IMPROVING THE ACHIEVEMENT OF AEROSTASIS IN SURGICAL INJURY OF THE LUNG PARANCHYMA.

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Introduction. At the present time, the most relevant research in thoracic surgery in the world continues to be the development and implementation of alternative methods of aerostasis during resection interventions and decortication.Thoracic surgeons often encounter postoperative air leaks, atelectasis, and pneumonia as common complications of lung resection. In most cases, they are treated correctly, which avoids serious consequences. However, some clinical conditions that initially manifest as general complications may become severe if the correct differential diagnosis is not made at an early stage.The relevance and great practical significance of developing issues of persistent aerostasis is determined not only by the high frequency of its occurrence, but also by the difficulties in choosing the optimal method for completely sealing the lungs. Further research in this direction will undoubtedly improve the modern understanding of the capabilities of implants and will allow us to study the problem of aerostasis from new positions in thoracic surgery.

Target. improving the results of operations for benign lung pathology by developing a new method for intraoperative elimination of parenchymal air leakage and failure of local hemostasis.

Material and methods. To achieve the goal of the study and solve the assigned problems, general clinical, experimental, morphological and statistical research methods were used.

Results. The reliability of the results is justified by the use of objective criteria for assessing the condition of patients, modern methods of diagnosis and treatment, the correct application of methodological approaches and sets of statistical analysis, methods for solving the problems discussed in the dissertation are based on modern scientific and practical concepts and approaches to the diagnosis and surgical treatment of patients with prolonged air leakage after lung operations.

Conclusions. The proposed method of achieving aero- and hemostasis in lung surgery is characterized by a new option for introducing a biological composite material in the form of a gel

substance by intraparenchymal puncturing of the damaged tissue area, which directly ensures the adhesion of small bronchioles and vessels, while the technique is easy to use, does not lengthen the operation time and does not expensive, since a domestic hemostatic agent is used.

After performing the main stage of the operation on lung tissue, the use of the proposed method made it possible to reduce the frequency of significant air leakage (grade 2-3 according to Macchiarini P.) from 16.7% to 3.8% ($p<0.001$), while virtually identical effectiveness was noted as during open interventions (from 15.1% to 3.4%; $p=0.008$), and during VTS operations (from 19.6% to 4.5%; $p=0.028$), as well as taking into account the use of suturing of lung tissue manual stitching (from 14.1% to 4.3%; $p=0.045$) or mechanical stitching (from 19.7% to 3.2%$p=0.004$).The frequency of local hemostasis failure, verified after the main stage of the intervention, decreased after applying the proposed technique.