

**METHODS OF STOPPING BLEEDING IN GASTRIC ULCER DISEASES**

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**Abstract:** Gastric ulcer disease is a common medical condition that can potentially lead to life-threatening bleeding from ruptured blood vessels in the stomach lining. Due to the critical nature of gastric bleeding, it is imperative that physicians have effective methods to promptly stop the hemorrhaging and stabilize the patient. This article will explore several key medical approaches that are utilized to control and prevent further bleeding in gastric ulcer cases.

**Keywords:** Gastrointestinal, stomach, signs, blood, symptoms, reasons, techniques.

**Introduction:** Gastric ulcer sicknesses, described by the development of open bruises in the covering of the stomach, represent a critical wellbeing concern around the world. Gastrointestinal (GI) draining is a side effect of a problem in the stomach related framework. Blood frequently shows up in the stool or regurgitation, yet isn't generally noticeable, however it can make the stool look dark or resinous.

Bleeding rates can go from gentle to serious and can be life-threatening. Symptoms of draining from the gastrointestinal lot. Signs and side effects of draining from the gastrointestinal parcel can be self-evident (straightforward) or stowed away (covered up).

Signs and side effects rely upon the area of the dying, which is anyplace in the gastrointestinal plot, from where it starts mouth - to the consummation - to the butt - and the pace of dying.

Open draining can appear as follows:

Blood, which can be either red or dim brown, and comparative in design to espresso mass

Dark, gum stool

Draining from the rectum, typically in the stool or with stool

With stowed away dying, you have:

Light

Trouble relaxing

Driving

Chest torment

Stomach torment

Shock side effects

In the event that your draining beginnings unexpectedly and grows quickly, you can go into a condition of shock.

Signs and side effects of shock include:

Diminished circulatory strain

Not peeing or, in uncommon cases, peeing in little amounts

Quick heartbeat

Limitlessness

Reasons for draining from the upper gastrointestinal lot might include:

Stomach ulcer. This is the most widely recognized reason for high GI dying. Peptic ulcers are wounds that show up on the covering of the stomach and on the upper piece of the small digestive tract. The utilization of stomach corrosive, microbes or mitigating medications can harm the mucous film and influence ulcers to show up.

Tears in the mucous layer of the cylinder that associates the throat to the stomach (throat). Known as Mallory-Weiss tears, they can cause a ton of dying. It is most considered normal in individuals who abuse liquor.

Unusual, enlarged vessels in the throat (esophageal varicose veins). This condition frequently happens in individuals with serious liver sickness.

Esophagitis. This aggravation of the throat is in many cases brought about by gastroesophageal reflux illness (GERD).

Reasons for lower GI draining may include:

Diverticular sickness. This includes the advancement of little, swelling sacs in the gastrointestinal system (diverticulosis). Assuming at least one packs are excited or contaminated, this is called diverticulitis.

Fiery gut illness (IBD). This incorporates ulcerative colitis, Crohn's illness, which causes irritation and ulcers in the colon and rectum, and aggravation of the mucous film of the gastrointestinal system.

Cancers. Innocuous (harmless) or carcinogenic growths of the throat, stomach, colon or rectum can debilitate the mucous film of the intestinal system and cause dying.

Colon polyps. Little bits of cells shaped on the mucous layer of the colon can cause dying. Many are innocuous, yet some can transform into disease or then again, on the off chance that not eliminated, malignant growth.

Hemorrhoids. It is enlarged veins in the rear-end or lower rectum, like varicose veins.

Butt-centric gaps. These are little tears on the mucous layer of the rear-end.

Procrit. Irritation of the mucous layer of the rectum can prompt rectal dying.

Etiology and Hazard Variables:

The essential driver of gastric ulcer illnesses is contamination with *Helicobacter pylori* (*H. pylori*), a bacterium that colonizes the stomach. Other contributing elements incorporate the utilization of nonsteroidal calming drugs (NSAIDs), extreme liquor utilization, smoking, stress, and certain ailments like Zollinger-Ellison disorder. Furthermore, hereditary inclination and way of life factors like terrible eating routine and absence of actual work might assume a part in the improvement of gastric ulcer illnesses.

