

**ФУНДАМЕНТАЛ ВА
КЛИНИК ТИББИЁТ
АХБОРОТНОМАСИ**

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**ВЕСТНИК ФУНДАМЕНТАЛЬНОЙ И
КЛИНИЧЕСКОЙ МЕДИЦИНЫ**

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MODERN METHODS OF FOLLOW-UP AND REHABILITATION OF PATIENTS WITH PHACOGENIC GLAUCOMA**Sabirova D.B., Rizayev J.A.**

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Resume. Phacogenic glaucoma is currently a priority among socially significant ocular diseases, as it is one of the main causes of irreversible blindness. The aim of this study was to monitor and evaluate rehabilitation methods for patients with phacogenic glaucoma. At the outpatient clinic of the multidisciplinary clinic of the Saratov State Medical University, follow-up care for patients with phacogenic glaucoma in the eye department is based on clinical guidelines for glaucoma. To establish a diagnosis, patients undergo the minimum necessary tests, such as uncorrected and maximum-corrected visometry, biomicroscopy, gonioscopy, direct ophthalmoscopy, tonometry, and examination of the central and peripheral visual fields, which corresponds to the equipment available in primary care. Visual acuity is determined using a Sivtsev-Golovin optotype chart placed in a Roth apparatus and a visual sign projector. Refractive errors are examined and corrected subjectively using a standard set of trial spectacle lenses. Biomicroscopy is performed using a slit lamp, typically a domestically produced one, which is standard equipment in ophthalmologists' offices at the clinic. Attention is paid to the conjunctival vessels, cornea, anterior chamber depth, iris, and crystalline lens. Gonioscopy was performed using a van Beuningen gonioscope, followed by an assessment of the angle profile, the presence of synechiae, pseudoexfoliation, and pigment deposition. According to our data from the annual report of the ophthalmology service, as of January 1, 2025, 389 people had phacogenic glaucoma, representing 12.3% of the total number of glaucoma patients in the Samarkand region. Of these, 78 were newly diagnosed. A total of 389 outpatient reports were processed for analysis. An average of 40-60 people are identified annually, and an ophthalmologist examines 15-18 patients with this condition daily per shift.

Keywords: medical rehabilitation, medical examination, monitoring, phacogenic glaucoma, vision, ophthalmology.

ФАКОГЕН ГЛАУКОМА БИЛАН ОҒРИГАН БЕМОРЛАРНИ КУЗАТИШ ВА РЕАБИЛИТАЦИЯ ҚИЛИШНИНГ ЗАМОНАВИЙ УСУЛЛАРИ**Сабинова Д.Б., Ризаев Ж.А.**

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Резюме. Факоген глаукома ҳозирда кўриш органининг ижтимоий аҳамиятга эга касалликлари орасида устувор ўринни эгаллайди, чунки у қайтариб бўлмайдиган кўрликнинг асосий сабабларидан биридир. Мақсад факоген глаукома билан оғриган беморларни реабилитация қилиш усуллари кузатиш ва баҳолаш эди. СамДТУ кўп тармоқли клиникасининг амбулатория клиникасида офтальмология бўлимида факоген глаукома билан оғриган беморларни диспансер кузатуви глаукома бўйича клиник кўрсатмалар асосида амалга оширилади. Таъхис қўйиш учун беморлар минимал зарур ҳажмдаги тадқиқотлардан ўтадилар, масалан, визометриясиз ва максимал тузатиш билан, биомикроскопия, гониоскопия, тўғридан-тўғри офтальмоскопия, тонометрия, марказий ва периферик кўриш майдонларини текшириш, бу бирламчи амбулатория ёрдами бўлимининг ускуналарига мос келади. Кўриш ўткирлиги Рот аппаратида жойлаштирилган Сивцев-Головин оптотип столи ва визуал белги проектори ёрдамида аниқланади. Рефракция хатоларини текшириш ва тузатиш субъектив равишда стандарт синов линзалари тўплами ёрдамида амалга оширилади. Биомикроскопия одатда маҳаллий ишлаб чиқарилган ёриқ лампа ёрдамида амалга оширилади, бу клиниканинг офтальмологлар кабинетларида мавжуд. Эътибор конъюнктива томirlарига, шох пардага, олдинги камера чуқурлигига, рангдор пардага ва кристалли линзага қаратилади. Гониоскопия ван Беунинген гониоскопи ёрдамида амалга оширилди, сўнгра бурчак профили, синехиялар мавжудлиги, псевдоэксфолиация ва пигмент чўкмаси баҳоланди. Офтальмология хизматининг йиллик ҳисоботидан олинган маълумотларга кўра, 2025-йил 1-январ ҳолатига кўра, 389 кишида факоген глаукома бор эди, бу Самарқанд вилоятидаги глаукома беморларининг умумий сонининг 12,3% ни ташкил қилади. Улардан 78 нафари янги таъхис қўйилган. Таҳлил қилиш учун жами 389 та амбулатория шакли қайта ишланди. Ҳар йили ўртача 40-60 киши аниқланади ва офтальмолог ҳар куни сменада ушбу ҳолатга эга 15-18 беморни текширади.

