

**PLASTY WITH INTRAOPERATIVE BALLOON STRETCHING OF LOCAL
TISSUES OF THE TRUNK AREA**

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Relevance of the problem:

In the world practice at present, the development and improvement of the results of treatment of patients with post-burn cicatricial defects of the body continue to be the most relevant.

Purpose of the work:

To improve the results of surgical treatment of patients with consequences of trunk burns.

Materials and research methods:

In contrast to plastics with pre-stretched tissues, stretching is performed intraoperatively, that is, during the operation in one stage. We propose to carry out biological training according to the scheme of intraoperative balloon stretching in the torso area: 3 stretching cycles of 4 minutes each and with a break between cycles of 5 minutes.

This method of surgery can be used for cicatricial deformities of the anterior abdominal wall using a titanium plate to form a supporting frame in this area.

Operation technique. On the border between healthy and scar tissues, a skin incision is made up to the fascia of the muscles, taking into account the size of the balloon and the titanium plate to create a supporting frame of the anterior abdominal wall. A Foley catheter was used as a balloon. Tissues are mobilized in a sharp and blunt way, a subcutaneous pocket for the balloon is formed. A titanium plate with rounded edges is implanted above the muscle fascia to atraumatize the surrounding tissues. Next, a Foley catheter is implanted over the plate, the wound is temporarily sutured with interrupted sutures. The volume of fluid injected into the balloon is calculated from the Foley catheter number. The balloon is filled until it becomes tense. 3 stretching cycles are carried out according to the developed scheme. The inflated state of the balloon is maintained for 4 minutes; then the saline solution is removed, and the tissues are allowed to "rest" for 5 minutes. After that, taking into account the available stock of tissues, the scars are excised and the resulting wound is closed intraoperatively with stretched tissues.

Results.

Long-term results showed the advantages of this method: the possibility of one-stage elimination of small defects in the torso area, the possibility of quickly obtaining plastic material near the operation area, which saves the surgeon from the need to transfer tissues from

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distant areas, the ideal match of replacement tissues in color, texture of the cover, and the preservation of the sensitivity of transplanted flaps , no need to close donor sites and in the long term there is no scar expansion.

Conclusion

Thus, the advantages of the method of performing rapid balloon dermotension on the frame are the possibility of one-stage elimination of small cicatricial defects in the trunk area due to adequate stretching of adjacent healthy tissues and, accordingly, eliminating the need to collect and close donor sites. The technique does not lengthen the surgical intervention and is aimed at improving the quality of the results.