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OPTIMIZATION OF HERNIOPLASTY METHOD FOR PATIENTS WITH INCARCERATED INGUINAL HERNIA

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Incarcerated inguinal hernia is one of the difficult problem of modern emergency herniosurgery, which is associated with the peculiarities of the incarceration (duration, organ and degree of its destruction), and with the severity and number of comorbid diseases [1, 2]. To date, there is a discussion about the choice of allohernioplasty for patients of reproductive age, because the analysis of immediate and long-term results often differ [3,4].

The purpose of the study is to analyze the preconditions and consequences of the use of different methods of allohernioplasty for patients of reproductive age with incarcerated inguinal hernia, taking into account the peculiarities of blood flow in the a. testicularis.

Materials and methods of reserch. The results of surgical treatment of 67 patients of reproductive age with incarcerated right inguinal hernia without signs of disorder of the passage through the digestive tract, Nyhus type II and III, were analyzed. The first group (36 patients) were undergo Liechtenstein procedure, and the second group (31 patients) were undergo laparoscopic hernioplasty (TAPP). Sonographic monitoring was performed by the Toshiba Aplio 300 (linear scanner 7, 5 MHz). The linear velocity of blood flow in the a. testicularis was determined at the level of superficial ring of the inguinal canal. Investigation were provided on postoperative days 21 and 60.

Results of the reserch. Comparative analysis of the linear blood flow velocity in the a. testicularis in patients of reproductive age with right-sided incarcerated inguinal hernias identified a significant decrease to $17.2 \pm 1.1 \text{ cm}$ / s compared to the healthy side - $20.1 \pm 0.9 \text{ cm}$ / s. A monitoring of the linear velocity of blood flow in the a. testicularis in the postoperative period in patients of the first group found that on the postoperative day 21 compared with the preoperative period observed an increase to $18.2 \pm 1.3 \text{ cm}$ / s, and 60 days to $18.6 \pm 1.5 \text{ cm}$ / s. In patients of the second group, as opposed to the first, the restoration of blood flow in the testicular artery was more pronounced and amounted to $21.6 \pm 0.8 \text{ cm}$ / s on day 21 and $19.2 \pm 1.1 \text{ cm}$ / s on day 60.

Conclusion. 1. An incarcerated inguinal hernia is accompanied by a significant (p <0.05) decrease in the linear velocity of blood flow in the testicular artery to 17.2 ± 1.1 cm / s.

2. The use of TAPP hernioplasty for patients of reproductive age of the second group with incarcerated inguinal hernias Nyhus type II and III without signs of disorder of the passage through the digestive tract, in compare to patients of the first group - hernioplasty by Liechtenstein , is accompanied by better recovery of blood flow in a.testicularis in postoperative period.

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