

SURGICAL OPERATION AND THE PERIOD OF PREPARATION FOR IT

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Annotation: *This article talks about the surgical operation, the period of preparation before it, preparing the patient for the operation, the condition of the patient during the preparation for the operation, and the types of surgical operations.*

Key words: *Operation, Sels, Cito, tuto et jecunde, surgeon, surgery, diagnosis, gastrocopy, thoracoscopy, laparoscopy, antiseptic period, planned operation.*

Operation is a mechanical effect on tissues and organs for treatment or diagnostic purposes. The word "operation" has long been synonymous with excruciating pain and the risk of death. Before the antiseptic era, the anatomical direction was typical for surgery. Due to the lack of adequate anesthesia and blood transfusion, as well as prevention of wound infection, the surgeons of that time had to be highly skilled and tried to perform the operation as quickly and as quickly as possible. Celsus (Greece, I - II century) "Cito, tuto et jecunde!" urges to operate under the slogan. At the same time, he said that the surgeon should not touch the wound after the operation ("Optim um m edicam entum quias est" is the best ointment - "peace"). For this, a good knowledge of anatomy was required. Our mother-in-law significantly reduced the risks associated with surgery and adopted a physiological approach to surgery. It is achieved by thoroughly examining the patient's body in the preoperative period, as well as by monitoring changes in it during and after the operation. In modern surgery, the normal implementation of surgical treatment is primarily ensured by the appropriate reduction of pain, which, in turn, allows for excessive haste. Having noticed changes in the patient's organs and systems, the surgeon in most cases has the opportunity to eliminate them in a timely manner to ensure the effectiveness of surgical treatment.

Surgical operations are usually performed for curative purposes, but diagnostic operations are also performed. Diagnostic operations include biopsy, puncture (abdominal cavity, pleural cavity, spinal puncture, etc.), endoscopic examinations (cystoscopy, bronchoscopy, esophagoscopy, gastroscopy, thoracoscopy, laparoscopy, etc.), angiography and heart catheterization including diagnostic thoracotomy and laparotomy. Some diagnostic operations, especially diagnostic thoracotomy or laparotomy, are dangerous in any case, so they should be used only after all other possibilities of examination have been exhausted.

Depending on the duration of surgical operations, it is differentiated as follows:

- 1) urgent (urgent) or extraordinary operation;
- 2) immediate (urgent) operation;
- 3) planned operation.



Immediate operations are performed immediately after the patient is admitted to the hospital and the diagnosis (acute appendicitis, acute cholecystitis, perforation of the stomach ulcer, hernia compression, intestinal obstruction) is established. In some cases, when there is a lot of blood or when a foreign body is stuck in the larynx, the operation (stopping the bleeding, tracheostomy) is performed within a few minutes according to important indications.

Urgent operations are carried out within the first 1-2 days after the patients are brought to the hospital, because due to the rapid development of the process, they are inoperable (malignant tumors, external fistulous ulcers of the intestine, severe congenital heart disease) they can stay.

Planned operations can be performed at any time, while preparing the patient for surgical treatment can take a day or two, and if necessary, several weeks.

When determining the indications for surgery in each specific case, it is necessary to take into account not only the prognosis of the disease, but also the capabilities of the operating surgeon, the equipment and devices in the operating room that ensure the success of the operation. A surgeon should not perform an operation beyond his control, because surgery is not a sport, and man is not an object of experiments. If the surgeon does not increase his knowledge and experience by carefully assisting or watching the operation performed by more experienced colleagues, the number of performed operations cannot guarantee that the surgical knowledge of the operator will increase by itself. . In order not to perform unreasonable operations, he should get to know the patient well, carefully consider the operation plan and make a pre-operative epicrisis, which is shown below:

- 1) the basis of the diagnosis;
- 2) data for operation;
- 3) operation plan;
- 4) type of anesthesia.

Surgical operation is a complex work, in which three main stages are distinguished; 1) period of preparation for surgery and preparation of the patient for surgery;

- 2) the surgical operation itself;
- 3) intensive monitoring and care of the patient in the postoperative period.

If all of these steps are followed, they guarantee a successful end to the surgical treatment.

The period of preparation for the operation (pre-operation period) includes the time that passes from the moment the patient arrives at the hospital or applies to the polyclinic until the start of the operation. The period of preparation for surgery can be divided into two stages: diagnosis and preparation of the patient for surgical treatment. In the first stage, the diagnosis is determined, the condition of various organs and systems is checked, and information for surgery is determined, and in the second stage, the patient is prepared for the operation. The duration of the period of preparation for the operation varies depending on the nature of the disease, the general condition of the patient, the degree of



urgency of the operation and the extent of surgical treatment. In the case of operations that cannot be delayed (to stop bleeding, acute inflammation of a vermiform tumor, perforation of a stomach ulcer, the fetus is outside the uterus), the period of preparation for the operation is short. During this time, only simple activities (washing, hair removal) and examinations (blood and urine tests, X-ray examination of the chest and abdomen) are performed. For severe patients, and if the operation is performed immediately, water treatments are not used. At the same time, the period of preparation for the operation in heart and vascular transplant surgery, gastric and biliary tract reconstruction surgery is sometimes extended for several weeks. It is difficult to evaluate the importance of preparing the patient for the operation, because the success of the operation often depends on this preparation. The surgeon should be able to anticipate possible difficulties during the surgical procedure during the preparation period. These difficulties may be related to the type of anesthesia, the possibility of bleeding, the possibility of surgical shock or damage to vital organs.

Mental preparation of the patient. Surgical operation causes mental depression to one degree or another in mentally healthy people. If it is possible to eliminate or reduce it, it will have a good effect on the preparation of the patient for surgery and on the postoperative results. It is necessary for the health worker to take care of the patient's nervous system during the entire period of treatment, especially during the period of preparation for the upcoming operation. During this period, the patient has fear and distrust of the upcoming operation, negative experiences arise, and many questions arise. All this reduces the body's reactivity. In the period of preparation for surgery, the communication between the patient and the doctor is especially strengthened. The doctor's ability to reassure the patient that the operation will be successful and the treatment will give the patient renewed strength. In severe, incurable diseases (for example, malignant tumor diseases), the doctor deliberately hides the truth from the patient, otherwise the patient will lose the last hope of recovery and the disease will progress even faster. starts

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