AN-1306-004
EFFECT OF ANAESTHESIA ON INCIDENCE OF POSTOPERATIVE DELIRIUM AFTER MAJOR ABDOMINAL SURGERY IN ELDERLY PATIENTS
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Delirium can be caused by haemodynamics abnormalities during anaesthesia. The main role in delirium appearance is given to decreasing of cerebral perfusion pressure. Especially it can happen in patients with underlying intracranial hypertension. Anaesthetics effects on intracranial pressure are different therefore cerebral hypoperfusion can happens in these patients even without systemic hypotension. Purpose of the study was to define an effect of cerebral perfusion pressure decreasing during different technics of anaesthesia on frequency of delirium in elderly patients after major abdominal surgery. The article deals with results of study of 182 patients (medium age 69 y.o.) underwent elective major abdominal surgery. Delirium frequency was 11%, continuing of delirium was 3 days. The frequency of delirium was higher in patients who had got anaesthesia based on sevoflurane. Additionally these patients had higher frequency of cerebral perfusion pressure decreasing. Conclusions; Anaesthesia based on sevoflurane is characterized by higher frequency of postoperative delirium in elderly patients after major abdominal surgery.

Key words: postoperative delirium, cerebral perfusion pressure, anaesthesia

AN-1306-007
CORRECTION OF DYSRHYTHMIAS AND HAEMODINAMIC ABNORMALITIES IN PATIENTS WITH RIGHT CORONARY ARTERY DISEASE
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Purpose of the study; To analyze a correlation between sino-atrial node automatic activity and atrio-ventricular conductivity in patients with lower acute myocardial infarction (AMI) and atrio-ventricular blockade II-III (AVB) during infusion therapy. Materials and methods; Retrospective analysis of care for patients with AMI and AVB was carried out. Infusion therapy effectswere studied in 12 patients with right coronary artery disease and AVB. Results; Infusion therapy in patients with lower acute myocardial infarction, atrio-ventricular blockade and right ventricular failure corrects haemodynamicand dromotropic disturbances. Systolic arterial pressure (SAP) increased to 100,4 mmHg (9,9)after infusion of 400 mL in comparison withSAP after infusion of 200 mL (р=0,003), Diastolic arterial pressure (DAP) increased to58,7 mmHg (6,8) in comparison with DAP after infusion of 200 mL (р = 0,011), central venous pressure (CVP) decreased to 12,2 cmH2O (3,7) in comparison with CVP after infusion of 200 mL (р=0,003). Mode of AVB degree indicator changed to0 (0;0) (р=0,028). Conclusions; Infusion volume therapy should be used for correction of right ventricular failure and disturbances of atrio-ventricular conductivity in case of right ventricular failure absence.

Key words: myocardial infarction, atrio-ventricular blockade, heart failure, infusion therapy

AN-1306-011
RELATIONS OF CARDIOVASCULAR SYSTEM AND ENDOTHELIAL DYSFUNCTION INDICATORS IN PATIENTS WITH HEMORRHAGIC SHOCK
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Endothelial dysfunction is a universal mechanism of pathogenesis of many critical conditions. Goal of the study was to assess a relationof cardiovascular system and endothelial dysfunction indicators in patients with hemorrhagic shock. Materials and methods; 17 patients with hemorrhagic shock 3 were involved in the study. All patients received infusion therapy, artificial lung ventilation after tracheal intubation and symptomatic treatment in prehospital period.Common volume of blood loose was 2900±200 mL.The patients received infusion, transfusion, inotrope, antibacterial, respiratory and symptomatic therapy in ICU after surgical treatment. Cardio-vascular system parameters were assessed by Tischenko method of integral reography.Number of red cells, hemoglobin, lactate, endotelin-1 and Wb-factor of venous blood were studied before surgery, in 12 and in 24 hours after. Morphological study of the omentumbiopsy was carried out.Results; Performed correlation analysis showed statistically significant relations of cardiovascular system and endothelial dysfunction indicators in patients with hemorrhagic shock. Endothelial dysfunction occurs in patients with hemorrhagic shock 3. The endothelial dysfunction correlates with parameters of cardio-vascular system and tissue perfusion.

