



SPREAD OF SURGICAL INFECTION AROUND THE BUKHARA REGION

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ABSTRACT

The Bukhara region of the republic of Uzbekistan at the who received the western area, which produces a purulent surgical diseases of soft tissues in the microflora epidemiological study was conducted, including covers. Our research to identify the following interesting thoughts - learning we Bukhara province of the south western territory, the frequency of purulent surgical diseases, pathogenic microflora of them has specific properties and the type of resistance to various antibiotics. purulent diseases of soft tissues and outpatient diagnosis and treatment of conditions that should be taken into account.

The actual ministry. Purulent-surgical treatment of diseases of the modern surgeon remains a pressing problem. According to the opinion of many authors have been at the hospital all of purulent surgical diseases of surgical pathology requiring treatment from 30% to 40% (0). This indicator, our ma'lumotlarimizga according outpatient surgical diseases in the analysis of purulent grow more.

Surgical site infections contribute significantly to postoperative morbidity and mortality rates, with current data revealing that they are responsible for over 2 million nosocomial infections in the Bukhara. The Centers for Disease Control and Prevention (CDC) classify surgical site infections into categories such as superficial, deep incisional, or organ/space infections. Any surgical wounds declared infected or opened by the surgeon are designated as surgical site infections. These infections must occur within 30 days following surgery or within 1 year after implantation to meet the classification criteria. For surgical site infection categories, please refer to the January 2023 CDC-National Healthcare Safety Network (NHSN) Patient Safety Component Manual for a more detailed description and information.

Infection surgery, including postoperative purulent infections of the problem of the cart in June 2015 and September 2016 was considered within the framework of the un general assembly in this issue 71-considered in the session, was attended by experts from all countries of the world. Postoperative wound infections are a common complication following surgery, characterized by complex and multifactorial pathophysiology. Clinicians are crucial in identifying and managing modifiable risk factors for postoperative wound infections during

the perioperative phase. Comprehensive preoperative assessment and management are essential, necessitating collaboration among nursing, anesthesia, and surgical teams to identify and manage risk factors, thereby ensuring effective patient counseling. During the intraoperative phase, maintaining sterility and cleanliness in the operating room environment is crucial, as it directly influences patient recovery and infection rates intraoperatively and postoperatively.

Incisional infections are usually noticeable, and any systemic symptoms following surgery should raise concerns about postoperative complications. However, similar symptoms may also stem from unrelated causes, such as cellulitis, allergic reactions, or urinary tract infections and pneumonia. Various factors contribute to susceptibility to infection, and diagnosis primarily relies on clinical evaluation, although wound cultures and imaging may be necessary in some instances. This activity provides detailed information on postoperative wound infections, including their etiology, epidemiology, pathophysiology, common presentations, and evaluation and treatment options. This activity also highlights the crucial role of the interprofessional healthcare team and the collaborative approach between surgical and non-surgical clinicians to ensure the best possible patient outcomes.

Purulent diseases of infection associated with surgery have a tendency to grow around the world and the world of medicine's most pressing problem was noted that the fact that the wound was also developed strategies to fight against purulent infections and to prevent them. As noted, this microflora of taking the specific features of each region for the study of the sensitivity of the microflora play an important role in. In particular, we paid attention to increase the sensitivity of the microflora and the way to avoid them.

Research purpose: region Bukhara purulent surgical infection study the characteristics of regional the night.

Research materials and methods.

Region bukhara atnu he who received the western territory, Karakul district of 2023 in the year of purulent surgery, including infection treatment covers the analysis of the results was. We are based outpatient treatment for purulent surgical diseases of soft tissues 529 records we have analyzed outpatient units. Quantitative and qualitative bacteriological studies and the responsiveness of microflora to antibiotics in all patients studied.

Microbiological analysis of wound infection, as well as the qualitative and quantitative assessment of sensitivity to various antibiotics was carried out through implementation sekresiya collection from the wound.

The method for determining resistance of microflora.

