

ANALYSIS OF SURGERY AT BACKGROUND OF VARICOCELE IN CONDITIONS OF CENTER OF AMBULATORY SURGERY BY POLICLINIC

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Abstract: the article provides analysis of different surgical treatment methods for varicose dilatation of spermatic cord in conditions of ambulatory surgical center – city surgical polyclinic №1. Central ambulatory surgery (CAS) of the polyclinic was opened in 2010, and it was the first center to introduce surgeries via methods of Ivanissevich and Palom. Results of analyzing surgeries, successfully conducted via these methods during the recent five year, are provided in the article.

Urgency: the first opening of CAS within city polyclinic was a rather new event for the region, opening of surgical polyclinics was also planned in other three large cities of Republic Kazakhstan. Therefore, analyzing work of surgeons who were the first to carry out jewelry surgeries via methods of Ivanissevich and Palom in surgical polyclinics of our cities also bears significant urgency.

Objective: studying results of surgical treatment of varicocele via methods of Ivanissevich and Palom in conditions of CAS. This work is devoted to analysis of the first conducted surgical treatment in case of varicose dilatation of spermatic cord in regional polyclinic №1 since February 2010 till February 2015.

The pathology – varicose dilatation of spermatic cord veins is called varicocele, and, according to different authors, it is observed among young men in age of 16 to 30 years in 1-7% of cases, in this case the problem becomes especially in prevention of sterility and opportune surgical sanitization of the disease. According to bibliographic data, about 70-90% of patients suffer varicocele on the left side, and their sperm genesis is disturbed in 90% of cases. According to anatomic and physiological data, the reason of varicocele is growth in venous pressure in the left kidney vein and left internal testicle vein that flows into it. This disturbance leads to dilatation of internal and especially external testicle veins due to development of relative valvate insufficiency in them. These events lead to hypoxia of testicle and its adjunct. According to S.B. Artifeksov, sterility happens among 4-37,9% of all patients, and surgical treatment is the only efficient method of preventing it. All patients with diagnosis varicocele of the 1st degree were placed under dynamic observation of surgeons (urologists) of polyclinic up to six months. Of 255 patients with diagnosis varicocele of II-II degree on the left side, operated in conditions of CAS the majority was in age of 14-18 years, who has pathology during the medical examination.

Clinical data with varicocele I-II-III- degree: expansion and crimp of the outer testicular vein, reaching to the upper pole at I-th degree of varicocele, to the middle pole at the II-nd degree, and to the lower pole-III-rd degree, as a form of a conglomerate, with a positive Valsalva maneuver. In CAS, one case was operated again with recurrent varicocele, which underwent surgery earlier in another hospital of the city. With the diagnosis of varicocele of II degree 148 patients were operated, which accounted for 58%, with the III-rd degree of varicose veins of the spermatic cord there were 107 patients, that is 41%. Under the Ivanissevich method there were 229 (89%) operated, by the Paloma method there were 26 (10.1%). After performing the Paloma methods there were 3 complications of hydrocele, which amounted to 1.1%. And there were no postoperative Ivanissevich complications.

Conclusion: Our analysis performed for the first time in varicocele surgery in a surgical clinic by different methods: Ivanissevich and Paloma methods and confirms, that the implementation of the Ivaissevicha method is more suitable for CAS, that prevents recurrence of varicose veins of the spermatic cord and the risk of complications.

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