

Care In A Surgical Hospital Of One Day In The 2-Clinic Of Samarkand Medical Institute

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Abstract – A one-day surgical hospital was organized at the 2nd clinic of the Samarkand Medical Institute in 1991, and uses its resources. The task of the department is to provide specialized advisory and operational assistance to patients with pediatric surgical diseases that do not require inpatient treatment. The department serves the population of Samarkand and Samarkand region. More than 1500 operations are performed in the department per year.

Keywords – One-Day Surgical Hospital, Children, Outpatient Surgery.

One of the promising areas of modern healthcare in providing medical care to the population is the development of hospital-replacing surgical technologies (outpatient surgical care, outpatient surgery centers, one-day hospitals, etc.) [1, 2, 3, 6, 9]. In the surgical rooms of outpatient clinics and polyclinics, about 80% of people who do not need hospitalization are treated [4, 5, 7, 8]. Surgical hospital for one day (SHOD) was organized at the 2nd clinic of the Samarkand Medical Institute in 1991 on the initiative of Professor A.M. Shamsiev. SHOD is located based on 2-clinic SamMI, and uses its resources.

The tasks of SHOD are to provide specialized advisory and operational assistance to patients with pediatric surgical diseases. The department serves the population of Samarkand and Samarkand region. For more than thirty years of history, the department has developed methods for the surgical treatment of not only purulent-septic diseases requiring urgent, but also planned operations, such as a short frenum of the tongue, ritual circumcisions, uncomplicated inguinal hernias and dropsy of the testicle. In addition, SHOD doctors provide consultations to patients with non-surgical diseases. Also, through the department of SHOD, follow-up patients are examined and recorded, patients undergoing staged treatment.

In the 2nd clinic of SamMI, where the SHOD operates, there are the departments of pediatric surgeons for undergraduate and postgraduate education of doctors. In addition to the therapeutic functions inherent in SHOD, its functions include the scientific development of urgent problems of outpatient and minimally invasive surgery, the introduction of new methods of surgical treatment, training of students, and advanced training of practicing doctors.

The following principles were laid down in the concept of creation of SHOD in the 2-clinic of SamMI:

1. To deploy the functioning of the bed fund on the basis of a hospital
2. Territorial and transport accessibility of the population.
3. Multidisciplinary provision of surgical care.

The implementation of the proposed concept consisted in organizing the following structures:

1. Consultative and diagnostic room.
2. Treatment block:
 - a) operating rooms for 2 tables, dressing and treatment room;
 - b) a surgical hospital for 10 beds;
 - c) anesthetic and resuscitation service (1 position of a doctor);
 - d) surgical service (2 positions of a doctor).

The algorithm for working with patients in SHOD is structured as follows - the surgeon of the admission department of the clinic registers a patient with an established diagnosis for hospitalization, the patient is examined by a surgeon and, if necessary, an anesthesiologist, the volume of the operation, the type of anesthesia allowance is determined, analyzes are taken and the date of the operation is set. When selecting patients, the presence of concomitant diseases requiring treatment before surgery, the possibility of conditions for caring for a child in the postoperative period are taken into account. In the admission department of the clinic, the necessary minimum of preoperative examination is carried out (complete blood count, urine analysis, ultrasound and ECG), children are examined by a pediatrician and anesthesiologist. After that, the child is assigned a date for the operation. On the eve of the operation in the admission department of the clinic, the operating surgeon and anesthesiologist examine them. Parents are given recommendations on the direct preparation of the child for surgery the day before and in the morning before surgery. The child is delivered to the SHOD on the day of the operation in the morning at 8 o'clock and a medical history is drawn up. Before the operation, the surgeon and anesthesiologist examine the child again, and the body temperature is measured. In the preoperative ward, the patient is premedicated. The operation is performed under general anesthesia. After the operation, a doctor and a ward nurse observe the child until he comes out of anesthesia.

After lunch, a surgeon and anesthesiologist to resolve the issue of discharge home examine the operated children. The dressing is being changed; the documents for the discharge are being prepared. Upon discharge, the surgeon conducts a conversation with the parents, gives advice on caring for the child, diet, warns of possible complications, in the event of which the parents can contact by phone and take the child to the clinic. If complications arise, patients are left in the hospital for a longer period, until recovery. The surgeon who operated on days 5-7 in the admission department of the clinic, where the immediate result of the operation is assessed, the question of whether the child can attend a kindergarten, school, etc. is resolved removes the sutures.

More than 1500 - 2000 operations are performed in the SHOD clinic annually, with an average patient staying in a bed for 1 day.

CONCLUSION

1. SHOD 2-clinic SamMI is an effective organizational structure that allows you to provide qualified assistance to sick children of the surgical profile and give a significant economic effect.

2. SHOD is a good school for novice surgeons and anesthesiologists.

3. SHOD has a number of advantages over the traditional form of providing surgical care to children - it excludes the mental trauma of children associated with a multi-day stay in a surgical hospital for children without parents, minimizes the possibility of nosocomial infection of patients.

4. Questions of the organization of modern structures of outpatient and minimally invasive surgery in our republic, the peculiarities of surgical interventions in these conditions. The management of patients in the postoperative period, the social and economic significance of reforming the outpatient service in general and numerous aspects of hospital-saving surgery are relevant for scientific medicine and practical health care, and require further study, both scientifically and practically.

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