

## CHOLECYSTECTOMY FROM SINGLE LAPAROSCOPIC ACCESS IN CHILDREN. TO BE OR NOT TO BE?

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**Relevance.** The progress of achievements in surgery is associated with the desire to perform an operation less traumatic and with the best cosmetic effect. These requirements are met by laparoscopic surgery of one access SPLS (Single Port Laparoscopic Surgery).

The aim of research. Improve the results of treatment of children with calculous cholecystitis

**Materials and methods.** For the period from February 2012 to March 2017, under our supervision, there were 36 patients with calculous cholecystitis. Operation to remove the gallbladder was performed using U-NOTES (umbilical natural orifice transumbilical endoscopic surgery). We used a special reusable X-CONE TM port from Karl Storz, a three-chip HD camera with elongated optics. Cholecystectomy was performed standardly with clamping of the vesicular duct and clamping or coagulation of the vesicle artery. The operation is mainly performed from the cervix. In the presence of infiltration or the appearance of complications with the allocation of cells in 3 patients cholecystectomy was carried out from the bottom. In 5 patients at the stage of "working out" of the cystic duct and artery, an additional 3 mm port was required. The duration of the operation was  $43 \pm 9.8$  minutes. Antibiotic therapy was performed in one injection 30 minutes before the start. Anesthesia patients required only during the first day after the intervention. There were no complications in the postoperative period. Especially it is possible to note ease of extraction of a cholic bubble from an abdominal cavity through a monoport.

**Conclusions.** Can be noted that the duration of the operation and the course of the postoperative period, with the use of a single laparoscopic access through the navel, is comparable to classical laparoscopy. Cosmetic effect after operations from a single laparoscopic approach is assessed by patients above. This leads to an improvement in their quality of life.

## FUNNEL DEFORMATION OF THE THORAX AT CHILDREN HOW TO OPERATE?

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Funnel chest is the malformation met at 0,6-2,3% of population, constitutes 91% of all congenital deformations of the thorax.

**Purpose.** Choose the most optimal way of a thoracoplasty at children.

**Materials and methods.** 156 children with funnel deformation of thorax  $13,9 \pm 2,59$  ( boys- 115, girls- 41) are operated in clinics of children's surgery of Tyumen medical university during since 1990 to 2017.. Patients are divided in two groups. First group constitutes 30 patients operated with method Bairova, second- 126 patients operated with method Nassa.

**Results and discussion.** In the first group duration of surgery is  $134 \pm 10,51$  minutes, hemorrhage is 150-500ml. The pneumothorax is recorded at 28 (93,3%) children, hemothorax at 1 (3,3%). All patients needed to drain a pleural cavity, drainage duration is 3-5 days. During 10 days patients received the anesthetizing therapy and 14 days antibacterial. Hospitalization duration is  $41 \pm 4,42$  days. Three patients have disease recurrence, what need to repeat thoracoplasty. In the second group duration of surgery is  $39 \pm 4,33$  minutes, no hemorrhage. The pneumothorax is recorded at 8 (6,35%) children, 5 (3,96%) needed to drain a pleural cavity, 3 patients have hemothorax and hemopleuritis, them made a drainage of a pleural cavity and a puncture. One sanatsionny thoracoscopy. Patients weren't in chamber of an intensive care more one day. Anesthetics and antibacterial drugs were prescribed to 3-5 days. For the 3rd days were activated, in  $9 \pm 1,82$  days discharged.

**Conclusion.** At the moment the plate dismantled at 37 (40,7%) patients operated by the Nassa method. All of them are satisfied with result of operation.