REHABILITATION METHODS AFTER REMOVAL OF INTERVERTEBRAL HERNIAS OF THE LUMBAR SPINE

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Relevance: The proportion of unfavorable outcomes of surgical treatment of DDZP varies from 20% to 60%, and depends on the length of the follow-up period for patients, the selected criteria for the effectiveness of operations and methods for evaluating the results. The frequency of reoperations in DDZP is determined by the type of primary intervention, and is 4-27.2% for discectomy, 11 -19% for decompressive laminectomy, and 9 – 39% for spinal fusion. Repeated operations include decompressive and decompressive stabilizing aids, which, according to the authors, are associated with technical difficulties due to scarring changes in the area of the previous operation, and also do not give acceptable clinical and functional results.

There is insufficient literature information about the radiation doses of surgeons and patients during percutaneous video endoscopic operations on the spine. In the Y study. Ahn et al. (2013) used the ID to evaluate the radiation doses of surgeons performing transforaminal endoscopic lumbar discectomy. The evaluation was performed by dividing the value of the ID dose accumulated over 6 months by the number of operations performed. The average dose values were as follows: neck-0.0785 mSv; chest-0.1718 mSv; right shoulder-0.0461 mSv; ring fingers of the left and right hands-0.7318 mSv and 0.6694 mSv, respectively. The average fluoroscopy time was 2.5 minutes. The effective dose (E) of the surgeon was 0.01 mSv and was determined by the formula: 69 E= (0.5•dose under the apron) + (0.025•dose above the apron). The authors also determined the approximate number of CPDs that can be performed by one specialist per year without exceeding the limit of the normalized radiation doses. To evaluate the doses of patients with transforaminal CHEPD in M studies. Iprenburg et al. (2016) was also used by ID. The radiation doses were calculated by combining the patient's dosimeter readings and dividing the average radiation dose by the time of the X-ray. The average duration of radioscopy, depending on the level of intervention, varied in the range of 38.4 – 54.6 s, and the average patient E for the levels of LIV-LV-SI was 1.5 – 2.1 mSv. The authors noted that the surgeon's experience significantly affected the radiation dose. So, after the first 100 operations, the average dose of the patient was reduced by 3.5 times. The work of J. N. A. Gibson et al.is devoted to the comparison of patient doses in CHEPD and IVD. (2016). For the assessment, the readings of the X – ray machine-PDP were used. The average values of the fluoroscopy time and radiation dose of the patient with CHEPD were: 0.98 min and 679 cGy * cm2 . For IVD, these indicators were significantly lower: 0.05 min and 40 cGy•cm2, respectively. However, there is no accurate information about the radiation doses for interlaminar percutaneous endoscopic interventions on the spine. The range of

radiation dose values for personnel and patients, according to a few literature sources, remains quite wide. The existing differences are due not only to the time of X-ray examination, 60 presented in the articles, but also to other factors. Special publications on radiation safety for specific operations differ significantly in the installations used, operating methods, modes of use of the emitter, placement and actions of personnel and patient orientation, tools used for remote access, etc., which significantly affects the results of radiation dose measurements. At the same time, surgeons, radiologists and patients need specific answers to the questions of radiation safety. Hydrogel implants in the epidural space of the spine, during percutaneous endoscopic surgery, it is advisable to perform after the evacuation of the saline solution from the operating cavity in an air environment. Closed minimally invasive spinal interventions performed under the control of optical 3D CT navigation are recommended to be performed non-invasively

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