

151. LAPAROSCOPIC CHOLECYSTECTOMY AND PERMISSIVE HYPERCAPNIC VENTILATION ANESTHESIA: PROSPECTIVE, RANDOMIZED STUDY

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Background. Hipercapnic ventilation during general anesthesia was a disputed topic for researchers during last ten years. However there were observed potential beneficial effects of induced mild hypercapnia during the anesthesia on intraoperative and postoperative outcome: lower necessity in opioids, reducing the rate of wound infections,, accelerated wound healing.

AIM. Estimation of the effects of intraoperative induced mild hypercapnia (ETCO₂=45-50 mmHg), on postoperative recovery after laparoscopic colecistectomy.

Materials and methods. Prospective randomized study (normocapnic lot, n=42; hypercapnic lot, n=58), written informed consent. Positive agreement of Ethics Committee. Anesthesia: induction – propofol, fentanyl, maintenance – sevofluran, relaxants – tracrיום. Statistics: t-Student, Fisher exact test, Mantel-Cox test and ANOVA.

Results. Similar lots in terms of age, BMI, ASA, surgery and hospitalization period. Hypercapnic lot vs. normocapnic lot: length of awakening from anesthesia – median, 15 vs. 20 min ($\chi^2=12,6$; $p<0,0001$); postoperative ileus period – median, 28 vs. 30 hours ($\chi^2=10,8$; $p=0,001$); PONV risk, in favor of hypercapnic lot – OR=0,50 (95CI=0,24-1,05), $p=0.0695$. Neurocognitive tests (DCT, DSST, Wechsler, Stroop), similar results for both lots and for the pre and postoperative periods. Study limits: reduced sample, short period of surgery, mild hypercapnia.

Conclusions: The results of our research show a reduced period of awake after anesthesia, also a reduced period of ileus, and a minimized PONV risk, after laparoscopic cholecystectomy with induced mild hipercapnia with no hemodynamic and neurocognitive side effects.

Keywords: induced hypercapnia, intraanesthetic, postoperative recovery.

152. BARIATRIC SURGERY IN A TERTIARY CENTER - ANALYSIS OF AN INITIAL EXPERIENCE (2010-2013)

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Introduction: Obesity has increased alarmingly in modern society in particular in more developed countries and it also becomes more common in Eastern-European countries. In order to treat it efficiently, bariatric surgery developed as a stand-alone specialty. In this study we analyze the first 30 patients who underwent laparoscopic sleeve gastrectomy (LSG) in our clinic and follow their evolution on a period of 1 year.

Material and methods: Between 2010-2013 in Surgical Clinic number 2 from the Emergency County Hospital of Tirgu-Mures, Romania have been hospitalized and surgical treated a number of 30 patients (20 women and 10 men) who underwent LSG. Demographic features including age and sex, preoperative blood biochemistry, body mass index (BMI) before and after operation, duration of hospital stay, morbidity, mortality and complications were analyzed.

Discussion results: The average age of the patients was 44.4 years, the youngest was 20 and the oldest was 62 years old. Their average BMI was 46.06 kg/h² with a minimum of 44.94 kg/h² and maximum of 60.6 kg/h². We used the ANOVA test to see the weight evolution of the patients and we obtained significant differences with a $p < 0.05$ while comparing the original weight (G0) and the one at 3, 6, 9 and 12 months after surgery (G3, G6, G9 and G12). Analyzing the comorbidities before surgery we concluded that out of 27 patients, 81.5% (22) were suffering of hypertension and after 12 months 77.3% of them got normal values. Joint pain went away for 16 out of 18 patients. Out of 7 patients with diabetes mellitus 6 were in remission after 1 year.

Conclusion: In this study, we obtained similar results with other experienced medical centers which led us to consider bariatric surgery as a standard and stand-alone procedure in our unit.

Key words: Bariatric surgery, laparoscopic sleeve gastrectomy, obesity

153. COMPARISON OF ULTRASOUND DIAGNOSTICS AND LAPAROSCOPIC FINDINGS IN CASE OF ACUTE ABDOMINAL PAIN IN GIRLS

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Introduction: One of the most common reason for a visit to an emergency department of the girls of all ages is abdominal pain. Abdominal pain can develop due to many etiologic factors – both acute and chronic. However, several conditions need to be evaluated and treated in pressing manner, as they Associate with high morbidity and mortality.

Aims: To compare ultrasound and laparoscopic findings, and to evaluate the role of early laparoscopy management of abdominal pain in girls in a prospective, randomized, single-institution trial.

Materials and methods: The analysis of ultrasound diagnostics effectiveness of acute abdominal diseases Associated with abdominal pain inpatient girl age from 3 to 17 years in Odessa Regional Children's Clinical Hospital has been performed. 171 patients were enrolled in the analysis held from 2010 to 2015yr. Inclusion criteria were – presence of sharp abdominal pain lasting more than 6 hours and less than 5 days, without fever, leucocytosis, or obvious peritoneal signs and uncertain diagnosis after physical examination and baseline investigations. For all girls ultrasound (US) examination of abdominal cavity was performed. Condition of girls were observed in clinic for 3 to 6 hours, if diagnosis still was unclear with routine tests (US data were not taken into account), the laparoscopy was performed. The US data were compared with laparoscopy findings.