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## **Clinical and Surgical Aspects of Intestinal Fistulas**

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**Relevance:** Intestinal fistulas remain a significant challenge in surgical practice due to their high morbidity and mortality rates. Their treatment requires a multidisciplinary approach, considering both the underlying etiology and associated complications. Advances in surgical techniques and postoperative care have improved outcomes, but optimal management strategies are still debated. The complexity of fistula formation and its association with various gastrointestinal and systemic conditions necessitate ongoing research. Delayed diagnosis and inappropriate management contribute to prolonged hospital stays and increased healthcare costs. Developing standardized treatment protocols can enhance patient recovery and reduce complications.

**Objective:** To analyze the clinical characteristics, diagnostic approaches, and surgical treatment methods for patients with intestinal fistulas, aiming to improve patient outcomes.

**Materials and Methods:** This study included 272 patients with intestinal fistulas who underwent surgical treatment at the Emergency Surgery Department of the Tashkent Medical Academy from 2005 to 2019. Patients were divided into two groups: a control group (n=148, treated between 2005–2012) and a main group (n=124, treated between 2013–2019). The study compared the effectiveness of standard surgical approaches versus an optimized algorithm for intraoperative prevention of adhesion-related complications.

**Results:** The majority of patients (43.0%) were aged between 20–44 years, indicating the social impact of the disease. Men constituted the majority, with a higher prevalence in the main group (55.6%). Delayed presentation to medical facilities (after 24 hours) was observed in 68.1% of cases, leading to severe electrolyte imbalances and systemic intoxication. Optimized surgical management significantly reduced postoperative complications and improved recovery rates. Patients who received early surgical intervention had a lower rate of fistula recurrence. The use of intraoperative adhesion prevention techniques was associated with better postoperative outcomes. The study demonstrated that a structured management protocol leads to reduced morbidity and improved long-term prognosis.

**Conclusions:** A multidisciplinary approach, early diagnosis, and the use of an optimized surgical algorithm contribute to improved treatment outcomes for patients with intestinal fistulas. Further research is needed to refine treatment protocols and reduce morbidity rates.

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