Калит сўзлар: тиббий реабилитация, тиббий кўрик, мониторинг, факоген глаукома, кўриш, офтальмология.

СОВРЕМЕННЫЕ МЕТОДЫ ДИСПАНСЕРНОГО НАБЛЮДЕНИЯ И РЕАБИЛИТАЦИЯ ПАЦИЕНТОВ С ФАКОГЕННОЙ ГЛАУКОМОЙ

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Резюме. Факогенная глаукома в настоящее время занимает приоритетное место среди социально-значимых заболеваний органа зрения, так как является одной из основных причин необратимой слепоты. Целью было провести мониторинг и оценить методы реабилитации пациентов с факогенной глаукомой. На базе поликлиники многопрофильной клиники САМГМУ в глазном отделении диспансерное наблюдение за пациентами больных факогенной глаукомой осуществляется на основании клинических рекомендаций по глаукоме. Для постановки диагноза пациентам используются минимальный необходимый объем исследований, таких как визометрия без коррекции и с максимальной коррекцией, биомикроскопия, гониоскопия, прямая офтальмоскопия, тонометрия, исследование центрального и периферического полей зрения, что соответствует оснащению первичного поликлинического звена. Определение остроты зрения проводится с помощью таблицы оптотипов Сивцева-Головина, помещенной в аппарат Рота и проектором зрительных знаков. Исследование и коррекция аномалий рефракции выполняется субъективным методом с использованием стандартного набора пробных очковых стекол. Биомикроскопия проводится на целевой лампе, как правило, отечественного производства, которой оснащены кабинеты врачей-офтальмологов в поликлинике. Обращали внимание на сосуды конъюнктивы, роговицу, глубину передней камеры, радужку, хрусталик. Гониоскопия проводилась гониоскопом по Ван-Бойнингену, с последующей оценкой профиля угла, наличия синехий, псевдоэкссфолиаций и отложения пигмента. По нашим данным из годового отчета офтальмологической службы с факогенной глаукомой на 01.01.2025 г состоит 389 человек, что составляет 12,3% от общего количества больных глаукомой по Самаркандской области, из них впервые выявленные 78 пациентов. Для анализа обработано 389 диспансерных форм. Ежегодно выявляется в среднем по 40-60 человек, ежедневно за смену врачом-офтальмологом осматривается по 15-18 пациентов с данной патологией.

Ключевые слова: медицинская реабилитация, диспансеризация, мониторинг, факогенная глаукома, зрение, офтальмология.

