

Modern Microsurgical Operations of Chronic Purulent Otitis Media

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Relevance of the problem: The operation is performed for the surgical treatment of otosclerosis and tympanosclerosis. The operation is performed under anesthesia. The essence of the operation is the use of intraocular access using a Carl Zeiss operating microscope (Germany). During the intervention, the eardrum is raised, the fixed stapes is removed and replaced with a prosthesis. Stapes prosthesis is performed in two ways: with Teflon prosthesis (Shea technique) or wire-oil prosthesis (Schukneht technique) implantation. In the second case, part of the fat is removed from the patient's ear cavity. About 30 operations are performed a year. The average length of hospital stay is 12 days. Recovery occurs within 1-2 months. Complications: complete deafness in the operated ear develops in 2-3% of patients, which corresponds to world statistics. Dispensary surveillance is carried out at the place of residence.

Research materials: The operation is performed for the surgical treatment of chronic purulent inflammation of the middle ear, that is, in conditions where there is a hole in the eardrum and an inflammatory process in the middle ear. The operation is performed under anesthesia. The essence of the operation is the use of the behind-the-ear approach with the help of the "Karl Zeiss" (Germany) operating microscope, the motor system and the "Aesculapius" (Germany) bipolar coagulator. During the intervention, access to the cavities of the middle ear is created, pathologically changed tissues are removed, the eardrum defect is corrected, and the auditory bone chain is restored. About 100 operations are performed per year. The average length of hospital stay is 24 days. Final healing occurs up to 3 months. Complications: in 2-3% of patients, the eardrum flap does not heal, which corresponds to world statistics. Dispensary surveillance is carried out at the place of residence.

Research object: It is used in the treatment of chronic sinusitis (sinusitis, sinusitis, ethmoiditis), deviation of the nasal septum, paranasal sinus cysts of any location, osteomas, inverted papillomas and other benign tumors of the nose and sinuses, nasal liquorice, brain hernias. nasal cavity. Surgical interventions are performed under general anesthesia in the state-of-the-art Carl Storz equipment, using a set of nasal endoscopes, operating microscopes, special rhinosurgery instruments, shaver and motor systems. The number of annual operations is about 400 per year. The average length of stay in the hospital is 7-10 days. Recovery time is significantly reduced compared to standard operations - about 3 weeks. There is no death. Complications - a hematoma of the eyelid, which passes by itself within 5-7 days and does not affect the outcome of recovery. Sometimes for patients with allergic fungal sinusitis associated with bronchial asthma, dispensary observation is required at the State Regional Clinical Hospital.

Observed results: The author's method of guaranteed treatment of adenoids, regrowth of adenoids after previous surgical treatment. It can be combined with additional interventions for nasal septal

deviation, enlarged tonsils, exudative otitis media and hearing loss. It is usually used in children. Surgical interventions are performed under general anesthesia in the state-of-the-art Carl Storz equipment, using nasal endoscopes, operating microscopes, special rhinosurgical instruments and a shaver system. The progress of the operation is monitored by continuous endovideo monitoring, which guarantees the complete removal of pathological tissue from the nasopharynx. The average number of operations per year is 250. The length of stay in the hospital is 3 days. The full recovery period is 3 weeks after the operation. There is no death. A possible complication is postoperative bleeding, which is usually observed in patients with impaired blood coagulation and does not depend on the surgical technique. Dispensary surveillance - by place of residence.

Conclusions : A modern method for diagnosing benign tumors of the larynx, papillomatosis of the juvenile respiratory tract, hyperplastic laryngitis, fusion of the vocal folds, as well as diseases of the larynx and trachea. Operations are performed only under anesthesia with the help of a special operating microscope, instruments for examining the larynx and trachea, endoscopes and a set of microsurgical instruments according to Kleinsasser. The average number of operations per year is 100-120. Hospital stay is 5-7 days. Recovery occurs in 3-4 weeks. Residential Dispensary Surveillance.

The most complex surgical interventions used to restore breathing through natural airways after complications of surgical treatment of thyroid goiter after a long stay in intensive care units in patients with tracheostomy. Tracheal resection surgery is performed for cicatricial tracheal stenosis, which involves removing the narrowed part of the trachea together with a tracheostomy and placing an anastomosis on the intact parts of the trachea. In the treatment of laryngeal paralysis after strumectomy, the operation is performed through an external approach along the lateral surface of the neck, where one of the hard vocal folds is pulled to the side using special surgical techniques. The number of operations per year is not more than 10. Recovery time is 28-35 days. There were no deaths or complications. Dispensary follow-up at residence is required.

Endonasal surgery for pituitary tumors

It is used for surgical treatment of pituitary adenomas - acromegaly, prolactinoma, craniopharyngioma, etc. A new direction of activity for the ENT department. Surgical intervention is performed in the most modern Carl Storz equipment under general anesthesia using nasal endoscopes, operating microscopes, special instruments and a shaver system. The progress of the operation is monitored by continuous endovideo monitoring, which guarantees the complete removal of pathological tissue from the turcica. The operation does not leave any cosmetic defects on the face. The postoperative period after neurosurgical intervention is much easier than postoperative treatment in the intensive care unit; The estimated number of annual operations is from 10. The average length of hospital stay is 2 weeks. Average recovery time is 1 month. Complications such as death from bleeding and licorrhea and postoperative meningitis are possible during surgery.

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