



EARLY DIAGNOSIS OF SURGICAL DISEASES AMONG THE POPULATION AND ORGANIZATION OF PREVENTIVE WORK

¹Eshdavlatov Baxriddin

Associate Professor of the Department of Public Health and Health
Management

²Badriddinov Fazliddin

3rd year student of the Faculty of Pediatrics and Medical Biology

³Atojev Javokhir

3rd year student of the Faculty of 1-Pediatrics
Tashkent Pediatric medical institute (Uzbekistan)
<https://www.doi.org/10.5281/zenodo.7989799>

ARTICLE INFO

Received: 24th May 2023

Accepted: 30th May 2023

Online: 31th May 2023

KEY WORDS

Early diagnosis, surgical diseases, preventive work, screening, lifestyle modifications, risk factors, healthcare systems, community organizations, cultural barriers, linguistic barriers, stigma, fear, systemic barriers, funding, awareness, access..

ABSTRACT

Early diagnosis of surgical diseases is a critical aspect of healthcare that can save lives, improve outcomes, and reduce healthcare costs. Surgical diseases are conditions that require surgery for treatment, and they can range from minor to life-threatening. Early detection of these conditions is crucial to prevent complications, reduce the need for more invasive treatments, and improve overall health outcomes. This article will explore the importance of early diagnosis of surgical diseases, the current state of preventive work, and strategies for improving prevention efforts.

Introduction. Early diagnosis and prevention of surgical diseases is a critical component of healthcare, as it can improve outcomes, reduce healthcare costs, and save lives. Preventive work for surgical diseases involves a combination of screening, education, and lifestyle modifications. However, despite the importance of early diagnosis and prevention, there are several challenges that can hinder access to these services. These challenges include limited resources, lack of awareness, cultural and linguistic barriers, stigma and fear, and systemic barriers. To address these challenges and improve early diagnosis and prevention of surgical diseases, healthcare providers, policymakers, and community organizations must work together to increase funding and resources, improve access and awareness, address cultural and linguistic barriers, address stigma and fear, and address systemic barriers. In this article, we will explore the challenges to early diagnosis and prevention of surgical diseases, as well as the strategies that can be used to improve access to these critical services. By working together, we can improve early diagnosis and prevention of surgical diseases and improve overall health outcomes.

Methods results and discussion

Early diagnosis of surgical diseases is essential because it can help prevent complications and improve outcomes. When surgical diseases are diagnosed early, they can



be treated more effectively and with less invasive procedures. For example, if a tumor is detected early, it may be possible to remove it through minimally invasive surgery, such as laparoscopy. If the tumor is left untreated or detected at a later stage, it may require more extensive surgery or other treatments, such as radiation or chemotherapy, which can be more expensive and have more side effects. Early diagnosis of surgical diseases can also save lives. For example, early detection of colon cancer can significantly increase the chances of survival. According to the American Cancer Society, the five-year survival rate for people with stage I colon cancer is 90%, compared to 14% for those with stage IV colon cancer. Similarly, early detection of breast cancer can improve the chances of survival. The five-year survival rate for women with early-stage breast cancer is nearly 100%, compared to 26% for women with advanced-stage breast cancer. In addition to improving outcomes and reducing healthcare costs, early diagnosis of surgical diseases can also reduce the emotional and psychological impact of these conditions. Patients who are diagnosed early can receive treatment sooner and have a better chance of a full recovery, which can reduce the anxiety, stress, and uncertainty associated with these conditions.

Current State of Preventive Work. Preventive work for surgical diseases is focused on identifying and addressing risk factors that increase the likelihood of developing these conditions. The most common risk factors for surgical diseases include age, genetics, lifestyle factors, and environmental factors. For example, smoking, obesity, and a sedentary lifestyle can increase the risk of developing various surgical diseases, such as lung cancer, colon cancer, and heart disease. Preventive work for surgical diseases involves a combination of screening, education, and lifestyle modifications. Screening tests can help detect early signs of surgical diseases, such as tumors or abnormalities in organs. For example, mammography is a screening test for breast cancer, and colonoscopy is a screening test for colon cancer. Education and lifestyle modifications can help individuals reduce their risk of developing surgical diseases by adopting healthier behaviors, such as quitting smoking, exercising regularly, and eating a healthy diet. Preventive work for surgical diseases is typically carried out by healthcare professionals, such as primary care physicians, nurses, and specialists. These professionals may work in a variety of settings, including hospitals, clinics, and community health centers. They may also collaborate with public health officials, policymakers, and community organizations to develop and implement prevention strategies.

