Therefore, the aim of the given study was to improve the results of anal fissure treatment by developing and introducing into practice new methods of preoperative preparation based on the pathogenetic aspects of this pathology.

In the main group (54 patients) intratissue electrophoresis was performed for 5 days before surgical treatment with a current density of 0.05 mA/cm^2 for 60 minutes (Ukrainian patent of utility model No.87377). During procedure 5 ml of antiseptic solution with anesthetic was injected into the rectum through an active drainage electrode. In the control group (52 patients) standard methods of preoperative preparation were used.

The use of intratissue electrophoresis with an antiseptic-anesthetic solution in the preoperative period leads to a decrease in the manifestation of hemodynamic disorders, acute inflammatory reactions in the tissues of the anal fissure in patients of the main group and stimulates the development of young granulation tissue in the area of the wound edges and the resection edge.

Already after one intratissue electrophoresis procedure the pain level decreased by 42.56% (1.43 times), after 3 sessions by 51.94% (2.17 times relative to control). Within five days intratissue electrophoresis pain at rest was completely absent as well as reduced manifestation of hemodynamic disorders and acute inflammatory reactions in the tissues. In contrast to the control group, the pain level after surgery in the main group was 1.78 times less on the 2nd day, and from the 4th day the patients did not need painkillers, whereas in the control group, pain relief was prescribed for 7-8 days after the operation. In the main group in the postoperative period, the wound healed much faster.

Analyzing the long-term results of treatment (5 years of follow-up after surgical treatment), recurrence of anal fissure in the control group was noted 1.8 times more often, and insufficiency of the anal sphincter - 2.8 times more often, compared with the main group. Cicatricial strictures were not observed in patients of the main group, and the period of complete healing of the surgical wound, using the developed therapeutic approach, was lowered by 27.6%.

Thus, the use of intratissue electrophoresis in the complex treatment of anal fissures with an antiseptic and anesthetic solution according to the developed method reduces the manifestation of the inflammatory process, stimulates reparative processes in the area of the fissure, accelerates epithelialization and the healing period of the postoperative wound, quickly eliminates anal spasm and postoperative pain syndrome.

The proposed treatment method is technically simple, has no contraindications, and is available for inpatient and outpatient use in medical institutions of any level.

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THE ROLE OF PROVIDING PROPER MEDICAL CARE IN “GOLDEN HOUR” FOR VICTIMS WITH DOMINANT ABDOMINAL TRAUMA

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Providing qualified and timely care to victims with abdominal trauma, i.e. is one of the urgent problems of emergency surgery. This is due to the increase in the number of man-made disasters, consistently high rates of road accidents, adverse effects of patient treatment with multiple and combined injuries. Therefore, the aim of the given study was to improve the provision of medical care for abdominal injuries with the active use of time as a prognostic and quality care factor.

The study was conducted on the basis of data collected as the results analysis for treating 19 patients with dominant abdominal trauma. The study involved the retrospective data assessment at the pre-hospital stage of medical care for victims of abdominal trauma, as well as examination and treatment of victims at the hospital stage, taking into account the time criteria for diagnosis and treatment.

Depending on the injuries received, the victims were distributed as follows: liver injury was presented in 9 cases (47.37%), whereas spleen injury in 10 cases (52.63%). The gender distribution among victims of splenic trauma was 6 males (31.58%) and 3 females (15.79%); 8 males (42.11%) and 2 females (10.53%) were observed with liver injury. The exclusion study criteria were children and

people over 65 years. Among the abdominal trauma patient's infusion therapy at the prehospital stage was performed in 11 victims (57.89%).

The standard of the "golden hour", which starts from the moment of injury to the provision of qualified or specialized medical care, remains generally accepted. The late patient admission is due to various reasons, but proves the urgent need for anti-shock treatment at the scene and should continue during the transportation of the victim to the hospital. The presence of multiple internal injuries in the victims has led to conclusion that blood loss, shock and hypovolemia require mandatory infusion therapy in most patients.

However, excessive fluid intake in elderly victims can lead to rapid decompensation of the cardiovascular and respiratory systems. While treating victims with a dominant abdominal injury and taking into account the time criteria, it should be noted that 10 victims (52.63%) were taken to a qualified department up to one hour after the injury, 7 victims (36.84%) after more than 1 hour and 2 victims (10.53%) after more than 12 hours. Surgical treatment was applied to 15 victims (78.95%) and 4 victims (21.05%) were treated with non-surgical methods. The complicated course of the dominant abdominal injury was evident in 3 cases (15.79%), those were infectious complications and all of them occurred during hospitalization more than one hour after the injury.

Thus, measures of aggressive intensive care for victims with dominant abdominal trauma should begin at the prehospital stage simultaneously with the most complete physical examination. Management for abdominal trauma patients in admission to the hospital should be of a short diagnostic nature and effective anti-shock and surgical interventions should be distributed as soon as possible to eliminate life-threatening conditions and prevent complications in the postoperative and post-traumatic period.

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EPIDEMIOLOGY AND QUALITY ASSURANCE OF MEDICAL CARE FOR PATIENTS WITH ACUTE TRAUMATIC BRAIN INJURY IN CHERNIVTSI REGION

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Introduction: traumatic brain injury is one of the most pressing problems of modern medicine. According to the WHO, more than 10 million people worldwide receive TBI each year, 250-300 thousand of which end in death. In Ukraine, the frequency of TBI is annually in different regions from 2.3 to 6 cases (average 4–4.2) per 1000 population. Every year in Ukraine 10-11 thousand people die from trauma - the death rate is 2.4 cases per 10 thousand population (in the US - 1.8-2.2). Traumatic brain injury is often called a "silent epidemic" and in Ukraine it is 196 cases per 100,000 inhabitants. The most common mechanisms leading to trauma in Ukraine are falls, traffic accidents, and cases related to attacks. According to the WHO, by 2030 TBI will be the leading cause of disability and death worldwide (due to rising accidents in developing countries and an aging population - an increase in the number of falls).

Materials and methods: the epidemiology of trauma in the Chernivtsi region for the last 5 years (2016-2020) has been studied. An expert assessment of medical care in 108 patients with acute trauma in Chernivtsi region.

The experience of Ukraine has shown a 1.5-fold reduction in mortality after the introduction of unified clinical protocols for medical care for trauma. The results of trauma treatment are determined by the timeliness of medical care at the prehospital stage and the timely hospitalization of patients in specialized departments (neurosurgical, neurological).

Thus, according to the current unified protocols for the provision of medical care, all patients with acute trauma, regardless of its severity, should be examined in neurosurgical, as the best equipped, hospitals. The current unified protocols for providing medical care to patients with trauma need to be revised in 2021 with the introduction of clear criteria (indicators) for the quality of their implementation. Further study of the epidemiology of trauma is a necessary component of the organization of rational care for patients and the development of measures for primary and secondary prevention of traumatic lesions of the central nervous system.