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## CLINICAL AND FUNCTIONAL PREDICTORS OF THE DEVELOPMENT OF ACUTE ISCHEMIC STROKE IN PATIENTS WITH ACUTE MYOCARDIAL INFARCTION

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**Abstract.** Criteria for surgical treatment of patients with ventral hernia will depend on the correct choice of preoperative preparation, the patient's adaptation to increased intra-abdominal pressure, the choice of an adequate method of abdominal wall defect plasticity, prevention of postoperative complications. Another major cause of postoperative death in ventral hernia is an increase in intra-abdominal pressure during the performance of 'pulling' plastic surgery. Currently, one of the main criteria for the surgical treatment of ventral hernias is the implementation of plastic surgery without tissue pulling. During the implementation of this criterion, it is advisable to use high-quality synthetic materials that are suitable for implantation in the human body, and despite the objective difficulties, non-gravity hernia practices are now more widely used in Uzbekistan.

**Keywords.** Surgical removal, cardiovascular system, allogenioplasty materials, decompensation, plastic application.

**Introduction.** Currently, one of the main criteria for the surgical treatment of ventral hernias is the implementation of plastic surgery without tissue pulling. During the implementation of this criterion, it is advisable to use high-quality synthetic materials that are suitable for implantation in the human body, and despite the objective difficulties, non-gravity hernia practices are now more widely used in Uzbekistan.(1) Surgical removal of the anterior abdominal wall has become not only aesthetic, therapeutic, cosmetic, but also socially important in recent years. According to the literature review, there is no logical explanation between complementing ventral hernia practice with abdominoplasty and complete clinical studies about them. Although the condition of the abdominal area after surgery and ventral hernia has a

major impact on the cardiovascular system, this problem has only been studied a few times. There is absolutely no data available to compare patients 'quality of life to the fact that the practice of hernia is related to the technique of surgical practice in the treatment of abdominoplasty. Based on the above data, the study of this problem is relevant and serves as a basis for the need to conduct this research.

The problem of surgical treatment of ventral hernias remains relevant to this day. Complex ventricular hernia accounts for 20–22% of the total number of hernias and is the second most common after hernia. The incidence of ventricular hernias has increased 9-fold in the last 20 years due to an increase in the number of surgical interventions on abdominal organs. Despite the rapid development of minimally invasive

technologies in abdominal surgery, ventricular hernia after elective surgery is considered by various authors to be an inconvenient area for plastic application and the need for new allogenioplasty materials.(1,3)

The problem of surgical treatment of ventral hernias remains relevant to this day. Complex ventricular hernia accounts for 20–22% of the total number of hernias and is the second most common after hernia [Altieri MS, Yang J, Jones T, Voronina A, 2018]. The incidence of ventricular hernia has increased 9-fold in the last 20 years due to an increase in the number of surgical interventions on abdominal organs [Kirkpatrick T, Zimmerman B, LeBlanc K. Initial Experience with Robotic Hernia Repairs: A Review of 150 Cases. // Surg Technol Int. 2018 Aug]. Despite the rapid development of minimally invasive technologies in abdominal surgery, ventricular hernia after elective surgery is considered by various authors to be an inconvenient area for plastic application and the need for new allogenioplasty materials. The use of implants selected on the basis of individual selection in the treatment of ventricular hernia reduced the number of relapses, and the amount of mediators associated with inflammation at the site of surgery was found to be reduced.(3,5,7) Currently, the increase in the number of wound complications at the beginning and end of the postoperative period allows us to talk about a "new era" in gerniology - "implant disease". The reason is that the selected placental material is not of the same quality and suitability to any patient.

A multifactorial correlation analysis was performed to determine reliable and practical criteria for the risk of developing long-term wound exudation and seroma

formation, and a point-based assessment of the prognosis of the development of these complications was developed.(2) Six factors were statistically significant: hernia duration, hernia hole width, endoprosthesis area, endoprosthesis type, plastic method, value of resorptive activity coefficient of plastic method (ratio of total wound surface area to affected muscle area). To develop a point assessment of the risk of long-term exudation and serum development, each character was given a score of 1 to 3 empirically, taking into account its severity, and it was suggested that values from 6 to 10 be interpreted as a low risk range; 11 to 14 points - as the average risk range; 15 to 18 points - as an interval with a high risk of long-term wound exudation and serum development.(4,6) According to the authors, the development prognosis scoring method allows the prophylactic direction of each specific method of this alopecia, to assess the risk of developing these complications with a high degree of reliability and allows the surgeon to effectively influence the prognostic factors such as endoprosthesis type, plastic surgery method and resorptive activity coefficient. way (5)

To date, in surgical Gernology, polypropylene mesh is the most suitable material for implant production, but more than 45 years of experience in its use have identified certain shortcomings. Despite bioinertness, polypropylene implantation is characterized by the predominance of an exudative component with a clear inflammatory reaction and the formation of seromas with a high probability of subsequent proliferation.(7,3)

Based on our research with our team, we have learned how to organize the selection of each type of mesh implant based on individually tailored legislation to treat

ventricular hernias that are problematic in hernioplasty and to address complications. On this basis, we created the application of them in the surgical process by studying the strength of the binding of the substances in the endoprosthesis to each other, the compatibility of the tissue component of the skin tissue histomos.(8) Based on this algorithm, we mainly focused on distinguishing two factors: by reducing the diameter of the monofilaments in the implant mesh, and by changing the amount of Polypropylene material in the mesh. The choice of plastic nets in patients was determined as follows, an endoprosthesis was developed by increasing the diameter of endoprosthetic monofilaments depending on the amount of fat in the patient's skin and the development of adipose tissue, as well as reducing the amount of polypropylene and fiber in the net. If the patient has underdeveloped adipose tissue in the anterior abdominal region, the inverse properties of these features are selected.(9) Based on this rule, we have developed polypropylene nets, which are currently in the testing phase, and exudative and immunological processes after endoprosthesis placement are being studied.

### Conclusions:

As in other diseases, complications of hernioplasty lead to an increase in postoperative inpatient and outpatient follow-up, a sharp increase in material costs for treatment. Treatment of late complications of allogernioplasty (postoperative fistula, retinal implant rejection) requires repeated additional hospitalization and outpatient courses. Based on the research, we have based the treatment of hernias on reducing their complications and providing quality and

long-term comfort in plastic surgery and endoprosthesis.

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