In order to improve the treatment results, we have analyzed the common treatment schemes offered to patients with concomitant arm injuries, and revealed serious mistakes and complications that make the actions of the secondary aid considerably longer and complicated. The main concern causes late diagnostics of acute arterial blood flow disturbance in an injured arm.

With this view in mind, we developed and introduced into clinical practice a new scheme of emergency angio-trauma aid to patients with concomitant arm injuries. According to this scheme, the medical procedure should be clearly regulated, while taking into account the opinions of all specialists, who provide medical care to the patient and determine further treatment steps.

The proposed innovation has considerably reduced the time period between the first visit to a doctor and the operation. It allows not to miss the best time for the surgery, and considerably reduces the number of the possible complications that appear during the postoperative period and can affect the total result of treatment.

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IMPLEMENTATION OF AN EXPERIMENTAL MODEL OF SECONDARY AID TO PATIENTS WITH CONCOMITANT ARM INJURY

Baubekov M.B.
Research Institute of Traumatology and Orthopedics Astana, Kasakhstan

Problem of secondary surgical care of patients with concomitant arm injuries is regarded in modern surgery as solvable, thanks to use of microsurgery methods.

But many complications caused by a large number of mistakes at the stage of primary care, call for new organization and management technologies in form of a tactical algorithm scheme, which would let reduce their quantity considerably, or in some cases completely avoid them.

The aim of our study was to develop a model of secondary medical care for patients with concomitant arm injuries, and implement it into clinical practice of a multi-specialty hospital.

A conceptually new algorithm scheme of secondary care for patients with concomitant arm injuries was developed and introduced at the department of microsurgery and hand injuries of the Research Institute of Traumatology and Orthopedics, Astana (headed by professor N.D. Batpenov) during the period from 2001 till 2008.

Our study bases on a multi factoral analysis of qualified medical aid provided to 84 patients with concomitant arm injuries, treated at the department of microsurgery and hand injuries of the Research Institute of Traumatology and Orthopedics, Astana, during this time.

The conducted analysis revealed the most typical mistakes, made by the primary care. The main mistake was late diagnostics of acute limb ischemia provoked by a concomitant injury. Revascularization, followed by reperfusion syndrome, considerably complicated further actions of secondary care providers.

Basing on the obtained data, we have developed and introduced a new algorithm scheme of qualified medical aid to patients with concomitant arm injuries, at all stages of medical evacuation. According to this scheme, all tactical and diagnostic steps should follow each other in a clear order; at each stage, the information of the previous one is to be considered.

Newly implemented organization and management algorithm scheme resulted in better surgical results at patients with the above mentioned injuries; the number of mistakes and complications in primary care reduced twofold.

We suppose, that managerial problems of aid to patients with concomitant arm injuries could be solved, if diagnostic and tactical approaches would be clearly scheduled for primary care providers, by means of new organization and management technologies, implemented into clinical practice in form of the algorithm scheme.

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IMPROVING DIAGNOSTICS OF SPINAL STENOSIS CAUSED BY INJURIES

Karibaev B.M.
Traumatology and Orthopedics Research Institute Kazakhstan, Astana

Despite widely used spinal computer tomography with sagittal reconstruction (CT) and spinal magnetic resonance imaging (MRI) in the clinical practice, myelography (MG) using nonionic contrast agents remains an important diagnostic tool during operation.

The aim of this study was to analyze the results of intraoperative control by means of MG, during the surgeries for the injury-caused spinal stenosis.

Materials and methods

Results of surgical treatment in 17 patients with thoracic and lumbar spine injuries were analyzed. 12 patients had a complex closed spinal cord injuries after falling from a great height, 5 were injured in a car accident. All the patients were operated within one till 3,5 months after the accident.