

REPEATED SURGERY FOR RECURRENT VARICOCELE IN CHILDREN

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The frequency of varicocele recurrences after surgery is an extremely variable quantity (0,5-35%). Most studies show that microsurgical inguinal or subinguinal ligation of veins provides significantly fewer relapses (0,5-3,7%).

During the period 2009 - 2016, we treated 14 patients 12,5-17 years age with recurrent varicocele. At 4 ones previously produced retroperitoneal ligation of testicular veins by open access, 9 - laparoscopic ligation. In 13 cases, laparoscopic ligation of residual testicular vein was performed. In 1 patient relapse was occurred after an open ligation of testicular vein. Based on angiography results with measurement of venous pressure in the left renal vein we had decided to hold subinguinal microsurgical ligation veins. 4 months after that operation varicocele grade 3 relapsed again. We performed laparoscopic revision and clipping of the residual veins and simultaneous microsurgical ligation of expanded venous plexus in the scrotum by skrototomy through the Vesling's line. Follow-up of 14-42 months demonstrate an absence of recurrence. In 2 patients in the development of a hydrocele occurred in the earl postoperative period, which disappeared after 4.5 and 8 months spontaneously. Another patient after repeated laparoscopic procedure suggests decrease of volume of the left testis by 35% relative to the right.

Conclusion. According our experience we can recommend laparoscopic ligation of residual testicular veins as good choice in children with relapse of varicocele.

ONE-DAY HOSPITALIZATION EXPERIENCE IN CHILDREN'S SURGICAL DEPARTMENT

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Purpose: To analyze the effectiveness of stationary substitution technologies in pediatric surgery

Materials and methods: 482 children with typical surgical diseases from 1 to 17 years old were operated in the period of 2014-2017. Different types of local and general anaesthesia were used for operations, including combination of intubation anaesthesia and mechanical ventilation. All patients were discharged home on the day of the operation.

Results: 190 patients with phimosis were operated for the indicated period (of these, 86 under anaesthesia, 104 under regional anaesthesia). Also, 44 patients with hydrocele and spermatoceles were operated under general anaesthesia, 21 - with cryptorchidism (including 5 - laparoscopic surgery), 53 - with umbilical hernia, 42 - with inguinal hernia (all by endoscopic method), 19 - with varicocele (17 laparoscopic surgery), 28 - syndrome of an acute scrotum, 30 with short frenulum of foreskin, 4 with cysts in the neck, 32 with benign tumors of different localization, 4 with vesicoureteral reflux, 15 with extensive tissue trauma. The average stay at the hospital, including the preoperative period was 4 hours.

Also, 2 children with acute bronchospasm after extubation were cured by conservative methods. 2 patients had bleeding from the wound in the early postoperative period, one of them required repeated anaesthesia and revision. Purulent-septic complications were not identified. The pain syndrome was moderately expressed and successfully stopped at home by the use of non-narcotic analgesics.

Conclusion: the most common operations in childhood can be performed within «one-day» hospitalization without increasing the incidence of postoperative complications.