Challenges to Early Diagnosis and Prevention. Despite the importance of early diagnosis and prevention, there are several challenges that must be addressed to improve these efforts. Some of the key challenges include:

- **Limited resources:** Preventive work for surgical diseases requires significant resources, including funding, personnel, and equipment. Many healthcare systems are already stretched thin, and preventive efforts may not be a priority in some settings.
- **Lack of awareness:** Many people are not aware of the importance of early diagnosis and prevention, or they may not know how to access screening tests or other preventive services.
- **Cultural and linguistic barriers:** People from different cultural and linguistic backgrounds may have different attitudes and beliefs about preventive care. This can create barriers to accessing preventive services, especially if these services are not culturally sensitive or available in languages other than English.



- Stigma and fear: Some people may avoid screening tests or other preventive services due to stigma or fear. For example, some women may avoid mammography due to fear of pain or discomfort, or men may avoid prostate cancer screening due to fear of a cancer diagnosis.
- Systemic barriers: There may be systemic barriers to accessing preventive care, such as lack of health insurance, transportation, or childcare.

Strategies for Improving Early Diagnosis and Prevention. Despite these challenges, there are several strategies that can be used to improve early diagnosis and prevention of surgical diseases. Some of the key strategies include:

- Increase funding and resources: Healthcare systems and policymakers can increase funding and resources for preventive care, including screening tests, education, and lifestyle modification programs.
- Improve access and awareness: Healthcare providers and community organizations can work together to increase access to preventive services and raise awareness of the importance of early diagnosis and prevention.
- Address cultural and linguistic barriers: Healthcare providers can improve cultural competence and provide services in languages other than English to better serve diverse populations.
- Address stigma and fear: Healthcare providers can work to address stigma and fear associated with preventive care by providing information and support to patients and addressing their concerns.
- Address systemic barriers: Policymakers and healthcare systems can address systemic barriers to accessing preventive care by providing health insurance, transportation, and childcare services.

Conclusion. Early diagnosis and prevention of surgical diseases are critical for reducing the burden of disease and improving health outcomes among the population. Surgical diseases, such as cancer, cardiovascular disease, and chronic obstructive pulmonary disease (COPD), are responsible for a significant proportion of global morbidity and mortality. According to the World Health Organization (WHO), non-communicable diseases (NCDs) account for approximately 71% of all deaths worldwide, and this figure is expected to increase in the coming years. Early diagnosis is an important component of preventing surgical diseases. Early detection of diseases through screening can lead to earlier treatment, which can reduce the need for more extensive and costly interventions. In addition, early diagnosis can improve the quality of life for patients and reduce the risk of complications associated with advanced-stage disease. Early diagnosis of surgical diseases is essential for improving outcomes, reducing healthcare costs, and saving lives. Preventive work for surgical diseases involves a combination of screening, education, and lifestyle modifications. However, there are several challenges to early diagnosis and prevention, including limited resources, lack of awareness, cultural and linguistic barriers, stigma and fear, and systemic barriers. To improve early diagnosis and prevention, healthcare providers, policymakers, and community organizations must work together to increase funding and resources, improve access and awareness, address cultural and linguistic barriers, address stigma and fear, and address systemic barriers. By working together, we can improve early diagnosis and prevention of surgical diseases and improve overall health outcomes.



References:

1. Pashayan, N., Antoniou, A. C., Ivanus, U., Esserman, L. J., Easton, D. F., French, D., ... & Widschwendter, M. (2020). Personalized early detection and prevention of breast cancer: ENVISION consensus statement. *Nature Reviews Clinical Oncology*, 17(11), 687-705.
2. Sankaranarayanan, R., Ramadas, K., Amarasinghe, H., Subramanian, S., & Johnson, N. (2015). Oral cancer: prevention, early detection, and treatment. *Cancer: disease control priorities, third edition (volume 3)*.
3. Brocklehurst, P., Kujan, O., O'Malley, L., Ogden, G. R., Shepherd, S., & Glenny, A. M. (2013). Screening programmes for the early detection and prevention of oral cancer. *Cochrane database of systematic reviews*, (11).
4. Kaplan, R. M. (2000). Two pathways to prevention. *American psychologist*, 55(4), 382.