FEATURES OF REHABILITATION FOR PATIENTS AFTER SURGICAL TREATMENT OF PEPTIC ULCER DISEASE

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Abstract

This study explores the specific characteristics and challenges of rehabilitation programs for patients who have undergone surgical treatment for peptic ulcer disease (PUD). The primary focus is on the integration of physical therapy, dietary management, and psychosocial support to improve outcomes and prevent relapse. Data from recent clinical studies and guidelines are analyzed to formulate evidence-based recommendations for optimizing rehabilitation strategies.

Keywords: *Peptic ulcer disease, rehabilitation, postoperative care, physical therapy, dietary management, psychosocial support.*

Introduction

Peptic ulcer disease (PUD) is a common gastrointestinal condition characterized by mucosal erosions in the stomach and duodenum. Despite advancements in medical therapy, surgical intervention remains necessary for complications such as perforation, bleeding, or non-healing ulcers. Postoperative rehabilitation plays a pivotal role in reducing morbidity and enhancing the quality of life for these patients. This article examines the essential components of postoperative rehabilitation and evaluates their effectiveness based on recent studies.

Literature Review

Recent literature highlights the multifaceted approach required for effective postoperative rehabilitation in PUD patients:

Physical Rehabilitation: Studies emphasize tailored exercise regimens to improve physical endurance and abdominal strength without exacerbating symptoms [1],[2].

Dietary Management: Nutritional interventions are crucial to prevent postoperative complications such as dumping syndrome and malabsorption [3].

Psychological Support: Addressing anxiety and depression significantly improves adherence to rehabilitation protocols [4].

Alternative Therapies: Emerging evidence supports the use of radon therapy and other balneological treatments to promote mucosal healing [5].

Materials and Methods

Study Design: This study was conducted using data collected from the Department of Therapy at the Andijan Branch of the Republican Scientific Center for Emergency Medical Aid. A retrospective analysis of 150 patients who underwent surgical treatment for PUD was performed. Patients were divided into two groups:

Group A: Standard postoperative care (n=75)

Group B: Multidisciplinary rehabilitation program (n=75)

Data Collection: Parameters such as postoperative complications, quality of life (QoL) scores, and recurrence rates were evaluated over a 12-month period. Statistical analysis was performed using SPSS software.

Results

Complication Rates: Group B exhibited a 15% reduction in complications compared to Group A ($p < 0.05$).

Complications	Group A (%)	Group B (%)
Dumping Syndrome	25	10
Recurrence	20	8

Quality of Life: QoL scores were significantly higher in Group B across physical, emotional, and social domains (mean score: 85 vs. 70; $p < 0.01$).

QoL Domain	Group A Mean Score	Group B Mean Score
Physical Health	65	80
Emotional Health	70	85
Social Well-being	75	90

Recurrence Rates: Group B demonstrated a significant reduction in ulcer recurrence rates (8% vs. 20%, $p < 0.01$).

Discussion

The findings highlight the importance of a comprehensive rehabilitation approach for patients recovering from PUD surgery. Physical rehabilitation improved abdominal strength and overall fitness, while dietary interventions reduced gastrointestinal symptoms and prevented nutritional deficiencies. Psychological support addressed common mental health challenges, enhancing overall patient adherence to rehabilitation protocols. Emerging therapies, such as radon and balneological treatments, offer additional benefits but require further investigation.

Conclusion

A multidisciplinary rehabilitation program significantly improves outcomes for patients recovering from PUD surgery. Incorporating evidence-based practices,

including physical therapy, dietary management, and psychosocial support, can reduce complications, enhance QoL, and minimize recurrence rates. Future research should focus on refining these interventions and exploring novel therapies to optimize postoperative care.

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