The drive resistance of microflora balances diffusion method (DDhe) to identify its essence is as follows:

Method of application: to determine the sensitivity of ddhe 's dissolve into the environment from paper disks impregnated with abp feed them if fertilization on the growth of microorganisms on the surfacetop prevent is based on its ability to.

Get the results into account.

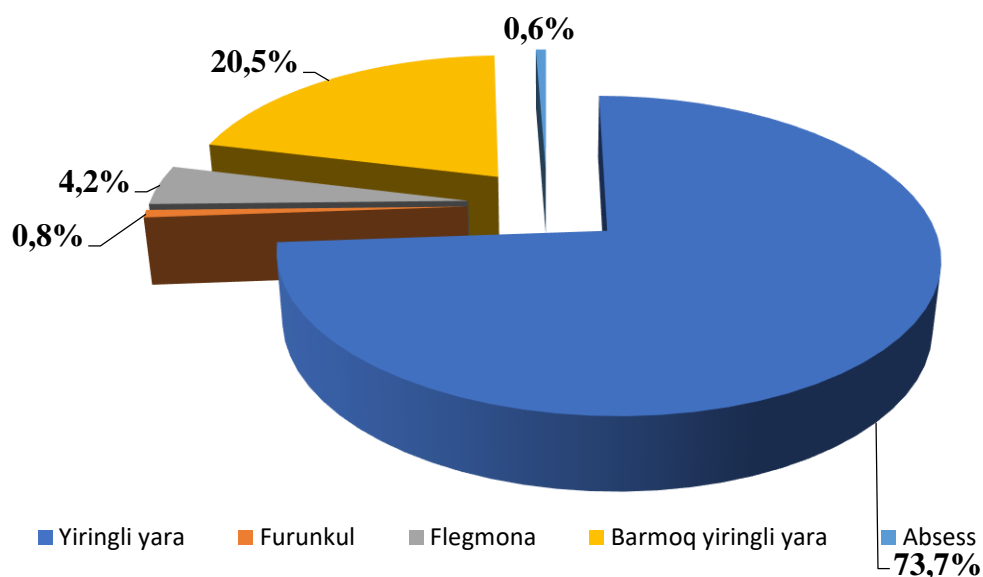
After completion of incubation, the occurrence of the dark mat of the vessel is put in reverse, then to them the light of 45 ° at an angle falls (light is reflected). The delay is measured with an accuracy of 1 mm zone diameter of growth, it is preferable to use or kaliper kaliperdan.

Growthto prevent visible growth of the zone to the zone of complete suppression of the measurement need to pay attention to. Growthto prevent light conditions detected in very small colonies in the zone to zoom in or to only on special zone and you should not give attention to at the edge of the covering almost not felt. The results of the sensitivity of detection of staphylococcus oksatsillinga, taking into account the zone of growth of small colonies identified in most of the exact inhibisyon when you need to take is no exception. microflora populations of microorganisms, or the presence of a strange geterorezistentligi this colony should determine the sensitivity of these strains to identify microorganisms and repeat the executive.Sar meat proteus strainsto determine the sensitivity of dd ng my growthto prevent the thin film can be covered with a veil similar to that of the zone, border zone and not to interfere with the results recorded in this character does not take into account.

Sulfanilamidlar are sensitive to inhibit the growth zone and their interaction in combination with trimetoprim to determine the limit of 80% of growthto prevent the level should be taken into account. The reason for this is that these microorganisms under the influence of drugs against a full understanding of the reproduction of before the end of the growth cycle until 1-2 can be.

Results and their discussion.

That covers the analysis of the results of the study, including analysis, Karakul district 's total population number 169 669 students. Purulent diseases of soft tissues in the year of 2023 to universal central polyclinic surgical 529 people (the population of the region of 0,2 percent) patient contact, that 472 students of the patient is based outpatient treatment. Of them, 348 dollar (73,7%) purulent wounds of soft tissues, 20 dollars, (4,2%) or gavin foot-whose hands flegmonasi, 4 of them in (0,8%) furunkul, 97 in them (20,5%) and purulent wounds of the fingers, and 3 of them in (0,6%) abses with.



