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FEATURES OF REHABILITATION OF PATIENTS AFTER GASTRIC RESECTION

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Abstract
The operation consists in mobilizing the stomach with the intersection of ligaments and all blood vessels supplying the stomach. Then the stomach is cut off from the esophagus and from the duodenum. The stump of the duodenum is being treated. Rehabilitation of patients after gastric resection is a multifaceted process that requires an integrated approach and attention to the individual characteristics of the patient. The main tasks of rehabilitation are the restoration of proper nutrition, correction of digestive disorders, prevention of complications, as well as psychoemotional support.The first stage of rehabilitation includes medical monitoring aimed at monitoring the patient's condition, digestive functions and general well-being. It is important to introduce a diet rich in proteins and vitamins, which promotes tissue healing and strengthens the immune system. The gradual expansion of the dietary intake helps to avoid complications and provide the necessary amount of calories.

Keywords: Rehabilitation, gastric, diagnosis, laboratory, pathogenesis, differential diagnosis surgery.

Introduction

A hemigastroectomy is a surgical operation in which half of the stomach is removed. Usually, such an operation is performed for stomach cancer or peptic ulcer, when the damaged part of the organ cannot be saved and its removal is required. Hemigastroectomy can be performed either by the open method or by laparoscopy. After surgery, patients are usually prescribed a special diet and rehabilitation measures to restore their health. In the second stage, the focus is on physical activity. Light exercises and breathing exercises play an important role in restoring overall tone and improving blood circulation. Psychological support of the patient is equally important. Counseling with a psychologist and support groups will help you overcome stress and adapt to new living conditions. Thus, comprehensive rehabilitation helps to improve the quality of life of patients after gastric resection. [2, 5, 9].

The etiology of gastric resection covers a number of factors contributing to the need for this surgical procedure. First of all, the main indications are malignant neoplasms, such as stomach cancer, as well as benign tumors that require removal to prevent their malignancy. Chronic

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diseases, including peptic ulcer disease, can also cause resection, especially in cases where conservative treatment has not led to an improvement in the patient's condition. Another important etiological detail is the complications resulting from gastritis, gastroesophageal reflux disease and other pathologies that can cause severe pain and a deterioration in the quality of life. Resection can be considered as the last option when alternative treatment methods are exhausted. In addition, the patient's age and general health play a key role in deciding whether to have surgery. It is important to consider all aspects in order to ensure the best outcome for the patient and minimize the risk of postoperative complications. A hemigastroectomy is a surgical operation in which half of the stomach is removed. This procedure can be performed for various reasons, including stomach cancer, peptic ulcer, prolonged lack of food syndrome and other diseases. The etiology of hemigastroectomy can be diverse and depends on the specific pathology that requires this operation. For example, if we are talking about stomach cancer, then the cause may be the spread of the tumor to half of the stomach, which requires the removal of the affected tissue. In the case of peptic ulcer disease, hemigastroectomy may be necessary in the absence of effective conservative treatment. Thus, the reasons for hemigastroectomy can be diverse and depend on the underlying disease requiring surgical intervention. [2, 5, 9,14,16].

Diagnosis of gastroectomy may include the following methods:

Clinical examination: The doctor can conduct a general examination of the patient and identify signs that may indicate the presence of a gastroectomy. 2. Laboratory tests: conducting blood and other biological fluid tests can help identify disorders in the organs and systems associated with gastric removal. 3. Instrumental methods: such as esophagogastroduodenoscopy (EGDS), computed tomography (CT) or magnetic resonance imaging (MRI) can help to see changes in the structure and function of the remaining organs of the digestive system after gastroectomy. 4. Functional tests: for example, a test for the release of gastrins or pepsin in the blood can help determine the level of functioning of the remaining digestive organs. 5. Specialist consultation: depending on the specific situation, the doctor may prescribe a consultation with a gastroenterologist, surgeon or other specialist to more accurately determine the patient's condition after gastroectomy. [3, 4, 8,15,17].

A gastroectomy is an operation to remove part or all of the stomach. After this operation, patients require special laboratory diagnostics to monitor the condition of the body and the effectiveness of the digestive process. The main indicators that can be measured during laboratory diagnostics after gastroectomy include:

1. The level of iron and vitamins (especially vitamin B12) in the blood. After removal of the stomach, patients may experience a deficiency of these substances, which can lead to anemia and other problems.

2. Blood glucose levels. After a gastroectomy, the process of carbohydrate absorption may change, which may affect blood glucose levels.

3. The level of electrolytes (for example, sodium, potassium) in the blood. After surgery, electrolyte imbalance may occur, which can lead to various complications.

4. Liver and kidney function. After a gastroectomy, the liver and kidneys may be stressed, so it is important to regularly monitor their function.

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5. General blood test. This analysis will help determine the overall health of the patient after surgery. [2, 4, 9,15,16].

Laboratory diagnostics after gastroectomy plays an important role in monitoring the patient's health and timely detection of possible complications. The test results will help doctors choose the necessary treatment and recommendations for the patient.