Key words: endothelial dysfunction, hemorrhagic shock
AN-1306-014
PREDICTION OF MORTALITY IN PATIENTS WITH ACUTE HEPATIC FAILURE
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The article deals with a study of 243 patients (from 18 to 65 years old) with acute hepatic failure. Purpose of the study was to evaluate the predictive capability of severity scales APACHE III, SOFA, MODS, Child-Pugh and to identify mortality predictors in patients with acute hepatic failure. Results: The best predictive ability in patients with acute hepatic failure and multiple organ failure had APACHE III and SOFA scales. The strongest mortality predictors were: serum creatinine > 132 mmol / L, fibrinogen < 1.4 g / L, Na < 129 mmol / L
Key words: acute hepatic failure, severity scales, outcome

AN-1306-017
FEATURES OF XE-BASED GENERAL ANAESTHESIA IN NEUROSURGERY
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Neuroprotection could be the aim to use Xenon for general anesthesia. However the experience of Xenon anesthesia in neurosurgery is quite limited. The appraisal of Xenon based anesthesia was accomplished in 12 patients during various brain surgery. Xe in concentration 65% was used to maintenance of anesthesia, other medication was avoided. As a result there were 8 cases of arterial hypertension and 2 cases of superficial hypnotic state. Excitation (n=3), hyperdynamic reaction (n=8), PONV (n=8) were detected in early postoperative period. An analysis of this study suggests a conclusion that studied method of Xenon-based anesthesia is inexpedient for neurosurgery.
Key words: xenon, neuroanaesthesiology, inhalational anaesthetics

AN-1306-021
DEXMEDETOMIDINE USE FOR POSTOPERATIVE ADRENERGIC ANALGESIA AND SEDATION IN ABDOMINAL SURGERY
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Comparative study of postoperative analgesia and sedation with tramperidine and dexmedetomidine and their effects on haemodynamics and vegetative nervous system was performed. Assessment of analgesia and sedation during vagotonia (first part of the study) and hypokinetic type of haemodynamics (second part of the study) was carried out with visual analogue scale (VAS) and Richmond scale. Results of the study showed that dexmedetomidine is more effective and safer than tramperidine for analgesia and sedation in patients with spontaneous breathing after abdominal surgery. Dexmedetomidine use allows keeping optimal type of haemodynamics and vegetative nervous system parameters on first day of postoperative period.
Key words: tramperidine, dexmedetomidine, analgesia, sedation, visual analogue scale, Richmond scale, abdominal surgery

AN-1306-025
COMPARISON OF EPIDURAL AND OPIOID ANALGESIA EFFECTS ON FREQUENCY OF BOWEL PERISTALIS IN PATIENTS OF SURGICAL INTENSIVE CARE UNIT
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The impact of epidural analgesia (EA) on bowel peristalsis in Surgical Intensive Care Unit (SICU) patients is not well known. This study was designed to determine if EA improves bowel motility and decreases the incidence of postoperative paralytic ileus compared to patients receiving systemic opioid analgesia (OA). Through prospective cohort study we investigated 386 SICU patients who received EA [n = 70 (18.13%)], or OA ± ketorolac trometamol [n = 316 (81.87%)]. We showed that EA does not improve time to defecation and does not decrease the incidence of paralytic ileus in SICU patients
Key words: surgical intensive care unit, paralytic ileus, epidural analgesia, opioid analgesia

AN-1306-028
COMPARISON ASSESSMENT OF PROLONGED FEMORAL NERVE BLOCKADE AND EPIDURAL ANALGESIA DURING POSTOPERATIVE CARE FOR TOTAL KNEE JOINT ARTHROPLASTY
Churadze B.T., Sevalkin S.A., Zadorozhniy M.V., Volkov P.A., Guryanov V.A.
The study deals with two mostly discussed techniques of postoperative analgesia for total knee joint arthroplasty. Surgeries were performed under subarachnoid anaesthesia with intravenous sedation. 9 patients of first group received prolonged femoral nerve blockade as a component of multimodal analgesia. 8 patients of second group received epidural infusion of naropine. If basic technique of analgesia was not effective patients received tramperidine 20 mg intramuscular. Patients of second group had less pain syndrome (in order to visual analogue scale) and did not need additional administration of opioids.

Key words: prolonged femoral nerve blockade, prolonged epidural analgesia, total knee joint arthroplasty

AN-1306-033
EXPERIENCE OF EXTRACORPOREAL MEMBRANE OXYGENATION IN CRITICAL CARE OF RESPIRATORY FAILURE IN NEWBORN WITH CONGENITAL DIAPHRAGMATIC HERNIA IN PERINATAL CENTER
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The article deals with an experience of veno-arterial extracorporeal membrane oxygenation use in preterm infants with congenital diaphragmatic hernia during postoperative period in the perinatal center.

