

SURGICAL PROCEDURE IN PATIENTS WITH CONGENITAL HEART DEFECTS

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Abstract: Intrinsic heart abandons (CHDs) allude to primary irregularities in the heart that are available upon entering the world. These imperfections can have huge ramifications for the impacted people and may require careful mediations to reestablish appropriate heart capability. This article will investigate the different surgeries generally acted in patients with CHDs.

Keywords: Operations, situations, patients, conclusion, diagnose, blood vessel

Introduction: Inherent heart absconds, otherwise called innate heart oddities or intrinsic cardiovascular deformities, are anomalies in the design of the heart that are available upon entering the world. They range from somewhat minor issues like openings between offices of the heart to extremely serious contortions like the total shortfall of at least one chambers or valves.

Despite seriousness, all innate heart absconds fundamentally influence the construction and capability of the heart. For some patients, surgeries are important to fix or mitigate the deformities. One of the most widely recognized innate heart abandons is an atrial septal deformity (ASD), which is an unusual opening in the separating wall (septum) between the upper filling offices of the heart (atria).

Careful conclusion of an ASD is typically performed through open-heart medical procedure, where the chest is opened and the heart is gotten to straightforwardly. The specialist will put a fix made of engineered material, like Violence Tax, over the opening to close and seal it. This carefully shuts the deformity and keeps blood from blending between the atria. Post-employable recuperation by and large requires 4 a month and a half.

A ventricular septal deformity (VSD) is an opening situated in the wall isolating the left and right ventricles of the heart. Careful conclusion of a VSD is likewise normally performed through open-heart medical procedure. The specialist will put a fix, typically made of manufactured material, straight over the imperfection to close and seal it.

For strong VSDs situated in the solid part of the septum, the fix might be put from inside the heart or through an entry point in the ventricular septum. Complete conclusion brings about partition of the pneumonic and fundamental flows.

Atrioventricular waterway absconds, otherwise called endocardial pad abandons, include anomalies in the tissue that isolates the upper and lower offices of the heart. Careful fix is normally suggested in adolescence. The activity includes shutting the openings between the atria and ventricles with patches and recreating the valves between the chambers. This is an exceptionally intricate open-heart surgery performed under cardiopulmonary detour. After medical procedure, patients frequently require long haul cardiology follow-up.

Quadruplicate of Fallot is a blend of four imperfections that happen together - ventricular septal deformity, right ventricular hypertrophy, superseding aorta, and right ventricular outpouring plot impediment. Careful fix, known as complete fix of quadruplicate of Fallot, expects to address each of the four deformities.

The medical procedure includes opening the right ventricle, fixing the ventricular septal deformity, easing deterrent in the pneumonic vein, and implanting the aspiratory valve if necessary. Post-usable consideration centers around forestalling complexities like arrhythmias or pneumonic hypertension. Long haul follow-up is significant as reintervention might be required in certain patients.

One of the essential contemplations in focusing on patients with heart surrenders after a delivering effort is observing their actual wellbeing. This includes intently observing their important bodily functions, for example, pulse, pulse, and oxygen levels, to guarantee that they are steady and inside ordinary reaches. It is additionally critical to survey the patient's cut site for any indications of contamination or complexities, as well as to screen their generally speaking state of being for any indications of trouble or uneasiness.

Notwithstanding actual checking, it is urgent to give patients the essential clinical help to deal with their side effects and forestall any possible intricacies. This might include directing medicine to control torment, forestall contamination, and deal with any basic heart conditions. It is likewise fundamental to furnish patients with clear and intensive directions on post-usable consideration, including wound care, medicine the board, and way of life changes to advance a sound recuperation.

Moreover, really focusing on patients with heart deserts after a delivering effort likewise includes tending to their close to home and mental prosperity. It is normal for patients to encounter a scope of feelings following a significant surgery, including nervousness, dread, and wretchedness. Medical services experts should furnish patients with everyday reassurance and guiding to assist them with adapting to their sentiments and acclimate to their new reality. This might include associating patients with psychological well-being experts, support gatherings, and different assets to assist them with exploring their profound excursion.

Besides, it is essential to include the patient's family in the consideration cycle, as they assume an urgent part in offering help and consolation to the patient. Teaching relatives about the patient's condition, recuperation cycle, and vital consideration can help establish a steady and sustaining climate for the patient to mend. It is likewise vital to furnish relatives with the essential assets and backing to assist them with adapting to the pressure and difficulties of really focusing on a friend or family member with a heart deformity.

Rendering of the extraordinary supply routes (TGA) is a condition wherein the pneumonic corridor and the aorta are associated with some unacceptable ventricles. The blood vessel switch activity is the standard careful treatment for TGA.

In this open-heart strategy, the extraordinary courses are detached from the ventricles and reattached so the aorta emerges from the left ventricle and the pneumonic conduit from the right ventricle. Coronary supply routes are additionally implanted from their unique areas to their new positions. This physically rectifies the imperfection. Post-usable consideration is concentrated as the activity conveys dangers of intricacies.

No matter what the particular deformity or technique, post-employable consideration following inherent heart medical procedure is basic. Patients are observed intently for entanglements in the heart ICU. Issues like dying, diseases, arrhythmias, and heart brokenness are overseen forcefully. Torment control is improved. Patients are continuously weaned off ventilation support and intravenous meds.

Before release, their cardiovascular capability and fix is totally assessed. Long haul circle back to cardiologists stays significant as certain patients might require reintervention or other administration over their lifetime. With propels in careful procedures and perioperative consideration, most youngsters can now expect great long-haul results after fix of their inborn heart abandons.

Conclusion

Surgical procedures play a crucial role in managing congenital heart defects. Early detection allows for timely intervention, while advancements in surgical techniques promote better outcomes. Rehabilitation and follow-up care are vital to ensuring patients lead healthy lives post-surgery. Through continued research and medical advancements, the field of surgical intervention for CHD continues to evolve, providing renewed hope for patients and their families.

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