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## COMPLICATIONS AFTER OPERAS PERFORMED IN GRISHPRUNG'S DISEASE

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Complications after discontinuous surgeries performed on congenital megacolons cause various secondary pathological conditions. In some patients, complications are eliminated by appropriate measures carried out on time (opening purulent wounds, drainage, timely extraction of garbage, etc.). In other patients, however, there is a need to perform restorative operas as stable anatomical-functional disorders occur.

General clinical and most importantly local symptoms are different in secondary pathological conditions. The main complaints, on the other hand, are associated with a violation of the state of recording. Among them, a large percentage of complainants of chronic constipation make up. Its cause is a narrowing of the rectum and a violation of the shape and the presence of an aganglionar zone that has become stuck after cutting and removing. The reasons given can also harmonize. The degree of expression of constipation largely depends on the type of narrowing, its distance, the degree of deformation of the distal part of the colon. The clinical picture as a whole shows the pre-operatic period in a worse variant. The child is not written independently at all, while parents always achieve a slight cleansing of the intestine by means of cleansing enemas. In the intestines, garbage is often accumulated, and the child needs the help of mucus. In other words, the picture of the disease looks like a disturbed course of Girshprung's disease. In addition, in a number of patients, the course of the disease is much more severe than the pre-operative period.

Having examined the child, it is necessary to have complete information about the content of the previously performed operationalism, the specificity of the pre-operationality period, the complications experienced by the patient, the degree of maxillary changes, the condition of the distal part of the colon in character. Information about all this can be obtained by collecting meticulous and referential documents, checking the rectum with a finger, and instruments, and X-ray with contrast agents. The roughest changes appear after Svenson's opera. When the rectum is examined with a finger, hard, like a toga, scars are palpated in the place of the former anastomosis. Form disorders, loss of elasticity of the intestinal wall,



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scarring in the pararectal kletchatka are also included. At the same time, leaks are visible in different places.

After the duamel opera, however, when the rectum ampoule is fingered, a scarred "shoulder" is felt that narrows the upper part with the ampoule, above this barrier a finger freely enters a closed bag in which garbage stones are palpated.

While the narrowing ring after Soave opera is often detected in the folds of excess tissue hanging in the intestinal cavity, in some cases the passage of the normal intestine to the narrowing area is felt alone.

Thus, an X-ray examination of the distal part of the colon clarifies the diagnosis and determines additional details in the local situation, including the "positions" that remain after the Duamel opera, the degree of expansion of the narrowing surface area, the aganglionar zone that has remained uncut, as well as the location and direction of the leak. In addition, rengenological examinations are of great help in determining the general condition of the large intestine when there is a need to move it down again.

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