ALGORITHM FOR DIAGNOSIS AND TACTICS FOR SELECTION OF SURGICAL OPERATIONS IN THE COMPLEXITY OF CHRONIC HAVASIRUS AND PARARECTAL LEAKES

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ABSTRACT

Today, hemorrhoids (40-45%) and pararectal fistulas (15-20%) occupy a leading position among proctological diseases. In clinical practice, the simultaneous occurrence of these two pathologies (in combination) creates certain difficulties in diagnosis and the determination of the scope of surgery. The issue of the negative impact of a fistula as a focus of chronic inflammation on the condition of hemorrhoidal nodes and the increased risk of postoperative complications remains particularly relevant.

Relevance. Today, hemorrhoids (40-45%) and pararectal fistulas (15-20%) occupy a leading position among proctological diseases. In clinical practice, the simultaneous occurrence of these two pathologies (in combination) creates certain difficulties in diagnosis and the determination of the scope of surgery. The issue of the negative impact of a fistula as a focus of chronic inflammation on the condition of hemorrhoidal nodes and the increased risk of postoperative complications remains particularly relevant.

Purpose of the study. Comprehensive diagnosis of patients with hemorrhoids and pararectal fistulas and evaluation of the effectiveness of modern surgical methods applied to them.

Test methods (Materials and Methods). The following standard and modern methods are used during patient examination: Clinical-visual examination: determining the level of the fistula orifice and hemorrhoidal nodules in the perianal area. Transrectal ultrasound (TRUS): the "gold standard" for determining the location of the fistula duct relative to the sphincter apparatus and hidden purulent cavities. Proctography and Fistulography: for determining the channel direction in complex (upper) fistulas. Anoscopy and Rectosigmoidoscopy: to exclude comorbid intestinal diseases.

Results and Discussion.Research indicates that simultaneous radical treatment of hemorrhoids and fistulas is possible, but this depends on the degree of fistula complexity: *For low-grade (submucosal and extrasphincteric) fistulas:* Simultaneous fistula excision with hemorrhoidectomy (Milligan-Morgan method or laser hemorrhoidoplasty) yields high efficacy. *For high-grade and complex fistulas:* in the first stage, fistula drainage (Ceton's method) or LIFT (ligation of the intersphincteric fistula duct) is considered a safer tactic, while in the

second stage, hemorrhoids are eliminated. *Innovative approach:* The combined use of FiLaC (laser fistula closure) and LHP (laser hemorrhoidoplasty) techniques minimizes wound volume and restores the patient's work capacity within 3-5 days. *The role of the Harmonic scalpel in hemorrhoids:* Using an ultrasonic scalpel in hemorrhoidectomy practice allows for tissue incision at a temperature of 50-100°C (at a lower temperature compared to electrocoagulation) while simultaneously ensuring hemostasis (blood arrest). This reduces blood loss during surgery to almost zero. *Application in pararectal fistulas:* To isolate the fistula duct from surrounding healthy tissues, the Harmonic scalpel allows for the avoidance of thermal damage to adjacent muscle fibers and the sphincter apparatus. This significantly reduces the risk of postoperative anal incontinence. *Combined approach:* When both pathologies are eliminated simultaneously, the ultrasonic scalpel promotes faster epithelialization (healing) of the wound surface, as the rate of tissue necrosis (death) is minimized.

Conclusion. TRUTT examination is a key factor in determining surgical tactics in the combination of hemorrhoids and pararectal fistulas. When making a diagnosis, the impact of each pathology on the sphincter apparatus must be assessed separately. The use of minimally invasive technologies (laser, LIFT) allows for a reduction in the number of complications by 12-15% and a significant reduction in the rehabilitation period. **The use of the Harmonic (ultrasound scalpel)** apparatus in hemorrhoidectomy and fistulotomy operations reduces postoperative pain syndrome by **30-40% compared to traditional methods** and reduces wound healing time by 1.5 times.

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