



## IMPROVEMENT OF PRIMARY CARE FOR SURGICAL DISEASES IN POLYCLINIC CONDITIONS

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<https://doi.org/10.5281/zenodo.10491010>

### ARTICLE INFO

Qabul qilindi: 01-January 2024 yil

Ma'qullandi: 05- January 2024 yil

Nashr qilindi: 10- January 2024 yil

### KEY WORDS

*methods and algorithm of surgical therapy, antibacterial therapy, purulent-surgical diseases, bacteriological diagnostics.*

### ABSTRACT

*In our opinion, one of the main reasons for dissatisfaction with the results of treatment of patients with purulent-surgical diseases of primary links in the south-western region of Bukhara region is that all the issues of the optimal single method of treatment have not yet been resolved. Improving the treatment of these categories of patients will lead to certain successes in this area. The above will lead to economic efficiency by reducing the consumption of medicines several times and will reduce the time spent in outpatient clinics, reduce the total number of dressings, which helps to conditionally "unload" the average medical staff. This will allow us to recommend the presented method for wide application in primary links of the surgical profile.*

### Actuality

Despite the widespread use of prevention methods and a modern approach to the treatment of purulent-surgical diseases in primary care, it is still an urgent problem.

Incorrectly chosen surgical tactics increase the duration of treatment of patients as well as a pathological decrease in performance among these patients requires finding the causes and existing shortcomings in the organization of the treatment process.

Improvement of antibacterial therapy, the results of traditional methods of treating purulent-surgical diseases are not always satisfactory.

One of the ways to improve the results of treatment of purulent-surgical diseases is bacteriological diagnostics and optimization of treatment tactics in these primary patients. The question of how to choose tactics is not fully resolved in the south - western region of Bukhara region. Also, to date, there is little information about the role of bacteriological diagnostics and a single tactic that predicts and prevents the development of complications in the Karakol and Jondor regions.

The basic rule of purulent surgery – timely emptying of the focus of infection from the contents and creating a sufficient outflow of it completely applies to primary links with purulent surgical diseases. In our opinion, one of the main reasons for dissatisfaction with the results of treatment of patients with purulent-surgical diseases of primary links in the south-

western region of Bukhara region is that all the issues of the optimal single method of treatment have not yet been resolved. Improving the treatment of these categories of patients will lead to certain successes in this area.

Currently, modern techniques and high technology have greatly pushed the boundaries of outpatient surgery, but there is a discrepancy between the modern methods of treatment used by outpatient surgeons and the outdated organizational base. In accordance with the "Concept of long-term socio-economic development until 2030" for the development of healthcare and medical science, in order to optimize the use of federal budget funds, improve the activities of healthcare institutions, develop and introduce high-tech medical care, healthcare institutions are being merged, this is especially true for large cities, such as the city of Bukhara. According to the adopted program, a new multi-level system of medical care is being built in the city, which allows the patient to receive high-quality consultations and treatment. In this regard, there is a need to develop and scientifically substantiate ways to optimize the activities of both the outpatient service as a whole and its individual components, including improving the provision of the most demanded outpatient surgical medical care. A large number of scientific studies of recent years (2, 9, ) have been devoted to improving the organization of outpatient care, however, the assessment of the provision of outpatient surgical care in the existing multi-level system for the provision of primary care and the development of ways to improve the provision of outpatient surgical care in polyclinics of the first level of a large cities have not yet been the subject of scientific research. Faced with such trends, there is increasing demand for both access and quality services that identify and manage high-risk individuals for CVDs. The principles of cardiovascular risk assessment and management, as one of WHO's 'best buys', are already included in Uzbekistan national policies, screening programmes and clinical practice guidelines. Uzbekistan has also invested heavily in innovative technologies to deliver highly specialized heart surgeries, contributing to fewer CVD related deaths. Nevertheless, premature mortality is high and signals the need for further strengthening primary health care (PHC). A recent WHO assessment on the health system's strength to respond to NCDs found limited use of risk scores in PHC to stratify risk or define disease management (Farrington *et al.*, 2017, unpublished).

In the historically centralized structures described, the sense of a clear mandate and the autonomy among health practitioners and health facility managers to take full responsibility for the population's health outcomes and improve quality of care in Uzbekistan is in progress yet not fully cultivated. Thus, while it is widely accepted that quality of care is a reflection of system limitations and requires a system-wide response, there remains a persisting divide between quality improvement at the policy-level and in clinical practice.

