AMERICAN JOURNALS
Open Access, Peer Reviewed Journals

American Journal of Technology and Applied Sciences
ISSN (E): 2832-1766| Volume 7, | Dec., 2022

COMPARATIVE CHARACTERISTICS OF MFR PLASTIC OPERATIONS

Khalikov Azizbek Alimurodovich

Rakhmatov Jakhongir Bakhodirovich

Musaev is the son of Sirojiddin Chori

Mengkobilov Umar Khushbokovich

Tashkent State Dental Institute

A B S T R A C T	***K E Y W O R D S***
When performing complex and lengthy microsurgical operations, the surgeon must have optimal facilities for working under a microscope, which would protect him from fatigue and maintain efficiency.	

Microsurgery is a direction of modern operative surgery, based on the methods of conventional surgical techniques, but carried out with the help of optical means, special instruments and the thinnest suture material. The introduction of microsurgical techniques has made it possible to successfully suture vessels with an outer diameter of less than 1 mm. Great prospects for microvascular reconstructive surgery are associated with the possibility of organ and tissue replantation and simultaneous autotransplantation of complex tissue flaps.

For the first time, the possibilities of microvascular reconstructive surgery were used in the experiment and clinic during operations on the middle ear by Carl-Olaf Nylen (C. Nylen) in 1921. In recent years, microsurgery has been rapidly developing and widely used in all surgical specialties.

In the maxillofacial region, the use of microsurgical methods is described to eliminate defects in the nose and face tattoo after a powder explosion, replantation of an amputee - the upper lip and nose after a dog bite, treatment of progressive hemiatrophy and facial nerve paralysis, as well as to replace extensive and deep soft defects. tissues of the face and lower jaw.

To use microsurgery in clinical practice, it is necessary to master the microsurgical technique in an experiment; to study the topographic and surgical anatomy of vessels, nerves and complex tissue flaps, as well as to carry out a number of organizational measures related to the preparation and implementation of a microvascular reconstructive operation.

Technical equipment for microsurgical operations. As an optical means, an operating microscope is used, which is a binocular diploscope with convenient and compact placement of lighting optics, has a foot control pedal and a photo attachment with automatic film transport and object exposure. Such a microscope gives a magnification from 4x to 40x at a constant image brightness, the diameter of its light field is 40 mm, and the focusing speed is 2 mm/s.

Special instruments can be instruments from the "Instrument Sets" commercially produced by the medical industry for performing microsurgical operations on the organs of hearing, vision, blood vessels, as well as in neurosurgery and traumatology.

As a suture material for microsurgical operations, you can use threads: silk "Vergin Silk", monofilament, polyamide "Ethilon" and polypropylene "Prolene" and other threads of conditional sizes 8/0-10/0 with atraumatic needles 2.97-6 mm long .

When performing complex and lengthy microsurgical operations, the surgeon must have optimal facilities for working under a microscope, which would protect him from fatigue and maintain efficiency. In this regard, a comfortable operating chair is of great importance.

Indications for the use of microsurgical techniques.

1. Extensive cicatricial deformities of the face and neck, accompanied by displacement of the organ of vision, external nose or secondary deformation of the facial skeleton; through defects of the eyelids, cheeks, lips and defects of the facial skeleton, communicating with the cavity of the mouth, nose or its paranasal sinuses.
2. Subtotal and total defects of the nose and auricles in combination with cicatricial changes in the skin of neighboring areas and a defect in the underlying bone tissues.
3. Patients with indications for stalk flap plasty, but which is extremely difficult to perform due to cicatricial changes in the skin at the accepted sites of stem formation, as well as existing cicatricial contractures of the shoulder, elbow joints and hand or stump of the upper limb in these patients.
4. Total and subtotal defects of the lower jaw (including ankylosis and contractures) after gunshot wounds, radiation necrosis and oncostomatological operations.
5. Extensive penetrating defects of the hard palate after gunshot wounds or unsuccessfully repeated attempts to eliminate them by traditional plasty methods.
6. Extensive through defects of the frontal bone and other bones of the cranial vault in combination with cicatricial deformity of the face.
7. Face (neck) contouring with hemiatrophy (Romberg's disease), lipodystrophy, congenital pathology and other extensive defects of traumatic origin.
8. Unilateral or bilateral alopecia of the temporal and frontal regions with the absence of the anterior hairline and sideburns.
9. A total defect of one or both eyebrows, the elimination of which is impossible with flaps on a leg (open, arteriovenous) from the temporo-parietal region.
10. The use of microsurgical techniques and optical magnification: microsurgical skin suture (in the area of the eyelids, nose, lips; with free transplantation of hairy flaps to form eyebrows); microsurgical suture of the ligamentous apparatus (tendons); intraoperative control of the performed operation; intraoperative revision of wounds and diagnosis of injuries.
11. Nerve microsurgery (facial, trigeminal, hyoid, etc.): neurolysis, microsurgical nerve suture, nerve plasty.
12. Oto- and rhinoplasty based on microvascular tissue autotransplantation.
13. Microsurgery of the excretory ducts of the salivary glands.

