

**Materials and Methods:** The presentation is based on the analysis of the medical history of a patient with the superior vena cava syndrome, and severe stenosis of inferior vena cava developed after chronic hemodialysis with contraindications for peritoneal dialysis and kidney transplant, treated by installing a prosthetic shunt between right atrium and left axillary artery, and evaluation of similar cases found on PUBMED database.

**Results:** The patient was discharged from the department in good physical condition, with stable hemodynamic parameters; no signs of cardiac dysfunction were noticed on echocardiography.

**Conclusions:** In patients with severe limitation of blood flow in the superior and inferior cava system the creation of a shunt between an artery and right atrium is an effective solution for hemodialysis access. Given the small number of cases reported in the literature, the results of this procedure still have to be studied.

**Keywords:** Vascular access, hemodialysis, rightatrium

## 25. POSTCHOLECYSTECTOMIC SYNDROME. AN INTERVENTIONAL ENDOSCOPY, ADVANTAGES IN THE TREATMENT OF THE RESIDUAL CHOLEDOCHOLITHIASIS

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**Introduction:** Over the last decades the morbidity of choledocholithiasis increases therefore also increases the number of surgical interventions such as cholecystectomy and the interventions on the biliary tract, mostly connected with a choledocholithiasis. A number of recurrent stones in the biliary tract increases, which stimulate the development of medicine and further improvement of miniinvasive interventions to avoid those negative effects, which are caused by open methods.

**Purpose and Objectives:** To improve the results of treatment for the residual choledocholithiasis and to compare miniinvasive and open methods of surgery.

**Materials and methods:** At the hospital 204 patients with the obstructive jaundice non-neoplastic etiology have been treated. We have taken and analyzed 60 cases of PCES, including men, which were 30 (50%), and women, which also were 30 (50%). Interventional endoscopy was made for 30 (50%) patients (the study group); 30 (50%) patients were subjected to open methods (the control group). Patients in the study group were treated with the endoscopic retrograde cholangiopancreatography (ERCP), which includes endoscopic papillosphincterotomy (EPST), litoextraction (LE), papillosphincteroplasty (PSP), endoscopic revision and sanitation+balloon dilatation. To the patients in the control group was made an open cholecystectomy (CE) with choledochoduodenostomy (CDA), CDA and reconstructive surgery: a transformation of CDA to choledochojunoanastomosis (CJA). All patients had general medical examination, ultrasound of the abdomen, computed tomography. Endoscopic interventions were carried out with the FUJINONED - 250XT5 apparatus, papillotom «Olympus» and «Wilson Cook», Dormia basket, mechanical Lithotripters «Olympus», «Söring» machine was used for the tom, the cutting and coagulation mode.

**Results:** In the study group there were 2 cases of postoperative complications and in the control – 8 cases, which in the percentage for the study group is 6.66 %, and for the control - 30%. While conducting this analysis was highlighted the following symptoms: bleeding, pancreatitis, and cholangitis. In the study group were recorded one case of bleeding (3.33 %) and cholangitis (3.33 %). For the comparison, in the control group were recorded 3 bleeding (10.0 %), 4 pancreatitis (13.33 %) and 2 cholangitis (6.67 %). In the study group hospital patients stayed for the  $3 \pm 1$  bed-day, in the control for the  $13 \pm 2$  bed-days. Duration of endoscopic surgery on average lasts  $27 \pm 15$  min., and the open surgery lasts  $90 \pm 15$  min. There was no lethal outcome in both study and control groups.

**Conclusions:** Miniinvasive interventions have following advantages over the open surgical intervention: (1) Much shorter operation duration and less traumatism. (2) Reduced the number of complications in the early postoperative period. (3) Reduced the length of patient staying in the hospital.

**Keywords:** Postcholecystectomic syndrome, an interventional endoscopy, endoscopic retrograde cholangiopancreatography