

## The Value of Laparocenteza in the Diagnosis of Closed Abdominal Trauma

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The author focuses on the need to resort to the laparocentezu in the diagnosis of closed abdominal trauma, especially when there is a mass flow of victims. This method allows you to properly perform medical triage that is to provide first aid to those most in need. He describes a more efficient and safer way than the traditional laparocenteza. He rightly points out that, in recent years, increased surveillance of natural and man-made disasters, when the hospital immediately received many victims to sort based on the principle of providing assistance to those most in need first, and then really all the rest. Of particular importance in this regard belongs to the techniques that enable you to quickly understand the health status of the incoming person. To methods such as times and dates laparocentesis, which allows for a few minutes to recognize a catastrophe in the abdominal cavity. However, the traditional method of laparocenteza carries a certain danger. In doing so, he became convinced over the years a traumatologist and surgeon. In his view, the traditional method of laparocenteza, the proposed zone entrance needle or trocar into the abdomen does not guarantee the safety of the bladder and other organs from the damaging action of these instruments. All surgical guides recommend puncture the abdominal wall to the white line in the middle of the distance from the junction of the lonnogo and to the navel, but the trauma of the abdomen muscles bladder lose their airway and bladder urine becomes saturated and its bottom can go up to the navel and even higher. And then, when the specified zones puncture, damage to the wall of the bladder, urinary peritonitis. Not only may the end of the tool not penetrate into the free abdomen as distended bubble moves up the peritoneum. Puncture in the zone there are no muscles, and evil is present with skin to aponevrozu, and the latter to the peritoneum and following through the puncture can long trickle liquid that can result in infection of the abdominal cavity. These and other dangerous reasons forced him to abandon

the traditional area of puncture and resort to another abdominal puncture-on -2.0 1.5 cm below and to the left of the navel. The tool runs in the slanting towards the navel. With this promotion, he runs from the trocar point of entry on the skin to rubcovomu navel ring, where soldered peritoneum. While pierced the front sheet edge straight muscle Apo neurosis, Apo neurosis and sheet back peritoneum. Procedure performed under local anesthesia, which is important when bulk flow of patients. In the area of the navel peritoneum srashhena with scar tissue and does not exfoliate when passing through the instrument. Penetration of the end of the trocar into the abdominal cavity is clearly felt. This eliminates the desire to promote the end of tool deep into the cavity. Once the moment of puncture of peritoneum, stiletto is removed and the study of abdominal effusion occurs. If it is not, is an audit this cavity to Berkutovu. Laparocenteza this technique the author applied from 40 patients with abdominal injury and got good results.

### Conclusion

Based on the study of materials in this article, we can conclude that in case of closed trauma of abdominal organs need to resort more frequently to laparocentezu. Subject to the necessary caution he safe because available. For its implementation does not require expensive tools and finding the resuscitation Ward, that when bulk flow affected the medical institution is of paramount importance. This method allows you to quickly and accurately perform medical triage towards determining the urgency of the surgery a victim. It appropriate to resort to the proposed method, the author has a puncture of the anterior abdominal wall to produce in the slanting direction left to right below the navel on -2.0 1.5 cm, not to injure the bladder, if he is able to paresis and overflowing with urine.

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