

Conclusions. This analysis demonstrates that POP following cardiac surgery presents as a distinct clinical syndrome, characterized by significant perioperative anaemia and pneumothorax. Understanding this phenotype enhances risk prediction, enables earlier diagnosis, and informs more effective treatment. Future prospective studies should validate these findings and develop targeted interventions to reduce the substantial burden of this complication.

LITERATURE

1. Risk factors for postoperative pneumonia after cardiac surgery: a prediction model / D. Wang, X. Huang, H. Wang [et al.] // Journal of Thoracic Disease. – 2021. – Vol. 13, № 4. – P. 2351–2362.

LASER TECHNOLOGIES IN SURGERY OF HEMORRHOIDAL DISEASE

Mohamed Noufal Miras Ahamed,
Sanduni Thathsarani Samarakoon

Grodno State Medical University

Scientific supervisor: PhD, Assoc. Prof. Vasilevsky V. P.

Relevance. Classical surgical removal of the internal and external components of hemorrhoidal disease leads to a significant increase in pain in the postoperative period, which is the main negative aspect of hemorrhoid surgery [1].

Target. Improvement of the surgical algorithm for the treatment of hemorrhoidal disease based on the intraoperative use of laser technologies in patients with second to third-degree of this pathology.

Research methods. Over the 15 months, 15 patients with hemorrhoidal disease have been surgically treated using laser technology at the Purulent Surgery Department of the University Clinic of Grodno State Medical University. Laser destruction of hemorrhoids was performed all of them. The age of the operated 9 male and 6 female patients with hemorrhoidal pathology was in the range of 33-72 years. Such surgical strategies is mostly suitable for a symptomatic second to third-degree with minimal rectal prolapse and this actually present in all discussed clinical cases.

Results and their discussion. In our practice, in all clinical cases, the surgical technique of subdermal-submucous destruction used for the destruction of hemorrhoids. This variant of laser treatment, during which the end light guide was ired along three or four sectoral lines, allows destructive treatment of hypertrophied external hemorrhoidal tissue, if necessary. When performing destruction with a removable fiber in the sector in the active mode, an adequate result of laser exposure was obtained in the form of a focus of «white denaturation» of tissues without violating the anatomical integrity of the integument and bleeding with a decrease in the volume of the internal node during manipulation by 3-4 times. In 3 cases, in the presence of

prolapse of one of the hemorrhoids after laser treatment, surgical lifting of these formations was additionally performed. In 10 patients, surgical intervention was performed under local tumescent anesthesia + initial short-term intravenous anesthesia, and in 5 operated patients, the analgesia option was exclusively tumescent local infiltration. The vast majority of laser treatments had no postoperative complications. On days 12-13 after surgery, only 1 patient showed the presence of non-abundant rectal hemorrhage, which required repeated intervention in the form of surgical hemostasis of one of the zones of the rejected necrotic tissue of the anal canal. 98% of those operated with the use of laser technologies were transferred to outpatient treatment on 2-3 days after surgery, the remaining 2% – on 4-5. In the long-term period, none of the operated patients complained, and there were no requests for medical help regarding the treated pathology.

Conclusions. Laser surgical technologies have a number of advantages over significantly more invasive and poorly predictably effective traditional interventions in the surgical treatment of hemorrhoidal disease. Based on the obtained treatment results, clinical manifestations and statistical data of the postoperative period, laser methods have objectively become promising alternative options for surgical treatment of hemorrhoidal pathology in anorectal anatomical zone.

LITERATURE

1. Treatment of combined hemorrhoids of stage 2-3 by transmucous laser ablation / I. A. Matveev, B. K. Gibert, A. I. Matveev [et al.] // Coloproctology. – 2023. – Vol. 22, № 2. – P. 86–91.

«NON-INSULIN-BASED» INSULIN RESISTANCE INDEXES IN PREDICTING OBSTRUCTIVE SLEEP APNEA AMONG ATRIAL FIBRILLATION PATIENTS

Navoda K. A. E.

Grodno State Medical University

Scientific supervisors: PhD, Assoc. Prof. Makartsova T. I., PhD Golyshko V. S.

Relevance. The triglyceride glucose (TyG) index, the TyG-Waist Circumference (TyG-WC), the TyG-Body Mass Index (BMI)) are surrogate indexes of insulin resistance (IR) and are discussed to be linked with the risk of obstructive sleep apnea (OSA) and its severity [1-3]. There are facts that they are related to mortality among OSA participants [4], are independently associated with atrial fibrillation (AFib) recurrence after ablation [5]. There do not exist studies focusing on the link between the “non-insulin-based” IR indexes in predicting OSA among AFib patients, leaving uncertain their diagnostic ability in such subpopulation.

Target. To study and compare the value of “non-insulin-based” resistance indexes (TyG, TyG-BMI, TyG-WC) in predicting OSA among AFib patients.