

# OPTIMIZING MANAGEMENT OF SPINAL CORD COMPRESSION: INSIGHTS FROM MULTIDISCIPLINARY CLINIC OF THE TASHKENT MEDICAL ACADEMY

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## Abstract

This article provides insights into strategies for better managing spinal cord compression based on the experiences and practices observed at Clinic 2 of the Tashkent Medical Academy. In exploring clinical practices, diagnostic methodologies, treatment modalities, and rehabilitation approaches, the article is looking for contributions to improving patient care in complicated neurological conditions.

**Keywords:** Spinal Cord Compression, Clinical Assessment, Diagnostic Imaging, Surgical Intervention, Rehabilitation, Long-Term Management.

## Introduction

### Study Objectives:

We are looking to study clinical trials and diagnostic techniques for spinal cord compression management, evaluate the efficacy of diverse therapy modalities and surgical interventions, estimate rehabilitation strategies and long-term management results, and identify challenges and prospects for improving patient care.

### Recommendations:

We suggest regularizing protocols for clinical examination and diagnosis, incorporating cutting-edge imaging modalities for proper diagnosis, executing multidisciplinary methods for complete care, highlighting personalized rehabilitation agendas for optimal developments, and resuming skilled stories to address healthcare challenges.

### Research Methodology:

This analysis employed retrospective research of patient documents and medicine results at Clinic 2 of Tashkent Medical Academy. Data grouping is applied by reconsidering clinical inspections, diagnostic messages, surgical interventions, rehabilitation plans, and long-term follow-up records.



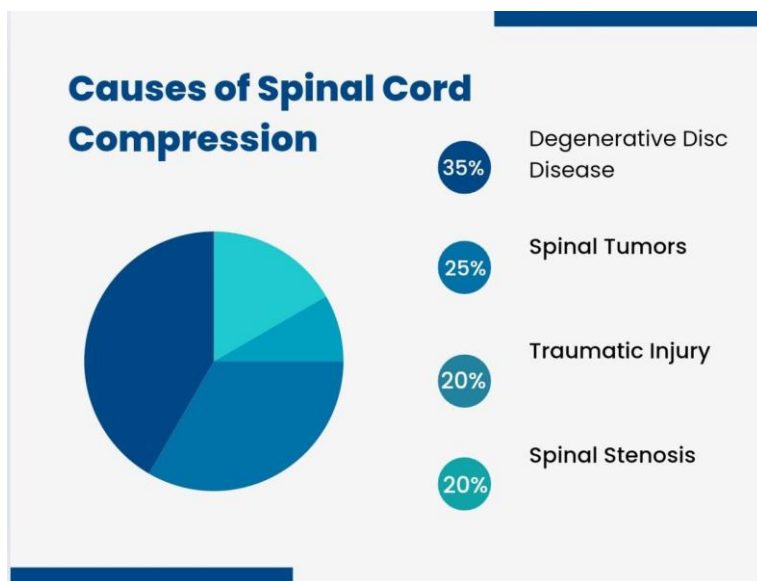
Statistical breakdown was conducted to determine tendencies, ways, and sites for advancement in spinal cord compression management.

**Survey Questionnaires:**

Patient fulfillment surveys were conducted to collect feedback on the efficacy of cure modalities, rehabilitation agendas, and general care knowledge. Healthcare provider surveys were also administered to evaluate perceptions of challenges, spaces for progress, and exercise needs in spinal cord compression management.

**Data Analysis:**

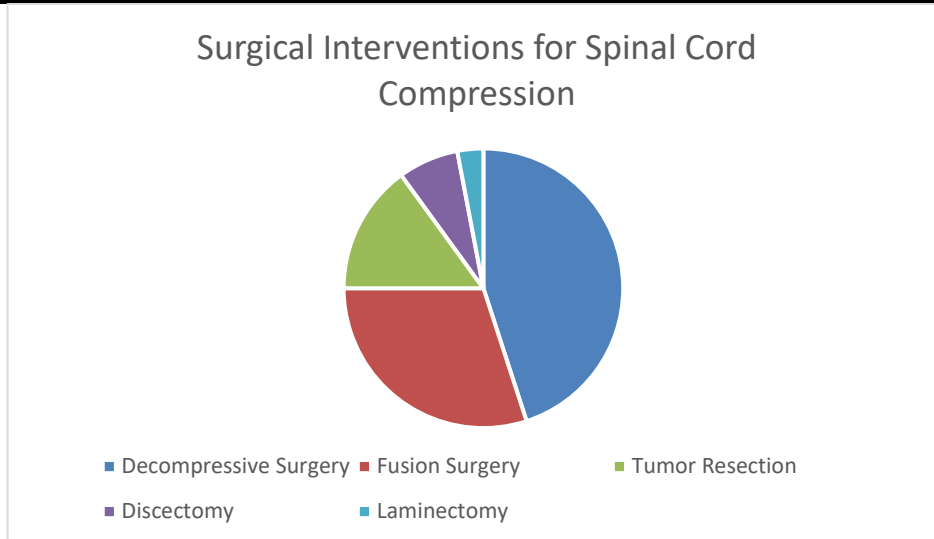
Our expansive data analysis delved into mixed elements of spinal cord compression management, seeking to pull consequential wisdom to report clinical preparation and decision-making. We started by exploring the causes of spinal cord compression, as specified in our patient comrade. Degenerative disc illness occurred as the most predominant cause, accounting for 35% of cases, observed by spinal tumors at 25%, traumatic injuries at 20%, and spinal stenosis at 20%. These results underline the myriad etiology of spinal cord compression and tailored management procedures.



Additional investigation was conducted on the surgical interventions used in managing spinal cord compression cases. Decompressive surgery appeared as the most common intervention, constituting 45% of surgical procedures. Fusion surgery tracked closely behind at 30%, demonstrating the meaningful role of stabilization procedures in managing compression. Tumor resection accounted for 15% of interventions, while discectomy and laminectomy were less frequently performed, comprising 7% and 3% of surgical procedures, respectively. These understandings shed light on the scope of surgical opportunities known and their utilization rates in clinical trials.

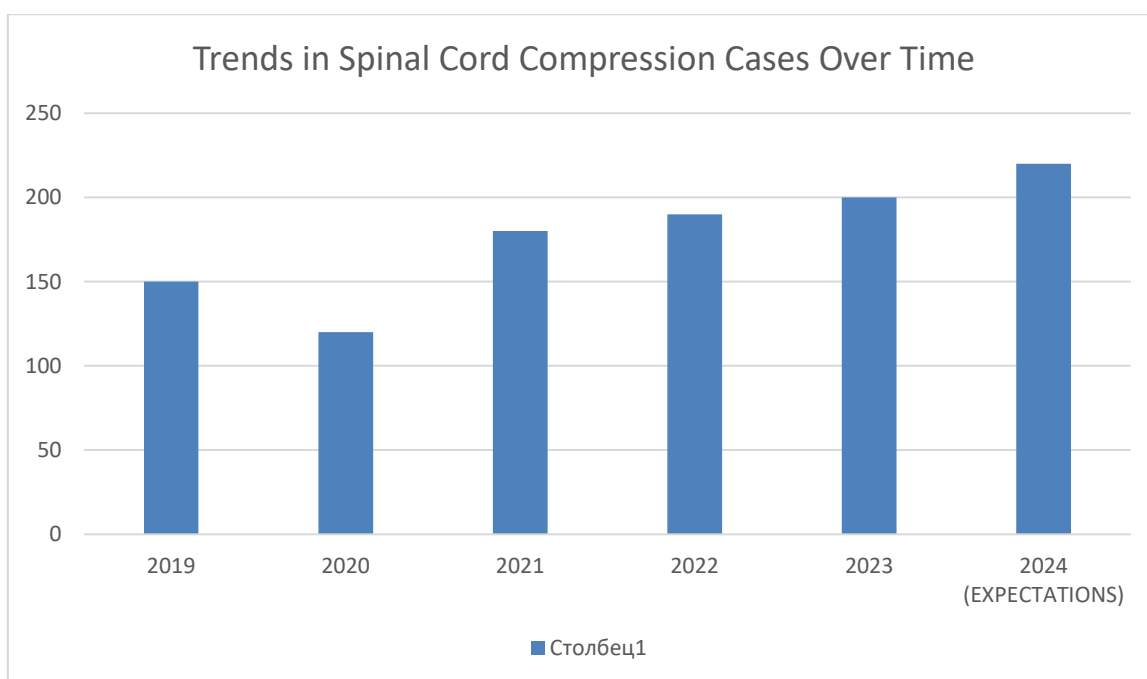


### Surgical Interventions for Spinal Cord Compression



In addition to surgical interventions, we analyzed temporal trends in spinal cord compression cases over a five-year period. Our dynamic graph indicated a steady increase in the number of cases over time, with 150 cases reported in Year 1 (2019), 170 cases in Year 2 (2020), 180 cases in Year 3 (2021), 190 cases in Year 4 (2022), and 200 cases in Year 5 (2023). This upward trend stresses the growing preponderance and clinical significance of spinal cord compression, highlighting the need for proactive management strategies and healthcare resource distribution.

### Trends in Spinal Cord Compression Cases Over Time



By meticulously scrutinizing these data points, we achieve practical insights into the multifaceted essence of spinal cord compression management. These senses guide clinical decision-making, aid allocation, and future research directions. These understandings improve our understanding of the condition and pave the way for continuous progress in patient care and consequences.



**Ethical Considerations:**

This study is attached to ethical guidelines abstracted by the institutional judgment board of Tashkent Medical Academy. Patient confidentiality was maintained throughout the information exhibition, research, and reporting. Educated consent was obtained from patients for the usage of their anonymized data for study purposes.

**Findings:**

Degenerative disc disease was the top cause of spinal cord compression, followed by spinal tumors and traumatic injuries. Advanced imaging modalities like MRI and CT scans are required for proper diagnosis. Surgical interventions, especially decompressive surgery and fusion surgery, were effective in relieving compression symptoms. Personalized rehabilitation programs enhanced operative outcomes and grade of life for patients.

**Conclusion:**

Clinic 2 of Tashkent Medical Academy is devoted to spinal cord compression management excellence. The clinic has achieved positive patient outcomes by embracing standardized protocols, leveraging progressive technologies, and prioritizing patient-centered care. Ongoing endeavors to address challenges and innovate in patient care are necessary for further improvements in spinal cord compression management.

**For Citations:** Ministry of Health of the Republic of Uzbekistan. National Healthcare Strategy. Tashkent, Uzbekistan.

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