Key words: congenital diaphragmatic hernia (CDH), extracorporeal membrane oxygenation (ECMO), respiratory disorders in the newborn, new technologies

AN-1306-037
EFFECT OF EARLY MULTIMODAL REHABILITATION ON POSTOPERATIVE RECOVERY AFTER ABDOMINAL HYSSTERECTOMY
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Purpose of the study was to evaluate the impact of the use of enhanced recovery after surgery for the postoperative period, and the inflammatory response after hysterectomy. Introduction: Methods Prospectively, 50 patients ASA 1-2 aged 42—72 years were randomized into two groups: the ERAS group (n = 25) and the control group (CG) with traditional perioperative management (n = 25). Combined spinal and epidural anesthesia technique was used in all patients. Patient-controlled epidural analgesia in the ERAS group and multimodal analgesia with combination of paracetamol, tramadol and ketoprofen in the control group were used postoperatively. We measured plasma concentrations of interleukin-6 (IL-6), interleukin-1 (IL-1) and C-reactive protein (CRP) preoperatively and at 24 hours and 7 days after surgery. Data were analyzed by Mann-Whitney U test and presented as median (25th-75th percentiles). Results: There was no statistically significant differences in the IL-6 and IL-1. concentrations throughout the study. At 6 and 24 hours postoperative pain severity of according to VAS was higher in the control group. The plasma concentration of CRP in the control group was higher at 24 hours and at 7 days after surgery: (P<0.01). Level of CRP in the control group tended to increase during the observation period. Conclusions: In our study, the serum concentration of IL-6 and IL-1. did not depend on the method of postoperative pain management. Using the ERAS protocol reduced postoperative plasma concentration of CRP. The increased level of CRP in the control group may be related with autoimmune reaction in wound due to delayed mobilization of patients.

Key words: ERAS, hysterectomy, interleukins, C-reactive protein, postoperative period, inflammatory response

AN-1306-041
ROLE OF INTRAABDOMINAL HYPERTENSION IN THE DEVELOPMENT AND OUTCOME OF OVARIAN HYPERSTIMULATION SYNDROME
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Objective: To evaluate the role of intraabdominal hypertension in the development and outcome of ovarian hyperstimulation syndrome.

Material and methods: 60 patients with varying degrees of ovarian hyperstimulation syndrome (OHSS) due to ongoing pregnancy were involved in the study. Intraabdominal pressure (IAP) was measured in the
bladder. Performance of abdominal perfusion pressure, filtration gradient, extensibility and compliance of the anterior abdominal wall were evaluated. A size of the ovaries, chorionic condition and ascites were determined by ultrasonic method. Relation of pregnancy outcome and IAP was analyzed. Results: The mean value of IAP in patients with light form of ovarian hyperstimulation syndrome was 7.05 ± 1.76 mm Hg, 13.65 ± 1.92 mm Hg in patients with moderate form, and 20.60 ± 2.52 mm Hg in patients with severe form of OHSS. The leading factors in the development and progression of intraabdominal hypertension (IAH) are the volume of the ovaries, ascites, and extensibility of the abdominal wall. The comparison of pregnancy outcome and severity of IAP revealed a strong positive correlation – r = 0.726, p < 0.001.

Conclusion: Evaluation of the severity of intra-abdominal hypertension in patients with ovarian hyperstimulation syndrome with considering the clinical data and results of laboratory and instrumental studies allow clarifying the severity of condition and predict the potential complications and pregnancy outcomes.

Key words: intraabdominal hypertension, ovarian hyperstimulation syndrome

AN-1306-046

ASSESSMENT OF SUGAMMADEX USE EFFICIENCY AND SAFETY FOR NEUROMUSCULAR BLOCK REVERSION

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Blockade of neuromuscular conductivity is a considered one of basic part of a patient protection in a concept of a balanced multicomponent anesthesia. The controlled neuromuscular paralysis in a combination of a sedation, an analgesia and a hyporeflection not only provides comfortable conditions to surgeons for carrying out surgeries, but also allows to manage a gas exchange, blood circulation and a metabolism in a patient. However in clinical practice there is such complication after application of muscular relaxant (not depolarizing) as a residual curarization. The residual curarization is interfaced to deterioration of the respiratory answer to a hypoxemia, swallowing dysfunction that significantly increased risk of aspiration and risk of postoperative pulmonary complications. Until recent time acetylcholinesterase inhibitors or prolonged ALV before spontaneous regression of the neuromuscular block were applied in clinical practice for the purpose of restoration of adequate neuromuscular conductivity and elimination of a residual curarization. However, there are number of the circumstances limiting application of preparations of this group including it is related with rather high frequency of side effects and lack of efficiency at the deep neuromuscular block. Today in an arsenal of the anesthesiologist there was the latest chemical — sugammadex. Sugammadex realizes a new approach to restoration of the neuromuscular conductivity.

