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INTERNATIONAL CONFERENCE ON MULTIDISCIPLINARY STUDIES AND EDUCATION: a collection scientific works of the International scientific conference – London, England, 2025. Issue 1

Languages of publication: Uzbek, English, Russian, German, Italian, Spanish

The collection consists of scientific research of scientists, graduate students and students who took part in the International Scientific online conference «**INTERNATIONAL CONFERENCE ON MULTIDISCIPLINARY STUDIES AND EDUCATION**». Which took place in London , 2025.

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PREVENTIVE MEASURES FOR COMPLICATIONS AFTER GASTROINTESTINAL SURGERY

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Relevance: Postoperative complications following gastrointestinal (GI) surgery remain a significant challenge, increasing morbidity, hospital stays, and healthcare costs. Implementing effective preventive strategies can improve patient outcomes and reduce the burden on healthcare systems.

Aim: This study aims to evaluate the effectiveness of preventive measures in reducing complications after GI surgery by comparing two patient groups: a control group receiving standard care and a main group with additional preventive interventions.

Materials and Methods: The study was conducted at the Fergana Branch of the Republican Research Center of Emergency Medicine (RRCEM) and included 38 patients. Patients were divided into a control group (n=19) receiving routine postoperative care and a main group (n=19) receiving enhanced preventive measures such as optimized perioperative antibiotic prophylaxis, early mobilization, personalized nutritional support, and enhanced wound care. Postoperative complications, length of hospital stay, and recovery outcomes were analyzed.

Results and Discussion: The incidence of postoperative complications was significantly lower in the main group compared to the control group. Wound infections, anastomotic leakage, and pulmonary complications were reduced due to the implementation of enhanced preventive measures. Patients in the main group also demonstrated faster recovery and a shorter hospital stay. The findings suggest that a comprehensive preventive approach is crucial in minimizing postoperative complications and improving patient outcomes.

Conclusion: Implementing structured preventive measures can effectively reduce complications following GI surgery. Based on the study results, we recommend:

1. Establishing standardized perioperative protocols, including optimized antibiotic prophylaxis and early mobilization.
2. Enhancing postoperative nutritional support and wound care strategies to accelerate recovery and reduce infection risks.

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