

## PROBLEMS OF HERNIOPLASTY OF DIAPHRAGMATIC HERNIAS

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**The purpose of the study:** to analyze the surgical treatment of large and giant hernias of the esophageal orifice of the diaphragm (GPOD). Materials and methods a review of the medical literature on the latest research on the surgical treatment of HIP has been conducted, the main problems have been identified, and the results of their own experience using various types of plastic surgery have been shown.

Results and discussions: the feasibility of laparoscopic surgery in these cases is a serious problem, especially in complicated and urgent cases. According to a review of the literature, Nguyen N. T. routine laparoscopy for large and gigantic GPO was performed in 81% of cases, and if present, only in 57% of cases. Laparoscopic operations also resulted in a significant decrease in the frequency of postoperative complications compared to open interventions — 2.7% and 8.4%, but improvement in technique is necessary, since the high incidence of complications remains.

The second issue in GPOD surgery is the high frequency of AR. According to the reviews, the frequency of AR reaches 40% when performing auroraphy. According to the literature, a decrease in the frequency of AR is possible due to alloplasty of the esophageal orifice of the diaphragm.

Next, we will analyze the results of our own research from 2008 to 2015 on GPD for 270 patients by one team of surgeons at the Tver Regional Clinical Hospital. The first group consisted of 122 patients with large GPOs who underwent either crural surgery (subgroup A — 47 people) or alloplasty (subgroup B — 75 people). In subgroup B, 40 patients had "onlay" plastic surgery using a Prolene (Ethicon) implant, and 35 patients had plastic surgery using an original biocarbon implant. The second group —

148 patients with giant GPODS who underwent either alloplasty (subgroup A – 108 people), or a new technique of non-tensioning alloplasty was used (subgroup B - 40 people). In subgroup A, 32 patients used "onlay" plastic with a polypropylene implant "Prolene" ("Ethicon"), and 76 patients used "sublay" using an original biocarbon implant. The frequency of AR between subgroup A and subgroup B of group 1 differed in favor of alloplasty ( $p=0.0011$ ). A comparison of alloplasty techniques with an onlay polypropylene implant and the author's technique with a biocarbon revealed an increase in the frequency of dysphagia when using the former: 13.6% compared to 3.6%, respectively ( $p=0.0008$ ).

The recurrence rate in subgroup A of group 2 compared with subgroup B of group 1 significantly differed in favor of large hernias compared with giant ones ( $p<0.0001$ ). In subgroup B of the 2nd group, double-layer plastic surgery according to the author's method was characterized by a significantly lower frequency of dysphagia.

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**Conclusions:** the problem of surgical treatment of large and giant HPODS has been identified. It is proved that for large and giant GPODS, the optimal technique is the original technique of double-layer plastic with a partially absorbable biocarbon mesh implant.

