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The The standard of surgical treatment of intracerebral hematomas
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Spontaneous intracerebral hemorrhage surgical treatment as a rule is better to be managed after 24 hours of disease manifestation. During determining operation showings by all means have to be used individual approach. With using open method as well have to be used micro method with post operation drainage.

Key words: The standard, surgical treatment, intracerebral hematomas

Introduction: Treatment of intracerebral hemorrhage is unresolved issue of today’s Critical Care Medicine, Neurosurgery and Neurology medicine. (Z.Kheladze, 2007). In this regard should be mentioned different approaches of surgical and conservative treatment. One group of researchers favors to enlarge maximally operation treatment second group oppositely limit such approach. Should be mentioned that both of sides have rational arguments in their position thus should be told that in practical situation sometimes operation treatment opponents vote for operation proceeding and supporters of operation treatment refrain from operation intervention to conservative treatment. Some authors give suggestions to make operation when there is not deep disorder of consciousness. Form second side for neurosurgeon it is hard to decide to make operation when patient general condition is moderate or close to it. With this discussion subject is operation managing tactics – how should be managed by using open method or by micro method.

Materials and Methods: We have been analyzed more than 300 cases of non-traumatic, non-aneurismal intracerebral hemorrhages. (2005-2015 year).

Form 2015 year with open method approach we have started suing of micro method operational approach. During using of micro method in trepanation hole is placed big diameter tube (15 mm diameter) form which hemorrhage is evacuated from the brain.

The tube is left in the wound average during 7 days. Compared with the open method it is technically simple, less traumatic and is short to manage time. Accordingly it is easier for patient to handle operation procedure. Comparative disadvantages should be considered as complicated hemostasis and ability of evacuation less mount of blood mass.

By using this method have been done 7 operations first results are encouraging it might become as selecting method because operation can be done under local anesthesia.

Results vand Discussion: During selecting operation approach by all meant should be analyzed individual condition. It should be overscheduled till recovery stable condition or declined entirely. In cases when can’t be achieved stable condition of the patient operations are unsuccessful.

During determining of operation approach should be considered next factors: patient condition, hemorrhage topography, size of hemorrhage, level of congestion of the brain. During operation and postoperatively it is necessary to put patient under treatment compliance narcosis and manage adequate controlled hypotension.

Operation management by micro method doesn’t request special technical and material assistance that has big importance during treatment with limited resources and during disasters & catastrophes conditions.

Have to be handled already well known for neurosurgeons complication that is met during intracerebral hemorrhage operation after opening the skull neurosurgeon sees sharply swollen brain.

After evacuation hemorrhage as a rule brain “fail” and is left till the end of operation. In following days congestion increase again. Returns to preoperative condition and even exceeds it.

Pathogenesis of this process is unclear.

Understanding pathogenesis of this process will help treatment of this process.

Conclusion: Spontaneous intracerebral hemorrhage surgical treatment as a rule is better to be managed after 24 hours of disease manifestation.

During determining operation showings by all means have to be used individual approach. With using open method as well have to be used micro method with post operation drainage.

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