irradiating of the micro flora, define sensitivity on diffusion to the agar. Investigated 150 example of material, 66(43.0%) - was positive, 87(57.0%) negative. Microbial specter of probes from 2 group was: gram positive 14.0%, gram negative 65.0%, fungus 21.0%.

Analysis of different types of material show, that less resistance to meropenem (9.7 resistant strain), polymicin B (10.0%), ophlocasinc (39.0%), amicacin (42.0%). Antiabetigramm analysis gram negative micro flora in 2 group shows less resistance to penicillin group. Antiabeticgramm analysis shows less resistance of p. Candida to Citeal (12.5%, resistance strain), brilliant [ethyl] green (17.0%), nistatin (22.0%), nitrocsolin (22.0%), terbinaphen (33.0%), amphotericin (34.0%), fluconasole (43.0%).

Analysis of the antimicrobial activity of FarGALS shows high sensitive to all culture of microbes. Thereby for this period from material by the patient on AVL for a long time we see the tendency of gram negative micro flora growing. This flora was resistance to mane antibiotics, clinical improve was shown on 2-3 days after using FarGALS. Clinical improvement date was 5-6 days, traditional treatment 8-10 days. High activity of drug to polyresistance strain allow to make more investigations and using by patients with ALV for a long time.

PERCUTANEONOUS DILATION TRACHEOSTOMY IN PATIENTS UNDER PROLONGED MECHANICAL VENTILATION IN SURGERY

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Prolonged mechanical ventilation (PMV) is in most cases an unavoidable requisite for patients with multiple organ failure in units of reanimation and intensive care. There are unceasing debates among resuscitation and intensive care specialists about the terms and methods of tracheostomy application in patients who are placed on PMV.

Objective: To develop a protocol of percutaneous dilation tracheostomy application in patients with multiple organ failure placed on PMV.

Materials and methods: From 2009 to 2012, in the Reanimation and Intensive Care unit of RSCS after acad. Vakhidov, a modified technique of percutaneous dilation tracheostomy was applied to 47 patients who were on PMV and with multi-organ failure. The assessment of the severity of multorgan dysfunction (by Marshal J.C. et al., 1995) comprised 1-3 points; APACHE-III scale was used for assessment of severity of condition, prediction of outcomes and length of stay in ICU (scores ranging from 33 to 78); criteria by Doughty L, (1996) were used to assess organ dysfunction.

Results: In result of conducted analysis, a protocol containing clear indications and recommendations about the terms of application of percutaneous dilation tracheostomy (PDT) in modification of department was worked out: