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SYNDROME AFTER GASTRIC RESECTION

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Abstract
Gastric resection syndrome is a complex of various symptoms that occur in patients after surgical removal of a part of the stomach. The main reason for the development of this syndrome is a violation of the normal digestive process, which can lead to various unpleasant sensations and complications. Patients who have undergone resection often experience symptoms such as diarrhea, abdominal pain, feeling full, and nausea. These symptoms are caused by changes in the anatomy and physiology of the digestive system. A decrease in stomach volume affects the rate of digestion and absorption of nutrients, which can lead to vitamin and mineral deficiencies.

Keywords: Syndrome, stomach, diagnosis, laboratory, diet, differential diagnosis surgery.

Introduction

Gastric resection syndrome (GRF) is a complex of symptoms that occur after gastric surgery. The etiology of this syndrome is associated with changes in the anatomy and physiology of the gastrointestinal tract, which leads to disruption of the normal digestive process and absorption of nutrients. Clinical manifestations of GRF may include dyspepsia, diarrhea, rapid satiety, weight loss, and anemia. The physiological basis of these symptoms may be due to impaired secretion of gastrin and other hormones, as well as changes in intestinal motor function. Malabsorption syndrome is often observed, which is associated with a decrease in the surface of enterocytes responsible for absorption. In addition, resection can lead to changes in the intestinal microbiota, which further exacerbates the disorders. Understanding the etiology of prostate cancer is crucial for developing adequate diagnostic and treatment methods aimed at improving the quality of life of patients after surgery. [2, 5, 9].

Gastric resection syndrome is a complex condition that occurs in patients who have undergone gastric surgery. It can manifest itself in various symptoms such as abdominal pain, nausea, vomiting, diarrhea, and weight loss. The main factors contributing to the development of this syndrome are changes in the anatomy and physiology of the digestive tract, which leads to impaired absorption of nutrients and impaired intestinal motility. The pathogenesis of the syndrome involves several mechanisms. An increase in the rate of passage of food through the small intestine can cause ineffective absorption, which leads to a lack of vitamins and minerals. In addition, disruptions in the work of hormones responsible for regulating appetite and digestion

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lead to changes in metabolism and, as a result, to the development of anemia and osteoporosis. To diagnose the syndrome after gastric resection, it is necessary to take into account the clinical manifestations, conduct laboratory tests and instrumental examinations. Treatment includes both medication and dietary support, as well as, in some cases, re-operation [15,16].

The pathogenesis of the syndrome after gastric resection is a complex process associated with changes in the anatomy and physiology of the digestive tract after surgery. The main mechanism is a violation of the normal transit dynamics of food, which leads to the development of conditions such as Dumping syndrome, which occurs as a result of the rapid movement of food from the stomach into the small intestine. In addition, there is a deterioration in the absorption of nutrients, which leads to a deficiency of vitamins and minerals. Changes in the secretion of gastric juices and intestinal hormones contribute to dysbiosis and nutritional diarrhea. This condition causes a variety of clinical manifestations, from abdominal pain and discomfort to disabling weakness and potential dangers associated with prolonged nutritional deficiencies. The treatment approach requires a comprehensive and individual approach, including both drug therapy and dietary support. [2, 4, 9,15,16].

The syndrome after gastric resection is a complex of clinical manifestations that occurs in patients after surgical removal of part or all of the stomach. The main symptoms include pain in the epigastric region, intestinal disorders such as diarrhea, and Jumping syndrome, characterized by a sharp increase in blood glucose levels after eating. In this condition, patients may experience palpitations, sweating, nausea, and general weakness. In addition, there is a violation of the absorption of nutrients, which leads to a deficiency of vitamins and minerals such as vitamin B12, folic acid and iron. This can negatively affect your overall health, causing anemia and weight loss. Treatment of the syndrome usually involves changing the diet, monitoring the amount of food consumed and its quality, and in some cases, taking vitamin and mineral supplements. It is important that patients are under the supervision of specialists for timely correction of emerging disorders and maintenance of quality of life. [2, 4, 9,10,13].

Gastric resection syndrome (GRF) is a complex condition that occurs in patients who have undergone partial or complete gastric removal. Instrumental diagnosis of this syndrome plays a key role in early detection of complications and optimization of treatment approaches. In the diagnostic process, methods such as gastroscopy are used, which allows you to visualize the condition of the mucous membrane, and radiography with barium, which helps to assess the patency of the digestive tract. As well as ultrasound, which helps in identifying possible structural abnormalitieGastric resection syndrome (GRF) is a complex condition that occurs in patients who have undergone partial or complete gastric removal. Instrumental diagnosis of this syndrome plays a key role in early detection of complications and optimization of treatment approaches. In the diagnostic process, methodch as gastroscopy are used, which allows you to visualize the condition of the mucous membrane, and radiography with barium, which helps to assess the patency of the digestive tract. As well as ultrasound, which helps in identifying possible structural abnormalities. Clinical manifestations of GRF may include pain, dyspepsia, diarrhea, and malnutrition, which can significantly reduce a patient's quality of life. It is important to carry out a comprehensive approach to assessing the patient's condition, including the analysis of laboratory data and

Web of Medicine: Journal of Medicine, Practice and Nursing
webofjournals.com/index.php/5

functional tests. Thus, instrumental diagnostics not only makes it possible to establish a diagnosis, but also forms a strategy for further monitoring and treatment of a patient with prostate cancer.

