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**METHODS OF USING LAPAROSCOPIC INTEROPERATIONAL  
CHOLEDOCHOSCOPY IN THE DIAGNOSIS AND TREATMENT OF  
CHOLEDOCHOLITHIASIS**

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**Summary.** Endosurgery being widely used practices (as lx, EPS, and others) also also all the results of the surgeon is not satisfied. In addition, from this practice, which then track pancreatitis, bleeding, peritonitis, iatrogenes (biliary tract, pancreas, intestine 12 fingers or the back wall of the terminal as part of retrodudenal choledox flegmona with the development of the wounds) also significantly in decresasing the number of dangerous complications.

**Key words:** Fat augmentation, endoscopic papillosphincterotomy, compression choledochoduodenoanastom, papillosphincterotomy, choledochoduodenal anastamosis.

**Access:** Around the world today choledocholithiasis ducts and trunk diseases of 90-95% to endosurgery – laparoscopic surgery - laparoscopic cholecystectomy (lx), but Laparoscopic choledocholithotomy (LHLT), Laparoscopic antigrade papillosphincterotomy (LAPST), Laparoscopic with choledochodenoanastomy (lx) and lx as + papillosphincterotomy endoscopic (EPS) are treated with [ 1,3,5,7,9,11,13,21,22]. But, many of them (LHLT, LHDA, etc.) still experimental-clinical testing phase (1-4, etc.). Among them best – perfect optimal As lx the eps ways with bile and rehabilitation are carried out.





However, one of the results listed above your operation as well as causing a number of complications did not discordant and out of them some physiological not (for example, LHDAothers always too radical (LHLT, eps, and others.) third, still it is not perfect (LFrom ap), they also always safe computer is not administered[2,6,8,10,12,14,16,18,20].

**The purpose of the research:** choledocholithiasis and the main biliary tract diseases for patients with endusing the surgical method improve the results of treatment.

Choledocholithiasis and the main biliary tract diseases find ways to improve the results of treatment of patients with. Eps mainly Laparoscopic cholecystectomy (lx) and endoscopic papillosphincterotomy (EPS) are treated with removal of stones from the grass of the liver with the internal road. However, some of the results of this treatment method in a number of experienced surgeon is not satisfied and require to seek to develop new methods of treatment of this pathology.

**Research materials and methods:** We are open for many years the team and lx as the gastrointestinal tract, choledocholithotomy (hl), endoscopic papillosphincterotomy (EPS) choledochodenoanastomosis (xda) and papillosphincterotomy (PS), transduodenal papillosphincteroplasty (TDPSP) and others with the results of treatment (and the experience of our other surgeon) has been studied. Using the most modern methods of research (clinical and laboratory controller, ultrasound, CT, RPXG, mri, etc xolangiografiyasi and others.). At the same time, be certain not all of them is free from a number of disadvantages, and complications.

**Discuss the results of the research:** Choledoxolithiasis in the treatment of biliary tract diseases and the main treatment of this pathology as lx eps and the advantages compared with other methods is obvious. However, after a





number of them, patients often due to various complications, mainly " postholesistectomy syndrome" (lx as from then), as well as residual or repeated choledoxolithiasis, stenosis of the terminal part of the teat and fat choldedox (lx eps and then as the form) due to repeated treatment needs.

Eps another drawback – the complexity of the teat sometimes in the absence of the ability to coniulasia some fat 26,6% or more cases can't coniulasia ministry of lack of practice with the radical expansion of a fat nipple, fingers of the terminal part of the intestine or twelve choledox 0.3 - 3% to be pierced to the next operation pancreatitis 2-10% on the operation to pancreonecrosis next to 2%, the death of 0.2 - 3% up to and sometimes even more (especially in emergency surgery) and finally, the eps may not always be safe, and sometimes radical, also as you can is not always administered. Especially, advanced pathology tests, when the diameter of the internal ducts of the liver is increased from 20-30 mm. In addition, these operations are often two times, the first as lx, eps or then the reverse is carried out.

Therefore, the lx as LHLT xoledoxoskopik antegrad papillosphincterotomy and laparoscopic (LAPST) at the same time the idea of applying is very attractive.

For this purpose we therefore anatomomorphology the diversity of taking the road in the grass and the fat nipple and have created a number of new III papillotoma laparoscopic cholecystectomy during intraoperative choledochoscopic revision, date and choledochoscopic antegrade palillosphincterotomy (dimensions - the thickness of the wall, the grass, the expansion of the road to the level of fat, the narrowing of the nipple to the level of the level of stenosis, the location of the stone and others.) choledocholithiasis,





depending on the terminal part of the teat and fat choledox strike - out is carried out.

Experience in all of them and 2 of them have passed the test-and fs choledocholithiasis of stenosis in clinical practice (level 1-2) exceed the length of 10-12 mm in 36 patients operated because of who stenosis in all patients surgery was used when you made light of clinical practice, which was next period and was used in the operation proceeds without complications.

During this operation we therefore new methods which allow to carry out practice also, as intraoperative lx choledochoscopy choledocholithotomy we have developed this new fs created by us using the methods the narrowing of the part quickly, and allows for expansion on the basis of standard bloodless (only fs strictly on the basis of the part of the expansion of the desired diameter narrowing). This method is then tested.

**Summary:** Blast our first experience on the use of lp method developed for further improvement of this method is to gather experience shows conformity to the purpose.

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