Rice. The patient distribution by type 1 of the disease.

As noted above, the microflora of purulent see sensitive to antibiotics was also studied. Identify, **least tree-cutting Aureus** was sensitive to the following antibiotics: sefozalin, kanamitsin 21,6%, gentamits may be 47,5%, ceftriaxone, amoksiklav 22,7%, levfloksatsin 48,3%, eritromitwith 22,2% and 1 table. **Streptococcal** microflora at theoksiklav 46,6%, sefapirozin 54,1%, gentamicin, linkomitsin 49,1%, kanamitsin 45,8% s like antibioticsdetected infringement ezuvchi 2-table. **st.Epidermidis** s ateftriakson 88,3% and klovanir 85% sensitivity detected 3-table. **Ps.aerogenaza** the following antibiotics to determine susceptibilty levoroks 100%, sefadoksim 100% 4-table.

Each of the type of microflora to antibiotics sensitive are listed in the following table:

1 Picture.

Sensitivity the least tree-cutting Aureusdan antibiotics (n=360)

Nº	Antibiotic is the name of the	Sensitivity of the number of	Percentage (%)
1	Kanamisin	78	21,6%
2	Tsefozolin	78	21,6%
3	Gentamicin	171	47,5%
4	Tseftriakson	82	22,7%
5	perks of amoiklav	82	22,7%
6	Levofloksasin	174	48,3%
7	Eritromisin	80	22,2%

2 Picture.

Streptococcus antibiotics sensitivity (n=120)

Nº	Antibiotic is the name of the	Sensitivity of the number of	Percentage (%)
1	Amoksiklav	56	46,6%
2	Tsefapirozin	65	54,1%
3	Gentamicin	59	49,1%
4	Linkomisin	59	49,1%
5	Kanamisin	55	45,8%

3 Picture.

st.Epidermidis 's antibiotics sensitivity (n=60)

Nº	Antibiotic is the name of the	Sensitivity of the number of	Percentage (%)
1	Tseftriakson	53	88,3%
2	Klovanir	51	85%

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4 Picture.

Ps.aerogenaza 's antibiotiklarga sensitivity (n=50)

Nº	Antibiotic is the name of the	Sensitivity of the number of	Percentage (%)
1	Levoroks	50	100%
2	Tsefodoksim	50	100%

Thus, our research to identify the following interesting thoughts - learning we Bukhara province of the south western territory, the frequency of purulent surgical diseases, pathogenic microflora of them has specific properties and the type of resistance to various

antibiotics. purulent diseases of soft tissues and outpatient diagnosis and treatment of conditions that should be taken into account.

Systemic antibiotics are required for cases with systemic signs of infection such as fever, significant skin erythema, cellulitis, or if evidence of deeper soft tissue involvement is found. In cases where patients exhibit systemic signs of infection, obtaining blood cultures should be considered. Timely interventions in patients diagnosed with sepsis have been demonstrated to be life-saving. If the infection is superficial, treatment may be limited to local wound care. The primary treatment for superficial wound infections involves opening the incision, examining the wound, draining any infected fluid collections, and debriding (removing) all necrotic tissue. This procedure is typically performed at the bedside or in the office setting. If evidence suggests deeper involvement, drainage may be conducted via interventional radiology or, if needed, in the operating room.

Once a wound has been opened, dressings must create a clean, moisture-balanced environment while ensuring tissue is appropriately debrided and maintained at an optimal temperature to facilitate healing. A balanced wound matrix prevents tissue necrosis caused by desiccation and contains growth factors that support healing, epithelial regeneration, and autolysis of dead tissue. Wound dressings tailored to specific wound environments are available. The choice of dressing type and frequency of changes depend on the wound's condition and stage of healing. Topical antiseptics such as hydrogen peroxide, dilute sodium hypochlorite, and povidone-iodine solutions may be sparingly used in infected, open wounds, but their application should be limited due to the cytotoxicity they pose to the wound matrix.

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