Laboratory diagnosis of gastroectomy is an important aspect of drug support and subsequent monitoring of the patient's condition after surgery. The purpose of the diagnosis is to assess the functional state of the remaining part of the gastrointestinal tract, as well as to identify possible complications in a timely manner, such as abdominal malformation syndrome, malabsorption, or infectious processes. The most important methods of laboratory examination are blood tests that determine the level of electrolytes, protein and vitamins, as well as biochemical parameters indicating the functioning of the liver and pancreas. Special attention should be paid to endoscopic examinations, which allow to obtain a visual picture of the condition of organs and identify changes resulting from gastroectomy. Interpretation of the data obtained requires highly qualified and in-depth expertise of specialists, which contributes to the development of an individual approach to patient recovery. Thus, laboratory diagnostics after gastroectomy is a key factor in improving the quality of life and optimizing therapeutic strategies.

Instrumental diagnosis of gastroectomy includes various research methods that help assess the condition of the stomach after removing part or all of it. Some of the main diagnostic methods in this case include: [1, 4, 9,14,16].

1. Esophagogastroduodenoscopy (EGDS) is a procedure in which a doctor uses a flexible tube with a camera at the end (endoscope) to visually inspect the inner walls of the digestive tract, including the remaining stomach and esophagus.

2. Radiography is an educational diagnostic method in which abdominal X-rays are taken to assess the shape and function of the remaining stomach.

3. Gastrofibroscopy is a procedure in which a doctor uses a flexible fibroscopic tube to visually inspect the inner walls of the remaining stomach.

4. Computed tomography (CT) is an educational diagnostic method that can help assess anatomical changes in the digestive tract after gastroectomy.

5. Ultrasound of the abdominal organs is an examination method that can be used to assess the size and structure of the remaining stomach and other abdominal organs.These diagnostic methods can help doctors evaluate the results of surgery and monitor the condition of the remaining digestive tract after a gastroectomy. [15,16].

Instrumental diagnosis of gastroectomy is an important step in assessing the patient's condition before surgery. Thanks to modern imaging techniques such as endoscopy, ultrasound and CT, the doctor gets the opportunity to study in detail the anatomy of the stomach and adjacent organs. This helps to identify possible pathologies, such as tumors or ulcers, that may affect the choice of surgical treatment. In addition, blood tests and tests for the presence of Helicobacter pylori make it possible to establish cause-and-effect relationships between diseases and assess the patient's general condition. Equally important is monitoring the functions of other organs, such as the liver and kidneys, to minimize risks during surgery.

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A hemigastroectomy is an operation in which part of the stomach is removed. This procedure can be performed for various reasons, such as stomach cancer or peptic ulcer.The steps of hemigastroectomy surgery may include: [1, 3, 8,15,16].

Preparation of the patient for surgery, including all necessary tests and examinations. Hemigastroectomy is a complex surgical operation aimed at removing a part of the stomach that may be necessary for various diseases such as cancer, ulcers or other pathologies. Before surgery, it is important to carry out a comprehensive diagnosis, including gastroscopy and computed tomography, in order to accurately determine the area of intervention. The operation begins with general anesthesia. The surgeon makes an incision in the abdominal area, gaining access to the stomach. Then, a part of the stomach is resected, with the exception of healthy tissue, which ensures the preservation of organ functions. During the intervention, it is also necessary to carefully examine the surrounding tissues for the presence of pathological changes. After the operation is completed, the stomach is sutured and the integrity of the abdominal cavity is restored. An important step is to monitor the patient's condition during the postoperative period, including following a diet and monitoring possible complications. The success of a hemigastroectomy depends on the accuracy of the technique and the qualifications of the surgeon.

Rehabilitation after hemigastroectomy is a multifaceted and important process that requires attention from both medical professionals and the patient. The primary task is to recover from surgery, which includes both physical and emotional components.

After surgery, the patient must strictly follow a diet that will help reduce the strain on the digestive system. The main focus should be on the consumption of easily digestible foods rich in essential nutrients. Periodic physical activity also plays a key role in rehabilitation, helping to improve metabolism and strengthen muscle tone. [2, 4, 9,11,14].

Psychological support is an equally important aspect, as the transition to a new life after surgical treatment can be emotionally stressful. Support groups and consultations with a psychologist will help the patient cope with inner feelings. In conclusion, successful rehabilitation after hemigastroectomy is based on a balanced approach to nutrition, physical activity, and psychological support, which significantly improves the patient's quality of life.

After hemigastroectomy, patients may experience various clinical symptoms that require careful monitoring and management. Surgery to remove part of the stomach often leads to conditions such as dyspepsia, which include abdominal discomfort, bloating, and nausea. Patients may experience changes in digestion, including diarrhea or constipation, which may be due to impaired food intake.An important point is the "stomach drop" syndrome, which is manifested by a feeling of rapid satiety even with small amounts of food, which can lead to insufficient calorie intake and weight loss. Moreover, the increased likelihood of anemia and vitamin B12 deficiency requires regular monitoring and supplementation. [2, 4, 9,10,13].

Conclusions:

Preparation for a gastroectomy also includes an assessment of the patient's psychoemotional state, since information about the upcoming intervention and the support of specialists can significantly reduce anxiety levels. Thus, an integrated approach to instrumental diagnostics is the key to a successful outcome of the operation. Psychological support also plays a key role in rehabilitation,

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as changes in lifestyle and eating habits can cause stress and anxiety in patients. It is important that medical professionals provide a comprehensive approach to the treatment and care of such patients.

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