ABSTRACT
The article analyses a surgical treatment of 506 patients taking inpatient treatment in the Center for coloproctology. All the patients underwent a comprehensive examination including radiological and tool test methods in addition to conventional clinical and laboratory ones. On the basis of the complex study, indications, volume and terms of surgery performance were determined. Performance of pre- and postoperative management of patients is substantiated in details.
Postoperatively, 28 (5.5%) had postoperative wound pyesis in the region of the previous colostomy. In the postoperative period 2 (0.4%) deaths of patients were caused with peritonitis which occurred due to incompetence of anastomosis sutures.
Rehabilitation of stomed patients is one of challenges in colorectal surgery.
Positive results treatment can be obtained only at carrying out of a comprehensive out-patient and inpatient preoperative preparation including recommendations in diet, colostome care, hydrogymnastics of the disconnected part of the intestine and prevention of infectious complications.

UDC Code & KEYWORDS
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INTRODUCTION
Recently the growth of such pathologies of a thick gut as nonspecific ulcer colitis, the Crohn's disease, amebiasis of a thick gut, diffuse family polyposes, a cancer of a large intestine which course with a heavy clinical picture and in most cases demand surgical correction is marked and come to the end with imposing transient intestinal persistent of the stoma disease of a front side of abdominal wall [1, 2, 5, 7]. By the data of the World Health Organization the number of the stoma disease patients among one hundred thousand population makes a number of a 100 – 150 persons annually. Complications, after the imposing stoma disease arising as in the early post-operative period, and distant terms after operation are made according to various authors vary from 8,5 to 74 % [3,4,6,8,9]. That is why, the questions connected with formation and care for the stoma disease, and also the organization of the corresponding help to the patients with the stoma disease is one of the actual social problems and in a particular colorectal surgery.

On the other hand, increasing the number the stoma disease patients essentially intensifies the social – economic problems connected with their daily existence in a society. The stoma patients, having finished hospital and out-patients’ stages of treatment, need the further rehabilitation in two directions:

1. Medical rehabilitation, caused by existence of intestinal stoma on a front side of abdominal wall.

2. Social problems, including the whole complex stay of the stoma patient in the public environment.

Given article is devoted to the questions of surgical rehabilitation of the stoma patients. 506 patients are made the restorative – regenerative operations directed on restoration of a continuity gastric entodermal canal (the diagram 1) from 2000 till 2010 in the Uzbek Republican Scientific Coloproctological Center (the diagram 1).

All patients were surveyed under our specially developed scheme. Examination of the any temporary stoma patient began with studying of the complaints, gathering of the anamnesis, external examinations of a stomach and a perineum, manual research of the stoma and the rectum, procto (sigmoido) scopy of the disconnected gut. General clinical inspection allowed revealing the accompanying diseases. The further special researches carried out in a hospital. Before regenerative operation it is necessary to establish accurately:

1) a functional and topogra-anatomic condition pre - and poststoma sections of an intestinal path;
2) absence of obstacles for the future passage of food;
3) topography-anatomic interrelations of a small pelvis bodies;
4) absence of relapse or metastasis colorectal cancer.

The priority researches in diagnostics belong to radiopaque. Inspection at any stoma variation began with a survey of the any temporary stoma patient scheme. Examination of the any temporary stoma patient began with a survey of the any temporary stoma patient roentgenoscopy bodies of a thorax, of an abdominal cavity and giving orally 35-40 % of a baric suspension for transit studying of the gastrointestinal system diseases.

Ultrasonic research carried out for a detection of the remote metastasises and interloopback abscesses before operation. A computer tomography made for diagnostics for an exception of the remote metastasises in parenchymatous bodies and retroperitoneal spaces.

On the basis of the spent inspections we have defined indications of the operation, tactics of surgical treatment, and capacity of prospective operation, a method of preoperative preparation and postoperative conducting patients, and also terms of carrying out of operative intervention.

To raise an ileostomy or colostomy at primary operation was spent concerning various diseases colon and a rectum. Nosological forms of diseases in which occasion are imposed ileostomy or colostomy (n = 506).

The large value in rehabilitation of the stoma patients is in the character of the primary made operative intervention. In
Diagram 2

The type formed anastomosis substantially depends on the topogra­fico­anatomic interrelations which have developed in the present time at the abdominal cavity. In order to choose the rational method of operation, of no small importance is also the type of generated ileo or colostomy, capacity of the rational method of operation, of no small importance is also the type of generated ileo or colostomy, capacity of the rational method of operation, of no small importance is also the type of generated ileo or colostomy, capacity of the rational method of operation, of no small importance is also the type of generated ileo or colostomy, capacity of the rational method of operation, of no small importance is also the type of generated ileo or colostomy, capacity of the rational method of operation, of no small importance is also the type of generated ileo or colostomy, capacity of

For improvement the results of reconstructive - rehabilitative operations great value has a preparation presurgical complex. It was included the selection of an optimum diet with taking into account an effect of food components on a gastroenteric path function. To eliminate the inflammatory phenomena in a colostomy zone a hydrophilous basis, zinc oxide paste, aktoveginum, hydrogymnastics of the disconnected segment of a gut and also the complex of physiotherapy exercises for improvement the tone of pelvic floor muscles and anal sphincter was spent. It should be mentioned the importance of the right selection of antibacterial therapy.

At least within 2 days before operation two antibiotics of a wide spectrum of action were appointed. The quality of life of patients without external colo or ileostomas with the restored natural passage of intestinal contents always is better, than in the presence of an external intestinal fistula. Table 2: Ways of formation of anastomosis (n=506).

**Meaning of anastomosis**

1. Intra-abdominal colo – colo anastomosis 105 20.7
2. Closing of ileostomas, total colectomy with ileorectal anastomosis 132 29.6
3. Bringing down of a colon into anal canal with application of colo – anal anastomosis 122 26
4. Colo – and ileorectal anastomosis with the help of AKA – 2, AKA – 4 apparatus 57 11.3
5. Closure of ileostoma with application of reservoir – anal anastomosis 12 2.3
6. Anastomosis by the Duamele 12 2.3
7. Closing of ileostoma with application enter – enter anastomosis 24 4.7
8. Colo – and ileorectal anastomosis with help of CDH 29 apparatus 42 8.3

From 506 patients at 28 (5,5 %) were marked a suppuration of a postoperative wound in area before put in colostoma. In the postoperative period has died 2 (0,4 %) patients, the reason was the peritonitis which has arisen in communication by an inconsistency of suture anastomosis. In the conclusion, it is necessary to notice that the rehabilitation of stoma patients is one of challenges colorectal surgeries.

**CONCLUSION**

1. During carrying out a surgical rehabilitation of the patients with a stoma it is necessary a careful complex inspection for the purpose of an estimation the organism’s condition, function of intestines and revealing of complications from an abdominal cavity and most stoma.
2. Improvement of results of regenerative treatment is possible at carrying out of the complex out-patient and stationary preoperative preparation including the recommendations about a diet, care colostoma, hydrogymnastics of the disconnected part of a gut and preventive maintenance of infectious complications.
3. Terms of carrying out of reconstructively - regenerative operations should develop from the general condition of the patient, character of the performed operation, a condition of resulting and taking away departments of a gut.
4. Surgical rehabilitation of patients with colostoma allows improving "quality" of their life considerably.

**REFERENCES**

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