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times more than PGEA (7 or 17.9%) (p <0.0001, XI = 31.737). Total post-surgery lethality was 15.2% (19 died of 125): after palliative surgeries - 13.2% (14 died of 106), after trial laparotomy – 29.4% (5 died of 17). Causes of fatal outcome: cancer intoxication - 6 (31.6%), multiple organ failure - 5 (26.3%), liver and kidney failure – 4 (21%), acute cardiovascular insufficiency – 4 (21%).

Conclusions. 1. Among the palliative surgeries, we can expect CHCJA (55.2%) to be performed 3 times more likely than CHJA + Br /+RY and HepJA (18.4%). 2. After development of a malfunction of the gastroduodenal passage we can expect AGEA + Br (82.1%) to be performed 4.6 times more often than PGEA (17.9%). 3. Most frequent complications of a cancer in the head of the pancreas by mechanical jaundice (observed in 67.2% of patients) and a malfunction of the gastroduodenal passage (observed in 5.6% of patients).

THE POSSIBLE COMPLICATIONS OF THE BRONCHIAL OCCLUDER USE IN PATIENTS WITH PIOPNEUMOTHORAX

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Introduction. Piopneumothorax has been found in 33.3% of patients with nonspecific infectious destructions of lungs. One of the pathogenic links of uprising and chronization of piopneumothorax is a leakage of lung tissue, divergency of damaged lung tissue in relation to the pleural cavity, leading to the development of bronchial fistula, and later the formation of bronchiopleural fistula.

Aim of the study is to explore the possible complications of the bronchial occluders use in patients with piopneumothorax.

Materials and methods. Investigation involved 77 patients who got a thoracoscopic sanitation of pleural cavity and bronchial blockage. Valve bronchial blockage of the fistulous bronchus had been performed in 1-2 days after thoracoscopy. Reverse endobronchial valve was made of medical rubber compound indifferent to the human body. The valve allows oxygen, sputum, bronchial content to move out from the lesion place during expiration and cough, preventing their movement back. Bronchus occlusion in patients performed after its visualization by painting method: during the bronchoscopy in pleural cavity through the drainage was introduced 20 ml of 3% solution of hydrogen peroxide with a dye (brilliant green or methylene blue) in a ratio of 10: 1.

Results. In 23 (29.9%) patients after usage of bronchial occluder the following complications were found. In 15 (19.5%) patients were found purulent bronchitis. This problem was due to the special features of the valve action: the content of purulent pleural cavity freely penetrated through the fistula into the tracheobronchial tree, but did not go back, that is in large area of fistula, resulted to accumulation of pus in the bronchi on the affected side. The next frequent complication found in 5 (6.5%) of patients was an overgrowth of granulation tissue in the area of the bronchial occluder which was detected immediately during removal of bronchial blockage but clinically didn't perform itself. In 3 (3.9%) of patients was found an occluder migration into the bronchial tree. Suspicion of this complication appeared in the recovery of air discharge through drainage, after chest X-ray in the direct projection had been detected an occluder. The reason of this phenomenon was the discrepancy of an occluder size to the bronchial diameter.

Conclusions. Thus, the valve bronchial blockade is an effective and safe method in the treatment of patients with piopneumothorax. Possible complications of its use are easily diagnosed and diminished.

CORRECTION OF INTRA-ABDOMINAL HYPERTENSION IN PATIENTS WITH SURGICAL PATHOLOGY IN CASE OF MORBID OBESITY

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Introduction. Sustained increase of intra-abdominal pressure (IAP) in patients with surgical pathology of the abdominal cavity can lead to disorders in the systems of a body, leading to the onset of abdominal compartment syndrome (ACS). A special risk group for the occurrence of ACS are patients with morbid obesity (MO). For the correction of intra-abdominal hypertension (IAH) a lot of techniques have been proposed. In patients with MO, the most effective method for correction of IAH is laparolifting (LL). However, all known methods of LL are applied with the use of an endolift, requiring special conditions (sterility, the presence of an anesthetist, etc.).

Aim of the study: to improve the results of treatment of the IAH.

Methods. We have proposed a method for correction of IAH by applying an exolift, which is a special polyethylene sleeve 15 cm wide (50 microns thick), wrapped around the body of the patient at the level of the umbilical region. A polyethylene tube is inserted under the sleeve and connected to an electric aspirator. The space between the sleeve and the skin is sealed with adhesive tapes, after creating a negative pressure between the skin and the sleeve at a level of 1.15-0.20 bar, using two lifting ropes, fixed with one end to the sleeve on the anterior-lateral surfaces of

the abdomen, and on the other side to the holding mechanism of the bed. Then a conduction of a traction sleeve, and with it the anterior abdominal wall, is perfomed to normalize IAP. For the period from 2013 to 2016 the proposed method was used in 23 patients with surgical pathology of the abdominal cavity on the background of MO. Men were 13 people (56.5%), women - 10 (43.5%). The average age of patients was 52.3 + 1.2 years.

