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MEASURES AND METHODS OF TREATMENT OF PATIENTS WITH BURNS

Babadjanova Khursanoy Melibayevna
Assistant of the department of Pediatric
Fergana Public Health Medical Institute

Khabibullayeva Sarvinoz Abdurakhmon qizi
Student of the Faculty of Medicine

Annotation
The article is based on the tactics of surgical treatment of patients who received burns in our observation practice conducted in the Department of "Combustiology" of Fergana branch of the Republican Scientific Center for emergency medical care. The importance of the surgical approach is important in providing accurate and accurate assistance to patients who have received a burn surgery, depending on their level.This surgical approach has both negative and positive sides. When determining the depth of the burn, it is assessed depending on its degree. We are currently being reaped as a result of our practical observations of the results of the work carried out based on these 4 levels and the skills of interviewing patients, psychological assistance in raising their psyche.

Keywords: Combustio, necroectomy, amputation, autodermoplasty, exoarticulation, toxemia, septicoxemia, osteonecroectomy.

Introduction

Burns (in medicine) – are said to damage tissues under the influence of high temperatures , chemicals (alkali, acid, salts of heavy metals, electric current and radioactive rays. Depending on the degree of burn, we learn to distinguish the following classes:
I degree superficial-epidermal burn.
II degree burn the superficial layer of the skin.
III degree a burn of the skin to the mucous membrane.
III-degree burn burns burn reaching to the subcutaneous fat layer, spread from the suckle part of the skin even deeper.
IV degree burns of tendon, bone, muscle, IE tissues in the pit from the skin (coalification and necrosis of tissues).

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Clinically, burns at 1,2,3 a degree are characterized as surface burns while Burns of 3 V and 4 degree are used “needle stab”test for the purpose of deep differential - diagnostic comparison: there is no pain sensation in deep burns and there is pain sensation in superficial burns .

Level I burn clinic: the skin is accompanied by aseptic inflammation: capillaries kengaygan, the outflow of plasma from their walls leads to swelling of the skin .

Burnt skin levels are reddened, slightly swollen, painful. After a few days, the epidermis layer of the skin dries, darkens, begins to itch and migrate.

II degree burn clinic: signs of inflammation intensified. Capillaries are more dense ,walls have increased permeability, swelling increases. The superficial epidermal layer is damaged, but the skin of the mucous membrane is preserved. On account of serous fluid accumulation, epidermis migration is observed. It turns out bubbles, characteristic of a second degree burn.

III degree a burn clinic: covered with blisters, white or black spots on some areas of the skin. Hyperesthesia is observed in the damaged area. The dead tissue makes the bark dressing and divides it into a Democratic line dressing from living tissues.

III level B burn clinic: in addition to the suction floor, the subcutaneous layer is also damaged. The skin is pale gray with a pale appearance . Dressing blatant camelastic white colored kelloid scars on the damaged ends of the wound is.

IV degree burn clinic: at this level, deep tissue damage should be in the form of coals, bone damage is observed. The knobs come in a sinister case of black color. At this level, when Burns, necrectomy and amputations are performed.

The number of patients treated in the Department of “ Combustiology” of Fergana branch of the Republican Scientific Center for emergency medical care for 2012-2019 years.

Indication for the age of treated combustiological patients.

Years	Children				Adults			**Total**
	Up to 1 year	1-3 age	4-7 age	8-14 age	15-17 age	18-60 age	Over 60 years old	
2012	20	108	80	156	42	125	14	**545**
2013	15	97	155	52	26	190	20	**555**
2014	12	78	126	179	24	136	28	**583**
2015	8	96	116	186	14	142	10	**572**
2016	16	128	124	63	76	180	17	**604**
2017	13	90	86	197	74	126	5	**591**
2018	18	30	124	195	121	78	10	**576**
2019	11	98	80	181	42	110	12	**534**

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Indication for the sex of treated kombustiological patients.

Years	Mans	Women	**Total**
2012	325	220	**545**
2013	350	205	**555**
2014	347	236	**583**
2015	356	216	**572**
2016	308	296	**604**
2017	356	235	**591**
2018	350	226	**576**
2019	294	240	**534**

Structure of the treated kombustiological patients on the ways of admission

Year	They came to hospital themselves	«03»	Direction	**Total**
2012	327	163	55	**545**
2013	333	166	56	**555**
2014	350	175	58	**583**
2015	343	172	57	**572**
2016	362	182	60	**604**
2017	355	177	59	**591**
2018	346	173	57	**576**
2019	320	160	52	**534**

Indication for the treatment of kombustiological patients under the conditions of admission.

Year	1hour ago	1-6 hour	7-24 hour	1-3 day	4-7 day	More than 7 days	**Total**
2012	150	125	92	88	78	12	**545**
2013	156	125	100	88	78	8	**555**
2014	160	125	104	99	84	11	**583**
2015	151	122	105	94	87	13	**572**
2016	186	142	96	91	79	10	**604**
2017	190	141	104	84	69	3	**591**
2018	185	118	107	94	64	8	**576**
2019	197	172	104	45	12	4	**534**

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On admission, an indicator of combustiological patients treated according to the period of burn disease.

Year	Without a burn clinic	Shock	Toxemia	Septic toxemia	**Total**
2012	260	56	165	64	**545**
2013	226	83	192	54	**555**
2014	264	55	222	42	**583**
2015	201	59	251	61	**572**
2016	208	47	312	37	**604**
2017	213	37	292	49	**591**
2018	189	51	276	60	**576**
2019	156	48	298	32	**534**

Indication for the treatment of patients with kombustiological disease by performed operations.

Year	Decompressive necro ectomy	Necro ectomy			Osteonecro ectomy	Amputation	Exoarticulation	Autodermoplasty	**Total**
		Early	Delayed early	Delayed					
2012	6	8	12	28	1	2	1	58	**116**
2013	4	6	18	30	-	2	-	48	**108**
2014	9	16	12	22	1	-	2	50	**112**
2015	13	9	15	19	2	1	3	66	**128**
2016	7	14	22	16	1	3	1	68	**132**
2017	4	22	19	18	2	-	3	68	**136**
2018	16	26	14	22	3	1	-	35	**117**
2019	16	12	39	11	1	2	1	43	**125**

Death among treated kombustiological patients

Years	Common death		Babies death	
	abs.	%	abs.	%
2012	23	4,2	6	1,1
2013	32	5,8	9	1,6
2014	17	2,9	4	0,7
2015	28	4,9	5	0,9
2016	25	4,1	3	0,5
2017	17	2,9	4	0,7
2018	10	1,7	2	0,3
2019	17	3,2	4	0,7

Five out of 10 patients underwent early necroectomy (3-5 days). On the account of the transferred operation, the scar complications after Burns decreased by 70-80 percent. In 5 patients, a chemical necroectomy operation was performed. As a result, 15-20 percent of scar complications were reduced. I worked with patients for 20 days. I had another tactic with them, every day we had a conversation before they entered

the connecting room, during the conversation I told them about beautiful words and gratitude,one girl did not want to enter the connecting room, she was determined to fix herself, increasing her self-confidence after I started working with the psyche of the girl. I began to pay attention to them every day on a food diet and did light physical exercises, I told them funny things that would raise the mood,and when they were happy, I was very happy. The result will also be effective if a person loves what he does, gives him love. In conclusion, in the first place, we must work with the psyche of our patients so that we can successfully achieve our goal. The famous Greek physician Bogrot said that “it is impossible to cure the human spirit, not to heal the body.” The result of the work done shows that we received positive results from five of the above-mentioned early necroectomy patients. Now this is being implemented in more patients.

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