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Abstract:

Introduction: Glaucoma is a cause of permanent blindness in older adults. Although glaucoma can be initially managed by conservative treatments, trabeculectomy has traditionally been considered the "gold standard" for filtration surgery.

Aim of the study: is to investigate the effect of trabeculectomy on corneal topography, anterior chamber depth, and aberrations by a SIRIUS topography.

Patients and methods: The present or actual study was a prospective cohort study including 30 eyes of patients who were scheduled to undergo trabeculectomy at Ophthalmology Department of Al-Azhar University Hospital from January 2018 to August 2019.

Results: We compared included eyes according to site of flap midway (between K1&K2) versus vertical flap (on K). We found no statistically significant differences between studied groups in terms of K1 ($p = 0.29$), K2 ($p = 0.33$), and astigmatism values ($p = 0.38$). there was statistically significant difference between pre and postoperative values of ACD ($p < 0.001$). Eyes showed statistically significant decrease in ACD postoperatively.

Conclusion: The trabeculectomy surgery can cause changes in keratometry values, aberrations and ACD. These changes can be significant enough to affect visual acuity, the accuracy of IOL power calculation, and refractive outcomes after combined or future cataract surgery.

Keywords: Glaucoma, Corneal Topographic Changes, Subscleral Trabeculectomy.

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Perioperative Assessment in Renal Failure

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Abstract:

Introduction: Chronic kidney disease is becoming an increasingly major problem for society and health care. The increase in the quality of life and longevity has made the number of people with CKD mark galloping steps. Today in America 1 in 7 people suffers from renal failure.

CKD patients during their lifetime undergo surgical interventions at least one time, so it is very important to evaluate pre- and post-operative risks. Early recognition of chronic renal disease is very important, as well as pre- and post operative risks not only in renal patients but also those at high risk of developing AKI which goes up to 1% in the healthy population. The strategy evaluation of renal failure patients and those with high risk plays an essential role in the outcome during surgical interventions. That's why numerous studies have been conducted on the assessments of pre- and post operative risks in patients with renal failure. Hence, the focus on this topic is very important in clinical practice."

Keywords: CKD, Renal Failure, Surgical Intervention

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Advanced trauma life support training- How useful it is?

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Abstract;

For more than 20 years, following the changes that took place in Albania in 1992, we receive information from trauma patients in the media about the delivery of trauma services.

Police records are worthy of a war balance report. Trauma is estimated to be the cause of deaths in 13.7% / 100,000 people. Every two days three Albanian Citizens die because of Automobile Accidents…Changes have already taken place, but the question arises, who cares about the trauma and its management? Formerly and now the state ... ok ... but? Is this enough?
The trauma service delivery is now evolving along the lines of a central and spoken model with a concentration of expertise and specialization in the center surrounded by smaller units that feed from the center.
The study showed a 19% increase in the chances of survival since the introduction of these changes. Another 1,600 trauma victims are alive today due to developm-ents in the administration of trauma patients in England over the past six years.
In this system or mode of organizing what is today the NCME or organizing the transport of traumatized from the scene to the University Hospital of Trauma, by medical staff who have done a substantial part of the PhTLS® course. How is educational status of personal in other regions far from Capital? ATLS® student courses in our country have been implemented by few and individually… ASTES, by default rules, has acquired the right to organize ATLS® in Albania…

Keywords: Trauma, ATLS, Course, Skills

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The Role of Sleeve Bronchial Resection in the Treatment of Lung Cancer

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Abstract:

Introduction: Sleeve resection was first introduced in 1947 by Prince-Thomas. Allison in 1959 reported first sleeve lobectomy with pulmonary artery construc-tion. Sleeve lobectomy was considered inferior to pneumo-nectomy, but work by Ferugson et al and Deslauriers et al showed that sleeve lobectomy has better outcome and lower morbidity and mortality as compared to pneumonectomy.

The indication for a sleeve resection for lung cancer is well established: a tumor arising at the origin of a lobar bronchus precluding simple lobectomy, but not infiltrating as far as to require pneumonectomy. Bronchial sleeve lobectomy is reported to be adequate for 5% to 8% of patients with resectable lung cancer but rates as high as 13% have been reported recently.

Indications:

Tumor invading/protruding main stem bronchus.

As an alternative to pneumonectomy in patients with poor cardiopulmonary reserve.

Endobronchial bronchogenic carcinoma.

Carcinoid tumors and also low-grade malignancy like bronchial gland carcinomas if complete resection can be obtained.

Contraindications:

Complete resection of tumor not achievable by bron-chovascular sleeve resection N2 disease

Our experience: In the last year we have performed with very good results one bronchial sleeve resection and two semi sleeve bronchial resections for lung cancer with histopathologic diagnosis squamous carcinoma.

Keywords: Sleeve Resection, Lung Cancer, Lobec-tomy, Pneumonectomy

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Bricker Diversion after Radical Cys-to-prostatectomy. 10 Years Experience

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Abstract:
Introduction: Radical cyst-prostatectomy represents the standard treatment for invasive bladder cancer. Since 1950 when Bricker introduced his technique of