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Peculiarities of Surgical treatment of intracerebral hemorrhage
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Surgical treatment of patients that have intracerebral hematoma is better to be conducted after lasting 24 hour form disease outbreak. Operation is better to be made by using traditional “open” method and patients have to be under hipotension and sedation regime as goal.

Key Words: hematoma, operation, critical condition

Actuality: treatment of intracerebral hemorrhage in critical care medicine clinic is still left as unresolved problem. (Z.Kheladze 2007) there are many contradictions during the tactics of surgical treatment many suggests operating if does not have unconsciousness condition. Thus it is difficult for neurosurgeon to operate when patient’s general condition is moderate and compensated. (T.Kerdzevadze and oth. 2012)

Materials and Methods: Was analyzed more than 300 non-traumatic non-aneurysmal intracerebral hemorrhages cases. The treatment of this parents were made by using standard treatment methods, that included artificial lung breathing, correction of water and electrolyte balance, treatment narcosis, antibacterial therapy with other treatment methods.

Within this patients were operated 63 patients (21%), distribution of patients by age were: Distribution by age: 45-60 years 12 patients, 60-75 years 44 patients, 75-90 years 7 patients survived 37 patients (59%). Operations were implemented using traditional “open” method (51 cases) and by using closed “micro” (endoscopic and punction) method (12 case) after operation by using traditional method were survived (31 patients 61%) by using micro methods 6 patients (50%). Post operation complications have not had place when was operated by using Open method and after using closed method postoperatively had place one repeated hemorrhage complication.

Results and Discussions: During intracerebral hemorrhages the sources of extravasation complication in most cases are small and medium caliber arteries. Causes of damaging of arteries are: atherosclerosis but not so rare is the deficit of blood vessel formation.

By our experience operation has to be avoided, restricted during first 24 hour after provoking the disease. If during adequate therapy treatment can’t be stabilized somatic condition, as for first 24 hour operation intervention is only justified during having big mass effect.

Operation treatment can be divided in to two groups: open and closed. Beside endoscopic method perspectives we believe that choosing method is traditional “open” method.

During endoscopic operation approach it is very complicated creating the working space in the brain tissue. Swollen brain tissue does not give ability to achieve good hemostasis.

Within this traditional „open” operation method has advantage cause of decompensating proceedings formation. Intracerebral hemorrhage is not instant progression process and is stretched in time.

And extravasation mount is proportional of middle arterial pressure. Out of that have big importance blood pressure decreasing and sedation. For decreasing blood pressure have to be used blood vessel dilators and even more ganglioblocators might be at place.

Optimal opiats for sedation are injection. Whithin this has importance regulation of blood pressure during intrahospital conditions. It improve outcome and levels down disability level.

Conclusion: It is desirable that operation invasion to patients that have intracerebral hemorrhages be accomplished after 24 hours of disease manifestation. Operation is desirable to be done by using traditional “open” method. Before operation and after operation it is recommended to have patients under control hypotension and guided sedation regime

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