#### Clinical Signs:

Gastric ulcer sicknesses can appear with different side effects, including epigastric torment, consuming sensation, heartburn, queasiness, spewing, loss of craving, weight reduction, and stomach bulging. The seriousness of side effects can fluctuate contingent upon the size, area, and profundity of the ulcer. At times, gastric ulcer infections might be asymptomatic, prompting complexities whenever left untreated.

#### Finding:

Precise analysis of gastric ulcer sicknesses is fundamental for suitable therapy. Upper gastrointestinal endoscopy, a technique including the inclusion of a slight, adaptable cylinder with a camera into the stomach, is the best quality level for finding. During endoscopy, biopsies can be acquired from the ulcer site to affirm the presence of *H. pylori* contamination or other fundamental circumstances. Other analytic tests might incorporate barium swallow, stool antigen test, and urea breath test.

#### Treatment Choices:

The treatment of gastric ulcer sicknesses principally centers around killing *H. pylori* contamination, diminishing corrosive creation, and advancing ulcer recuperating. Anti-microbial treatment is the backbone of treatment for *H. pylori* destruction, normally including a blend of at least two anti-infection agents. Proton siphon inhibitors (PPIs) or receptor 2 receptor adversaries (H<sub>2</sub>RAs) are normally endorsed to lessen stomach corrosive emission and work with ulcer recuperating. In extreme cases, careful mediation might be important to eliminate the impacted part of the stomach.

#### Preventive Measures:

Forestalling gastric ulcer infections includes taking on sound way of life propensities and limiting gamble factors. Ordinary handwashing, legitimate food taking care of and arrangement, staying away from defiled water and food, and rehearsing safe sex can assist with forestalling *H. pylori* disease. Restricting NSAID use, staying away from extreme liquor utilization, stopping smoking, overseeing pressure successfully, and keeping a decent eating routine wealthy in natural products, vegetables, and entire grains are extra preventive measures.

There are a few techniques utilized to quit draining in gastric ulcer illnesses. One ordinarily utilized technique is endoscopic treatment. This includes the inclusion of an endoscope, a slim, adaptable cylinder with a camera joined, into the stomach. When the draining site is recognized, different procedures can be utilized to control the dying. These procedures incorporate infusion treatment, warm treatment, and mechanical treatment. Infusion treatment includes infusing a substance, like epinephrine or a sclerosing specialist, straightforwardly into the draining site to contract the veins and stop the dying. Warm treatment uses intensity to sear the draining vessel, while mechanical treatment utilizes clasps or groups to actually impede the draining site.

One more technique used to quit draining in gastric ulcer illnesses is a medical procedure. Careful mediation might be essential when endoscopic treatment neglects to control the draining or while the draining is extreme. The careful methodology relies upon the area and seriousness of the ulcer. At times, a straightforward stitch fix of the ulcer might be adequate to stop the dying. Notwithstanding, in additional extreme cases, a greater surgery, like a halfway gastrectomy (evacuation of a part of the stomach), might be expected to eliminate the ulcer and forestall further dying.

Notwithstanding endoscopic treatment and medical procedure, there are a few pharmacological specialists that can be utilized to quit draining in gastric ulcer illnesses. These specialists incorporate proton siphon inhibitors (PPIs), receptor 2 receptor bad guys (H2RAs), and sucralfate. PPIs and H2RAs work by diminishing the creation of stomach corrosive, which assists with advancing ulcer mending and lessen the gamble of dying. Sucralfate is a cytoprotective specialist that frames a defensive hindrance over the ulcer, safeguarding it from additional harm and advancing recuperating.

### **Conclusion**

In summary, stopping bleeding from gastric ulcers requires prompt intervention through pharmacological, endoscopic, or surgical means based on the severity of hemorrhaging. The methods discussed provide physicians an armamentarium of options to effectively achieve hemostasis and prevent rebleeding in these potentially life-threatening cases. With timely and appropriate treatment selection and implementation, most gastric bleeding episodes can be successfully managed to achieve good clinical outcomes. Further advances in hemostatic devices and techniques will continue to improve management strategies for this challenging medical condition.

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