The human ear is a very peculiar organ. Unlike the mobile and sensitive ears of many mammals, in humans it plays only an aesthetic function. And if, for example, there is a certain ideal shape of the nose, then it is difficult to imagine what a beautiful ear looks like, and a compliment like “girl, you have amazing ears” sounds ridiculous. And although ears cannot be called an adornment of the human

body, nevertheless, lop-earedness can spoil the overall impression of appearance. Plastic surgery will help solve the problem. Surgical correction of the auricles is technically developed and is very popular among patients of childhood and adolescence.

Surgeons performing ear correction surgery are not guided by beauty criteria, but are trying to form an anatomically correct organ (see the section on auricular plastic surgery.) To select the “right plastic surgeon” in your region or in a neighboring regional center, use the simple advice of an experienced doctor.

Ear surgery is not a simple operation. In reality, the surgeon begins to “feel the ears” after hundreds of operations to correct protruding ears, from the standpoint of the results and complications. Nevertheless, in the clinic we often see “flares” after local experienced grandfathers, in particular, unnatural reliefs of the auricles, creases, sharp edges, and so on. The surgical techniques presented in the video demonstrate only a small part of the surgical tricks that we know and use in order to provide our patients with a natural image after plastic surgery.

1-drawing. Patient M. total rupture of the left auricle.

1-drawing. Patient M. after plasty of the left auricle.

Microvascular reconstructive operations are the most complex in maxillofacial microsurgery. Therefore, patients should be strictly selected for such operations. These patients should have a satisfactory general state of health, a balanced psyche, and understand the features of the upcoming microvascular reconstructive surgery.

Operations are performed under endotracheal anesthesia, the features of which during microsurgical operations require highly qualified anesthesia support.

In cases where the operation lasts more than 6 hours, some blood parameters are necessarily determined in patients during the operation: hemoglobin, hematocrit, erythrocytes and acid-base state. In addition, skin thermometry and bladder catheterization are performed.

Stages of plastic surgery:

1. Isolation of recipient vessels and formation of a receiving bed for the graft. Most often, the recipient vessel is the facial artery, which is released for 2-3 cm in the submandibular region. When preparing the receiving bed, the deformed tissues are necessarily returned to the correct position, the scars are excised.
2. Isolation of the axial vessels of a complex flap and its formation. Inguinal, thoracodorsal complex flaps are used, which have a well-defined vascular pedicle and axial blood supply. The length of the exposed vascular pedicle is 10-12 cm.
3. Transplantation of a complex flap and its revascularization using microvascular anastomoses. Vessels are stitched together and arterial blood flow is restored. An average of 9-13 sutures are applied to the artery.
4. Sewing of the graft to the edges of the receiving bed, suturing the donor wound, as well as drainage.

In the postoperative period, the blood supply to the graft and the functioning of microvascular anastomoses are assessed by skin color, temperature and capillary pulse of the graft, as well as transcutaneous polarography data. Treatment during this period is aimed at preventing thrombosis of microvascular anastomoses and inflammatory complications.

The use of microvascular tissue autotransplantation allows: one-stage transplantation of plastic material that meets the requirements of maxillofacial surgery; ensure engraftment in the recipient areas of the face; to reduce the terms of inpatient treatment and social rehabilitation of patients; ensure the dynamism of the overall rehabilitation treatment plan, allowing it to be adjusted during implementation; has a wide range of plastic uses. The use of the method is not associated with additional scarring, prevents the formation of keloid and hypertrophic scars in the tissues surrounding the graft, promotes osteogenesis in bone grafting and provides a good, stable cosmetic and functional result of treatment.