Results. The use of the proposed method of correction of IAH using LL in the composition of conservative measures to combat the IAH in patients with surgical pathology of the abdominal cavity allowed to reduce the incidence of systemic complications by 37.1%, local complications - by 19.3%, and the total mortality - by 9, 8%.

Conclusions. 1. Application of the proposed method for correction of IAH using LL can effectively reduce IAP in patients with surgical pathology of the abdominal cavity and avoid the development of ACP. 2. The method is non-invasive, convenient, easy enough and quick to use, can be done in the ward where the patient is, which makes it possible to apply it widely in medical practice.

PREVENTION SICK SINUS SYNDROME IN PATIENTS WITH THE FRAGMENTATION OPERATION IN THE LEFT ATRIUM FOR CORRECTION OF ISOLATED MITRAL VALVE DISEASE

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The aim is to study the possibilities of the proposed technique of the auto pericardial nutrient-foot to improve the results of sinus rhythm restoration in mitral valve replacement (MVR) and prevention of sick sinus syndrome.

Methods. A test group included 261 patients with isolated mitral defect stage IV, who were treated at the surgical department of acquired heart surgery National Amosov's Institute of Cardiovascular Surgery AMS of Ukraine from January 1, 2013 to May 1, 2017. The men were 111 (42.5%), women - 150 (57.5%). Age ranged from 39 to 72 years (average 59,3 ± 7,3 years). 89 (34.1%) patients belonged to class III classification NYHA, 172 (65.9%) patients - to class IV. In 255 patients was performed MVP: 1) Preserving posterior mitral valve leaf (214 patients), 2) Preserving posterior mitral valve leaf + translocation papillary muscles in the front wing cut the fibrous ring of the left AV opening (39 patients), 3) Full preservation of the anterior and posterior valves of the mitral valve (2 patients). And in 6 patients was performed mitral valve repair. Fragmentation in the LA mode held in low-frequency mode (25-35 watts diathermy) on the left option transactions Maze-3,4. In 33 patients (study group) was supplemented implantation operation in the zone sinus of auto pericardial nutrient-foot. Two patients underwent implantation of the stem with increased nutrient stem cells from the bone marrow of the sternum

Results. Of the 261 operated patients at the hospital stage died 5 patients (the hospital mortality was 1.9%). In the main group, no one died. In the comparison group (248 patents) the mitral valve replacement (MVR) in combination with Operation Labyrinth In low-frequency mode allows us to restore successfully the correct rhythm in 76.2% of cases at the hospital stage and stabilize it within six months or a year after the operation. However, considering the sick sinus syndrome 4 pacemakers (1.5%) were implanted in the postoperative period. At discharge, the recovery of sinus rhythm in the group of patients with PL plastic was higher than in the alternative group: 85,6% (n = 119/139) і 73,7% (n = 90/122) (p <0,05). Given the sick sinus syndrome, the pacemaker was implanted in 3 (1,2%) cases at the hospital stage and 1 year after the operation. In the comparison group, the sinus rhythm recovered immediately after the operation in 30 (92.5%) patients, with an ECG discharge recorded in 30 (92.5%) and in 2 years was noted in 80.0% of cases. Sick sinus syndrome does not depend on the water flow.

Conclusion. The proposed method of implantation and implemented application of a nutrient-foot from auto pericardium the zone sinus simple in execution, no traumatic and simultaneously provides a remarkable clinical results in early and remote postoperative period. The findings nearest remote period allow us to optimistically evaluate the possibility of the proposed method, however, it requires the accumulation of clinical material.

COMPARISON OF THE LONG-TERM OUTCOMES OF SURGICAL AND MINIMALLY INVASIVE TREATMENT (POEM) OF ACHALASIA

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Introduction. Achalasia - is a benign severe neuromuscular disease of the lower part of esophagus including lower esophageal sphincter (LES) that prevents relaxation of the LES and an absence of peristalsis of the esophagus. Its lead to progressive dysphagia and plenty of complications including esophagitis, lungs pathology, weight loss and malignancy. Due to the late diagnosis of the disease, usually, surgical treatment is required. The surgical gold standard for achalasia is Heller myotomy (HM) and fundoplication (FP). Even so, high level of traumatization led to the search of new methods of treatment. This method was peroral endoscopic myotomy (POEM), which was first applied in 2008, in Japan.

The aim of the study is to compare long-term outcomes of surgery and minimally invasive (POEM) treatment and assess the prospects for POEM treatment for achalasia.