Key words: neostigmine, sugammadex, residual curarization, anticholinesterases preparations, reversed of the neuromuscular block

AN-1306-051

URGENT FIBEROPTIC BRONCHOSCOPY FOR DIAGNOSTICS AND TREATMENT OF LUNG ATELECTASIS


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The article deals with results of fiberoptic bronchoscopy using during treating of patients suffering atelectasis. According to the research atelectasis is likely to advance in the first three days after serious patients have been admitted to the intensive therapy unit or after operative treatment. Left-sided atelectasis is half as widespread again the right-sided one. The research highlights the effectiveness of atelectasis X-ray diagnosis. Fiberoptic bronchoscopy in almost all the cases allowed diagnosing the degree of tracheobronchial tree obstruction and its causes. Single suction fiberoptic bronchoscopy leads to normalization and encouraged positive dynamics in 76% of all the cases (57 patients). Repeated endoscopic sanation in the first two days was necessary for 25 patients (25.3%) with unresolved or reoccurring atelectasis. The effectiveness of second research was to 84%. It's important to add that mostly patients with serious chest injury were subjected to unresolved or reoccurring atelectasis. And mainly in these cases blood was seen through the tracheobronchial tree lumen.

Key words: fiberoptic bronchoscopy; atelectasis

AN-1306-054

CASE OF SUCCESSFUL THROMBOLYTIC THERAPY USE IN COMPLEX CARDIO-PULMONARY RESUSCITATION FOR MASSIVE PULMONARY THROMBOEMBOLISM IN PARTURIENT AFTER ELECTIVE CAESARIAN OPERATION

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Pulmonary thromboembolism is a main cause of parturient mortality in the world. Recently there are few reports about a thrombolytic therapy use in parturient in medical publications. The article deals with a case of successful application of thrombolysis in a complex cardio-pulmonary resuscitation in parturient with massive pulmonary thromboembolism. Unexpected dyspnea and hypotension occurred in the 30 years old woman after elective caesarian operation. Syndrome S1- Q3 was fixed on an ECG monitor. Cardiac arrest was fixed in 10 minutes later. Streptokinase was administrated in a 1 hour after beginning of the resuscitation. Haemodynamic parameters recovered almost after the administration of streptokinase. Severe uterine bleeding occurred in 20 minutes after the administration. Uterine extirpation and tight tamponade of the small pelvis was performed for the bleeding stopping. Later a floating thrombus was diagnosed in the right femoral vein. Tromboectomy was performed. Convulsions had place on first and second day after the resuscitation. Cerebral edema was diagnosed by computed tomography. Consciousness occurred on the fourth day and the woman was weaned from the ventilator on the fifth day. The patient was discharged from the hospital on 20th day without neurological complications.

Key words: parturient, massive pulmonary thromboembolism, cardio-pulmonary resuscitation, thrombolytic therapy, streptokinase

AN-1306-057
RECENT PRINCIPLES OF ERYTHROCYTES-CONTAINING DONOR BLOOD COMPONENTS TRANSFUSION
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AN-1306-059
HEPARIN-INDUCED THROMBOCYTOPENIA: THEORY AND PRACTICE
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The article deals with detailed information about etiology, pathogenesis, clinical signs, prophylactics and treatment of a heparin-induced thrombocytopenia.
Key words: heparin, heparin therapy complications, heparin-induced thrombocytopenia

AN-1306-062
ANTICOAGULANT THERAPY IN PREGNANT WOMEN WITH MECHANICAL PROSTHETIC HEART VALVES. REVIEW OF INTERNATIONAL CLINICAL GUIDELINES.
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Recently thromboembolic and hemorrhagic complications are main causes of maternal morbidity and mortality. Normal pregnancy is associated with a hypercoagulation. This condition is complicated if the patient has a mechanical prosthetic heart valve Therefore an anticoagulant therapy in these patients is a challenging task. Effects of anticoagulant drugs on the fetus, pregnancy and delivery must also be taken into consideration. The review deals with international clinical guidelines. Diagrams of anticoagulant therapy in pregnant women with mechanical prosthetic heart valves using direct (unfractionated and low-molecular-weight heparins) and indirect (warfarin) anticoagulants are presented in the review.
Key words: anticoagulant therapy, pregnancy, prosthetic heart valves, cardiovascular diseases, low-molecular-weight heparin, unfractionated heparin, warfarin