

Possibilities of minimally invasive technologies in the treatment of postoperative intra-abdominal focal complications.

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Objective: an efficiency mark of treatment the postoperative intra-abdominal focal complications using the possibilities of minimally invasive interventions under ultrasound and radiological monitoring. The sizes of the formations varied from 1.5 to 20 cm. In 21 (31.3%) observations focal complications were represented by hematoma, in 34 (50.7%) - abscess, in 12 (18%) - serous accumulation in the abdominal cavity. Results: A total of 97 minimally invasive procedures were performed under the supervision of ultrasound tomography and X-ray television. 5 (5.2%) patients underwent punctional readjustments with small fluid clusters, mostly serous. 78 (80.4%) percutaneous drains were performed, of which 15 (15.5%) cases were used to create large-scale access (36 Fr). Instrumental revision of the cavity under the control of ultrasonic tomography was performed in 8 (8.2%) observations. Completeness of the sanation of the cavity was controlled radiographically and with dynamic UZT. The time of standing drainage ranged from 7 to 45 days. The average length of stay in the hospital was 17 ± 5.8 days. Drainages were removed step by step in the absence of detachable, cavities and streaks of contrast during ultrasound examination and fistulography. There were no lethal outcomes and complications associated with minimally invasive interventions. Conclusion: Minimally invasive interventions under ultrasound and radiologic control were effective in treatment of all the patients with postoperative intra-abdominal focal complications.