Esaphagogastroduodenoscopic diagnostics is a complex and multifaceted process that requires highly qualified and careful approach from medical personnel. This technique allows you to examine the upper gastrointestinal tract, identifying functional and structural changes that occur after surgery. The syndrome after gastric resection can manifest itself in a variety of symptoms: from abdominal pain to digestive disorders and weight loss. Esaphagogastroduodenoscopy provides a unique opportunity for direct visual examination of the mucous membrane, which helps diagnose possible com

The syndrome after gastric resection is a complex of clinical manifestations that occur after surgery involving the removal of part of the stomach. Laboratory diagnostics of this condition plays a key role in detecting disorders related to nutrient absorption, metabolism, and intestinal microflora. The most important aspects of laboratory diagnostics are tests for the level of vitamins, minerals and various biochemical parameters. There is often a deficiency of B vitamins, iron, as well as high levels of homocysteine, which may indicate malabsorption. Analysis of feces for hidden blood and alpha-1-antipsin helps to assess the condition of the intestinal mucosa and identify possible inflammatory processes. In addition, it is important to evaluate gastrin secretion in order to exclude the development of Zollinger-Ellison syndrome, which may be accompanied by excessive acid production and lead to serious complications. An integrated approach to laboratory diagnostics allows us to form a strategy for individualized treatment and prevention of recurrence of symptoms of the syndrome. [1, 3, 7,13,17].

The differential diagnosis of the syndrome after gastric resection is a complex task requiring in-depth knowledge of anatomy, physiology, and clinical pathology. The syndrome is characterized by a variety of symptoms, including abdominal pain, dyspepsia, diarrhea, and weight loss. An important point in diagnosis is to exclude other exogenous and endogenous diseases such as irritable bowel syndrome, celiac disease and gastric carcinoma. The clinical examination includes anamnesis analysis, examination, laboratory and instrumental diagnostic methods, including ultrasound, gastroscopy and radiography with contrast. Laboratory tests make it possible to assess the level of essential nutrients and exclude iron deficiency anemia. It is important to consider the impact of resection on the patient's quality of life. Treatment of the syndrome after gastric resection requires an integrated approach: diet therapy, fortification, possibly drug correction and, in some cases, surgical intervention. Effective diagnosis and treatment of this condition play a key role in restoring patients' health. [2, 4, 9,11,14].

Gastric resection syndrome is a complex set of symptoms that occur in patients after surgery to remove part or all of the stomach. Conservative treatment of this syndrome is aimed at managing symptoms, improving quality of life and preventing complications. Initially, it is important to carefully regulate the diet, which includes smaller portions of food rich in protein and carbohydrates, with an emphasis on slow and thorough chewing. This helps to avoid problems such as "rapid emptying" syndrome and intestinal discomfort. Drug therapy may include the use of prokinetics to stimulate the motor function of the stomach and antidepressants to relieve chronic pain. Experts also recommend the introduction of vitamin and mineral supplements, especially group B and iron, to prevent anemia and other deficiencies. Physical activity plays an important

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role in recovery, as it helps to normalize metabolism and improve digestion. All of the above approaches should be carried out under the strict supervision of a medical professional to achieve optimal results.

The syndrome after gastric resection is a complex of symptoms that can occur as a result of surgical removal of a part of the stomach. Treatment of this syndrome requires a comprehensive approach that includes diet changes, drug therapy, and psychological support. The first step is to adapt your diet. Fractional meals in small portions are recommended, excluding heavy and fatty foods. Eating protein-rich foods can help improve digestion and reduce negative feelings. It is also important to monitor the level of vitamins and minerals, taking supplements if necessary. Drug therapy is aimed at relieving symptoms: antiemetics, analgesics and drugs that regulate the level of gastric acidity. Psychological support plays a significant role in recovery, as stress and anxiety can worsen the condition. Regular consultations with a gastroenterologist and following the recommendations will help significantly improve the patient's quality of life and alleviate the symptoms of the syndrome. [3, 4, 8,15,17].

Prevention of the syndrome after gastric resection is a frequently discussed topic in medical practice. The main purpose of preventive measures is to minimize the risky consequences that occur in patients after surgery. One of the key aspects is proper nutrition, which should include small portions rich in protein and vitamins. The presence of a full-fledged diet helps to improve the absorption of food and reduce the symptoms of malnutrition.It is also important to regularly monitor the patient's health status in order to detect possible complications early. The inclusion of physical exercises in daily practice helps strengthen the body and accelerates recovery after surgery.Psychological support plays an equally important role, as the patient's emotional state can significantly affect the recovery process. Support groups and consultations with psychologists help to cope with anxiety and depression, which often accompany the postoperative period. Thus, an integrated approach to the prevention of the syndrome after gastric resection is the key to successful rehabilitation.

Rehabilitation after gastric resection is an important process that requires an integrated approach to restore the patient's health. After surgery, people may experience a syndrome associated with changes in metabolism, digestive disorders, and psychological aspects. The first step in rehabilitation is a healthy diet. Patients are recommended to eat fractional meals in small portions, preference should be given to light and nutritious foods rich in proteins, vitamins and minerals. Eliminating fatty and heavy foods helps improve digestion.Psychological support is a key aspect of rehabilitation. Recovery after resection can cause feelings of anxiety and depression, so it is important to consult a psychologist or psychotherapist in time.Physical activity also plays an important role. Moderate physical activity helps to improve the overall condition of the body and accelerate recovery. [2, 5, 9,14,16].

Conclusions

In addition, the syndrome may be accompanied by psychological aspects, such as anxiety about nutrition and lifestyle changes. Dietary changes, careful health monitoring, and, in some cases, drug therapy are recommended to alleviate the condition of patients. Thus, the syndrome after gastric resection requires an integrated approach to the treatment and management of the patient.

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A comprehensive approach to rehabilitation, including proper nutrition, psychological support and an active lifestyle, will help patients significantly improve their quality of life after gastric resection.

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