subject is due to the increasing number in patients with these diseases as a result of diagnostic possibilities, with the advantages of laparoscopic approach. Hiatal hernia in 66% cases is associated with gastro-esophageal reflux. Surgical treatment of hiatal hernia consists of removing the hernia sac through crurorаphy and antireflux procedure.

Purpose: Review of the contemporary laparoscopic management of hiatal hernias.

Materials and methods: 35 laparoscopic antireflux surgeries were performed during 2011. Axial hiatal hernias were recorded in 30(85,5%) cases, while hiatal mixed hernias- in 5(14,5%) combined cases. All patients were examined endoscopically, X-ray, and pH-metric studies. All the patients had a preoperative period which included the drug therapy for gastroesofageal reflux.

Results: The average age of patients was 48 years. There were 21 60%) women, and 14(40%) men. In the department of general surgery were operated all the 35 patients through laparoscopy. In 31(88,6%) cases underwent previous crurorаphy with fundoplication Nissen-Rossetti, in 4(11,4%) cases – by pr. Dor. The posterior crurorаphy has been used as a standard method in all cases. The average hospitalization period was 7 days. In all 35 cases the esophago-gastrography control was administrated with barium before the discharge of patients. Intraoperative complication wasn't registered. In the postoperative period 7 (20%) patients showed clinical signs of dysphagia, this regressed after administration of the drug treatment. There were no conversions. The follow-up results were not evaluated.

Conclusions:

1. Patients with hiatal hernias may benefit from the advantages of laparoscopic antireflux surgery.
2. In most of patients the postoperative dysphagia had a transitory character.

Key words: hiatal hernia, laparoscopic surgery, antireflux procedures.

ABDOMENOPLASTY WITH ONE-STAGE BREST ENDOPROTHESIS TRANSABDOMINAL ACCESS

Arapova Valeria

Academic adviser: Karapetyan G., M.D., Ph.D., Professor; Vinnic Yu., M.D., Krasnoyarsk State Medical University "V. F. Voyno-Yasenetsky", Krasnoyarsk, Russian Federation

Introduction: The desire of patients to receive the maximum aesthetic result with minimal injury and "invisibility" of postoperative hem creates major difficulties for the surgeon in determining access. During the detachment of a standart of abdominoplasty skin-fat flap is held up to the xiphoid process and lateral to the costal arch, extending to the anterior axillary line, which makes possible with sufficient technical equipment of the holding-stage augmentation mammoplasty.

Aim: to improve the aesthetic result of augmentation mammoplasty using transabdominal access.

Materials and Methods: The operation was performed on the patient of 34years. Estimated volume of surgery - abdominoplasty, closure of the white line of the stomach, breast endoprosthesis through the transabdominal access. Operation: endotracheal anesthesia. The total operation time is 3hrs 40 min. Previously tracing of the surgical field was made. Standard horizontal incision above the pubis with the transition to the iliac spine. Detachment of the dermal-fat flap, bluntly and sharply, up to the xiphoid process and costal margins and laterally to the anterior axillary line. Fix diastasis between the rectus abdominis, which was 5.5cm reorganization carried out the surgical field with an aqueous solution of 1% dioxidine. Next, a tunnel was formed of about 7 cm, width to 4 cm mid-clavicular line medially and 3 cm laterally from it to the inframammary fold. The lower edge of the breast was mobilized using endoscopic techniques (KarlStorz). Then the large pectoral

muscle was split by means of coagulator and created a pocket in retromuscular space. Bottom-medial fibers were cut off from the edge-sternal articulation for up to 3.0 cm, and hemostasis. In the box implant is installed (anatomic, «Mentor» 350 ml). Drainage of Redon, the drainage was taken through the axillary fossa. The tunnel was taken in 3-row suture strands of single 3/0 4/0. Similarly, on the other side. Dermolipectomy anterior abdominal wall was perfomed. The navel is fixed in orthotopic position. The anterior abdominal wall wound layers of single strands were taken in 2/0 3/0 4/0 and shed 4/0. Drainage aspiration drains. Aseptic bandage. Compression bandages and linens.

Results and discussion: Serous-hemorrhagic discharge in the breast in the 1st day of about 50 ml, in the 2nd day of 30ml, in the 3rd day of 10 ml, drains are removed. Serous-hemorrhagic discharge in the anterior abdominal wall in the 1st day is about 100 ml, in the 2nd day is about 70ml, in the 3rd day to 40 ml, drains are removed. Sutures were removed on 14th day, healing by first intention. Full recovery of the patient has started by the end of the 2nd month.

Conclusions: The last follow up examination was in 13 months after the surgery. The aesthetic result satisfied the patient.

Key words: abdominoplasty, augmentation mammoplasty, transabdominal endoprosthesis.

EVALUATIONS OF EARLY POSTOPERATIVE COMPLICATIONS IN PATIENTS WITH INGUINAL HERNIAS

Bîrladean Ana

Academic adviser: Popa Gh., M.D., Ph.D., Associate Professor, State Medical and Pharmaceutical University "Nicolae Testemițanu", Chisinau, Republic of Moldova

Introduction: Inguinal hernia is a clinical and anatomical entity, very frequently encountered in surgical pathology structure, and the surgical treatment of it is always discussed in the special literature, both through the prism of surgical techniques used and through the prism of possible postoperative complications depending on the type of plasty. Currently, there is no consensus about the approaches towards the principles of surgical treatment of inguinal hernias, as well as a pertinent review of early postoperative complications depending on the type of surgical procedure.

Aim: Comparative analysis of early postoperative complications according to the methods of plasty of the inguinal canal in different types of hernias.

Materials and Methods: The study includes retrospective analysis of 94 patients examined and operated in aseptic surgery department SCM1, between 2009-2011, of which 6 patients with congenital inguinal hernias (6,38%), 21 patients with inguinal hernia (22,34%), 41 patients with direct inguinal hernias (43,61 %) , 26 patients with recurrent hernias (27,65%).

Results: Prefunicular hernioplastia techniques were performed in 9 (9,6 %) cases, to 35 (37,2%) patients were performed retrofunicular plastia and 50 (53,2%) cases – hernioplasty with synthetic mesh. In early postoperative period were registered the following complications: paresthesia (5), wound hematoma (3), acute urinary retention (3), wound suppuration (1), swelling of the scrotum (4). Patients with plasty using synthetic mesh show fewer early postoperative complications: paresthesia (2), hematoma (1), acute urinary retention (1), and swelling of the scrotum (1).

Conclusions: The incidence of early postoperative complications in plasty with synthetic mesh is significantly smaller versus the pre- and retrofunicular techniques with own tissue. The surgical cure of recurrent hernias is preferably using synthetic prostheses.