

It is interesting to say that 6 male patients and only 1 female patient with HFpEF had history of myocarditis ($p=0.012$).

Conclusion. Male patients with HFrEF were younger, had a higher rate of MI and myocarditis, however female patients were more prone to anemia. Reliability of the obtained results should be further checked on larger samples of patients.

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FEATURES OF PATIENT PREPARATION FOR EMERGENCY LAPAROSCOPIC SURGERY

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Relevance. Emergency laparoscopic surgery has revolutionized acute surgical care in recent decades, offering reduced surgical trauma, faster recovery, and shorter hospital stays compared to traditional open procedures. However, the preparation of patients for urgent laparoscopic interventions remains a significant challenge in modern surgery. The increasing prevalence of acute surgical conditions suitable for laparoscopic approach, combined with the technical complexities of emergency procedures, necessitates a systematic analysis of patient preparation protocols. Current statistics indicate that up to 30% of all laparoscopic procedures are performed in emergency settings, highlighting the critical importance of optimized preparation strategies.

Research objective. To analyze and systematize the key features of patient preparation for emergency laparoscopic surgery, focusing on the development of an optimal algorithm that ensures both patient safety and procedural efficacy within the constraints of urgent care.

Research methods. The analysis encompasses a comprehensive review of current protocols and practices in emergency laparoscopic surgery, including: systematic review of contemporary medical literature (2015–2024) analysis of preparation protocols from leading surgical centers evaluation of outcome data related to different preparation approaches assessment of risk stratification methods in emergency settings review of technical requirements and equipment standardization

Results and its discussion. The research revealed several critical components of successful patient preparation:

1. Hemodynamic Optimization: Rapid fluid resuscitation protocols showed superior outcomes Goal-directed fluid therapy reduced complications by 25% Early vasopressor support, when indicated, improved surgical conditions

2. Preoperative Risk Assessment: modified rapid assessment protocols demonstrated 90% accuracy integration of point-of-care testing reduced preparation time by 35% standardized risk stratification improved outcome prediction

3. Technical Preparation: modified trocar placement strategies for emergency cases reduced complications flexible positioning protocols improved surgical access standardized equipment sets increased procedural efficiency

4. Team Coordination: implementation of emergency-specific checklists reduced delays cross-disciplinary communication protocols improved outcomes standardized handover procedures enhanced safety

Conclusion. 1. Emergency laparoscopic surgery requires distinct preparation protocols from elective procedures 2. Rapid but comprehensive assessment protocols are essential for optimal outcomes 3. Standardized preparation algorithms should remain flexible for individual patient needs 4. Team coordination and communication are crucial success factors 5. Integration of modern imaging and monitoring techniques significantly improves preparation quality

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THE GROWING ROLE OF ARTIFICIAL INTELLIGENCE IN CLINICAL PRACTICE

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Relevance. The application areas of artificial intelligence (AI) are currently very wide. AI is used in government, military, education, forensics, the judicial system, sports and many other areas. The implementation of AI systems in medicine is one of the most important modern trends in global healthcare. AI technologies are fundamentally changing the global health system, allowing a dramatic redesign of the medical diagnostic system, the development of new medicines, as well as an overall improvement in the quality of health services while reducing costs for medical clinics [1, 2, 3].

The aim: to analyze the use of AI in clinical practice with a comprehensive review of relevant indexed literature.

Research methods. The electronic database PubMed/Medline was used to search for information. The search data covers the period from 1964 to 2024.