**The aim of the study** was to improve the results of treatment of purulent-surgical patients in primary care units of the Southwestern region of Bukhara region, by optimizing treatment tactics and improving the bacteriological diagnosis of patients.

**Materials and methods:** To create a reasonable picture of the selected methods and algorithm of surgical therapy, we analyzed the data of examination and treatment of 248 patients with GVHD of various etiologies who were treated on an outpatient basis in the family polyclinic of the Bukhara City Medical Association for the period 2021-2022.

Depending on the treatment method, all patients were divided into 2 groups: comparison

group I and main group II. Patients of the first comparison group after wound rehabilitation with antiseptics-3%ным hydrogen peroxide solution, 0.02% furacilin solution and necrectomy for local treatment were applied a gauze dressing with Levomekol ointment on a water-soluble basis after treatment with 25% dimethyl sulfoxidesolution. Systemic antibiotic therapy was performed, taking into account the sensitivity of microflora isolated from wounds, detoxification therapy, and symptomatic treatment.

**Results:** According to clinical and laboratory data, most often patients experienced phenomena characteristic of describing general intoxication: body hyperthermia or persistent prolonged suppurative, tachycardia, barely palpable pulse, skin pallor, hypodynamia, an increase in blood ESR, leukocytosis and a shift in the formula to the left. On the face is a picture of general intoxication of the body, characteristic of purulent-inflammatory diseases. Locally: hyperemia, infiltration and swelling of the wound tissues (in 82.1% of cases) and around it. During the course of treatment, the wounds healed, and the indicators gradually returned to normal.

All patients with purulent diseases of the fingers on the day of treatment underwent an emergency operation to open the purulent focus and sanitize the purulent cavity with an antiseptic 3% solution of hydrogen peroxide, after drying, sanitization was performed with a chemical solution of 25% dimethyl sulfoxide, followed by the application of levomekol ointment and aseptic gauze bandages with a 25% solution of dimethyl sulfoxide. More than 80% of operations were performed under local anesthesia. As a local treatment, an antibacterial medium with a solution of 25% dimethyl sulfoxide was additionally used for 8 hours twice a day.

At the time of treatment, the general condition of the patients was moderate. Patients complained of general malaise and weakness, pain in the area of a purulent wound, insomnia and loss of appetite.

When analyzing the duration of the disease, it was found that the majority of patients (more than 90%) applied within two to five days from the onset of the disease.

**Conclusion:** Among other inflammatory lesions of the hand, the proportion of their acute purulent-inflammatory forms is considered quite high over the past 50 years. Accordingly, the search for ways to improve the effectiveness of treatment of these diseases is still one of the most pressing problems in terms of the frequency of treatment with such a disease, the duration of patients' disability, as well as the consequences of surgical interventions. It cannot be said that all over the world, in-depth scientific and medical research is aimed at finding versatile methods to reduce purulent-septic complications of such ailments. According to modern authors, the share of all purulent pathologies of soft tissues and hand bones among those who applied in outpatient surgical practice ranges from 15% to 30%. Since such diseases are accompanied by both material and social costs, the problem takes on a serious medical and social content.

According to various Russian and foreign authors, the frequency of paronychia and phlegmon of the hand ranges from 15-18% to 20-30%, trauma to 27% and purulent pathology to 60%. Among the reasons for the development of purulent infection, the bacterial flora of patients' hands is also possible, which may be sensitive to changes in environmental conditions and professional characteristics. Many studies have led to the conclusions made by their authors that the main pathogens of purulent infection (including в области in the areas

of the hand and fingers) are: Staphylococcus, streptococci, Pseudomonas aeruginosa, proteus, etc. Most often Staphylococcus. Microbial contamination is caused by micro-injuries to the skin of the hand: wire, drill chips, metal shavings, etc., abrasions, calluses, skin cracks, etc. The susceptibility to purulent diseases of the hand (more than 15% of those who applied to hirurgam doctors) to such diseases, both of the fingers and of the hand itself, due to professional characteristics, puts this pathology in the first place and significantly reduces the quality and return of workers in "dangerous" professions.

Since most often microtraumas are associated with the performance of professional actions, most often the disease occurs at the working age, as evidenced by world statistics. The same trend is observed in Uzbekistan.

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