REFERENCES

1. Fattaeva D. R., Rizaev J. A., Rakhimova D. A. Efficiency of Different Modes of Therapy for Higher Sinus after COVID-19 in Chronic Obstructive Pulmonary Disease // Annals of the Romanian Society for Cell Biology. - 2021. - S. 6378-6383-6378-6383.
2. Fattaeva D. R. et al. CLINICAL PICTURE OF SINUSITIS IN PATIENTS AFTER COVID-19 WITH CHRONIC OBSTRUCTIVE PULMONARY DISEASE // UZBEK MEDICAL JOURNAL. - 2021. - Vol. 2. - No. 2.

3. Fattaeva, D. R., Rizaev, Zh. A., Rakhimova, D. A., & Kholikov, A. A. (2021). CLINICAL PICTURE OF SINUSITIS IN PATIENTS AFTER COVID-19 WITH CHRONIC OSTRUCTIVE PULMONARY DISEASE. UZBEK MEDICAL JOURNAL, 2(2).
4. Kholikov, A., Yuldashev, A., Fattaeva, D., & Olimjonov, K. (2020). JAW FRACTURE DIAGNOSTICS AND TREATMENT. Stomatology, 1(2(79)), 88-93.
5. Fattaeva D. R. et al. CLINICAL PICTURE OF SINUSITIS IN PATIENTS AFTER COVID-19 WITH CHRONIC OSTRUCTIVE PULMONARY DISEASE //UZBEK MEDICAL JOURNAL. - 2021. - Vol. 2. - No. 2.
6. Kholikov A. et al. FRACTURE OF THE JAW DIAGNOSIS AND TREATMENT //Stomatology. – 2020. – no. 2 (79). - S. 88-93.
7. Kholikov A. et al. JAW FRACTURE DIAGNOSTICS AND TREATMENT //Stomatology. - 2020. - Vol. 1. - No. 2 (79). - S. 88-93.
8. Kholikov A. et al. Comparative characteristics of fracture treatment methods lower jaw //Journal Bulletin of the Doctor. - 2020. - Vol. 1. - No. 4. - S. 109-114.
9. Kholikov A. et al. Analysis of the modern epidemiological picture fractures of the lower jaw //Journal Bulletin of the Doctor. - 2020. - Vol. 1. - No. 4. - S. 103-108.
10. Fattayeva D. R. ADVANTAGES OF EARLY DETECTION AND TREATMENT OF ODONTOGENIC HEMORRHOIDS IN PREVENTING COVID-19 COMPLICATIONS //British Medical Journal. - 2021. - Vol. 1. - No. 1.2.
11. Fattaeva D., Rizaev Zh., Rakhimova D. FEATURES OF CLINICAL COURSES OF CHRONIC INSINITIS IN BRONCHOPULMONARY PATHOLOGY //SCIENTIFIC IDEAS OF YOUNG SCIENTISTS. - 2021. - P. 28.
12. Rakhimova D. A., Sadykova G. A., Fattaeva D. R. INFLUENCE OF RESONANT THERAPIES ON THE CONDITION OF THE CARDIORESPIRATIVE SYSTEM OF PATIENTS CHRONIC OBSTRUCTIVE LUNG DISEASE IN SURVIVED COVID-19 //Theoretical and applied problems of modern science and education. - 2021. - S. 376-380.
14. Mamadrizaeva, Z. F., Rakhmatova, S. S., Yunusov, A. A., & Fattayeva, D. R. (2022). FEATURES OF THE TREATMENT OF FRACTURES OF THE ZYGOMATIC-ORBITAL COMPLEX. British View, 7(4).
15. Urunbaeva, S. S., Alishakhi, L. S., Pirmatov, M. A., & Fattayeva, D. R. (2022). OPTIMIZATION OF TREATMENT OF PATIENTS WITH PHLEGMON OF THE MAXILLOFACIAL REGION. British View, 7(4).
16. Mamadrizaeva, Z. F., Rakhmatova, S. S., Yunusov, A. A., & Fattayeva, D. R. (2022). FEATURES OF THE TREATMENT OF FRACTURES OF THE ZYGOMATIC-ORBITAL COMPLEX. British View, 7(4).
17. Urunbaeva, S. S., Pirmatov, M. A., Nosirov, S. S., & Kholikov, A. A. (2022). COMPARATIVE CHARACTERISTICS OF THE TREATMENT OF MANDIBULAR FRACTURES. British View, 7(4).