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INFLUENCE OF NOSE TAMPONADE ON QUALITY OF LIFE IN THE EARLY POSTOPERATIVE PERIOD AFTER SEPTOPLASTY

Kwang Hyun Kim,

Professor, Dsc, Otorhinolaryngology And Head And Neck Surgery Department

Seoul National University, Uzbekistan

ABSTRACT: Surgical treatment is the only method for correcting a deviated nasal septum. Most of surgeons' complete surgery on the nasal septum with anterior tamponade of the nasal cavity, which is necessary to fix the osteomeotal reconstructed flap in the median position, as well as to prevent complications such as bleeding, hematoma in the early postoperative period, and the formation of synechiae between of wall in the nasal cavity. For tamponade, in most cases, gauze tampons soaked in anti-inflammatory ointment are used. Despite the good fixing effect, such a tamponade completely turns off the main functions of the nose for the entire period - respiratory, drainage, protective; there is no ventilation of the paranasal sinuses, ventilation of the middle ear is impaired. Tamponade causes compression of the injured mucous membrane, and, consequently, ischemia, up to perforation of the septum and pain (especially during removal), trauma to the mucous membrane, lacrimation, discomfort when swallowing, sleep disturbances, increased blood pressure, headache due to disturbed microcirculation in the vessels of the head brain, creates a good environment for the reproduction of a bacterial agent with a rarely occurring syndrome of infectious-toxic shock.

KEYWORDS: Quality of life, septoplasty, anterior tamponade.

INTRODUCTION

We used a collagen hemostatic sponge (TURON SILK PHARM, Uzbekistan, Tashkent), consisting of two active substances - collagen, prepared from the skin or tendons of cattle. When applied to the wound surface, the collagen hemostatic sponge polymerizes with the formation of an elastic fibrin film. This process repeats the main stages of the physiological process of blood

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coagulation and allows you to stop diffuse bleeding, glue and fix tissues, and also accelerate wound healing. During the healing process, the formed clot of fibrin "glue" is completely absorbed. Collagen hemostatic sponge is metabolized in the same way as endogenous fibrin, due to fibrinolysis and phagocytosis. To prevent transmission of infection due to the use of drugs obtained from human blood or plasma, standard measures have been taken, namely: selection of donors, screening of harvested blood plasma for specific markers of infection and the inclusion of effective steps in the inactivation of viruses in production. The measures taken are effective against enveloped viruses such as HIV, hepatitis C and B. After thawing, the contents of two vials were placed in a dispensing device, a special tip was attached to the syringe for injecting the drug into hard-to-reach places. The drug is economical to use - 1-2 ml of glue is enough for one septoplasty. The glue was injected between the sheets of mucoperichondria and mucoperiost and pressed tightly, distributing it evenly along the entire length, after which the nasal cavity was tamponed on both sides with gauze tampons for 2-5 minutes (depending on the patient's presence of arterial hypertension and a tendency to bleeding) for uniform distribution and tighter adhesion of the mucous membranes. Then the tampons were removed, endoscopy of the nasal cavity was performed on both sides to visually confirm the tight adhesion of the mucous membrane with the reimplanted cartilage fragments, and only then the anesthesia was stopped.

The study from 2017 to 2019 involved 45 patients aged 19 to 40 years. Formed three groups of patients, 15 people each. The average age in the 1st group is 21.5 years, in the 2nd - 22.2 years, in the 3rd - 24.1 years. Of these, 19 (42.2%) are women and 26 (57.7%) are men.

RESULTS AND DISCUSSION

A comparative assessment of the quality of life of patients in the early postoperative period revealed the absence of statistically significant differences between the groups for all compared criteria, starting with C.5 ($p < 0.05$).

Evaluating the relationship with the anterior tamponade, which was used only in the 1st and 2nd groups, in determining the quality of life of patients, the presence of homogeneity of the 3rd group was revealed. Highly significant differences ($p < 0.01$) were determined between groups in C.1, 2 and 3 according to the criterion "drinking from a cup", showing a higher quality of life in

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patients of groups 1 and 3. The same was confirmed by significant differences (p <0.05) according to the criterion "to sit in bed" at points 1 and 2, at the same control points there were highly significant statistically significant differences (p <0.01) according to the criterion "to get out of bed" and "nausea". When processing the data, highly significant differences (p <0.01) in S. 1, 2, 3 and significant differences (p <0.05) in S. 4 were determined according to the criteria of walking 10 m and walking 50 m ≫. In all four control points, highly significant differences (p <0.01) were revealed according to the criteria of "physical pain" and "general weakness". According to the criterion "dizziness" in C.1 and 2 there were highly significant differences (p <0.01), and at the point of difference between the groups, statistically significant (p <0.05). According to all the studied criteria, a significant deterioration in the quality of life in the early postoperative period was determined in patients of the 2nd group in comparison with the 1st and 3rd groups.

CONCLUSIONS

The presence of anterior tamponade in the early postoperative period after septoplasty adversely affects the physical condition of patients, thereby reducing the quality of life. The use of a collagen hemostatic sponge is the most acceptable alternative, which allows to exclude the negative effect of the anterior nasal tamponade and to achieve tight adhesion of the septal mucosa sheets, as well as fixation between them of reimplanted and reconstructed bone and cartilaginous fragments, minimizing postoperative bleeding and hematomas of the nasal septum.

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