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Relevance. The problem of phacogenic glaucoma is as pressing in Uzbekistan as it is worldwide. The incidence of phacogenic glaucoma in the population of Uzbekistan over 40 years of age is approximately 1.0–1.5%, and 10% for those over 70 years of age [1]. In the Samarkand region, the incidence of glaucoma is also increasing annually. Since 2020, 28 medical organizations in the region have been submitting patient records with phacogenic glaucoma (suspected glaucoma) to the Department of Quality Control and Safety of Medical Activities and Statistics, along with their annual ophthalmology service reports [2]. The incidence of phacogenic glaucoma has also increased in the service area. In 2021, 340 people were registered for outpatient care, accounting for 52% of the total number of people registered with an ophthalmologist[9]. In 2022, this figure reached 364 people (53%), and in 2023, 375 people (53.3%)[3]. Phacogenic glaucoma is the leading cause of visual disability, accounting for 47.5% of all visual disabilities in the adult population.[4] Therefore, it is necessary to improve the organization of outpatient care for this population group within the Samara State Medical University outpatient clinic. Currently, a significant number of regulatory legal acts have been approved within the specialized legislation in the field of public health in Uzbekistan, regulating the activities of medical institutions in the organization of medical care, many of which are universal in nature and are applicable regardless of the specific medical specialty[10]. The effectiveness of antiglaucoma work depends primarily on the quality of its organization. Improving the effectiveness of glaucoma services should be carried out in the following key areas: early detection of patients with phacogenic glaucoma, mandatory lifelong medical examination, comprehensive examination during follow-up, a combination of continuous and course-based comprehensive treatment, and explanation of the nature of their disease to patients [5]. Early diagnosis of glaucoma is directly related to a thorough initial examination of the patient. Active monitoring of identified patients with the required frequency of examinations and adequate treatment—all these factors depend on the staffing issue[11]. Monitoring during a stabilized course of glaucoma should be carried out at least once every three months[12]. At the first stage of medical examination, based on the current level of equipment in most outpatient clinics and the requirements of regulatory documents, the required scope of glaucoma examination in a clinic or central regional hospital setting includes the following activities: visom-

etry - 4 times a year; ophthalmoscopy - 4 times a year; perimetry - 2 times a year kinetic and 1 static one; tonometry - 4 times a year; biomicroscopy - 4 times a year; gonioscopy - once every 2 years; specialist consultations (if the patient has diseases that affect the clinical picture); collection of a family history. For patients with unstable phacogenic glaucoma, individual follow-up periods are established. Monitoring capabilities during the second stage of clinical examination depend on the material and technical resources of the coordinating center and the regional characteristics[7]. The quality of clinical work in the outpatient clinic network is constantly discussed in publications, which indicate significant shortcomings in this activity [6].

Objective: To monitor and evaluate rehabilitation methods for patients with phacogenic glaucoma.

Materials and methods of the study. At the outpatient clinic of the multidisciplinary clinic of the Saratov State Medical University, in the ophthalmology department, outpatient monitoring of patients with phacogenic glaucoma is carried out based on clinical guidelines for glaucoma [8]. Outpatient monitoring of patients with phacogenic glaucoma involves continuous dynamic observation; therefore, examinations are conducted for such patients once every 3 months if the disease is stable, and more frequently if the disease is unstable. To establish a diagnosis, patients undergo the minimum necessary amount of examinations, such as visometry without and with maximum correction, biomicroscopy, gonioscopy, direct ophthalmoscopy, tonometry, and examination of the central and peripheral visual fields, which corresponds to the equipment of the primary outpatient clinic. Visual acuity is determined using the Sivtsev-Golovin optotype table placed in the Roth apparatus and a visual sign projector. The examination and correction of refractive errors is performed subjectively using a standard set of trial spectacle lenses. Biomicroscopy is performed using a lit lamp, typically a domestically produced one, which is standard equipment in ophthalmologists' offices at the outpatient clinic. Conjunctival vessels, the cornea (presence of edema and endothelial pseudoexfoliation), anterior chamber depth, the iris (pupillary margin and pseudoexfoliation), and the crystalline lens are examined. Gonioscopy is performed using a van Beuningen gonioscope, followed by an assessment of the angle profile, the presence of synechiae, pseudoexfoliation, and pigment deposition. Intraocular pressure is measured using a Maklakov tonometer with a 10-gram weight and an automatic pneumotonometer. Reverse ophthalmoscopy using a slit lamp and aspheric lenses (60 and 90 D) is performed to assess optic disc excavation, peripapillary atrophy, vascular bundle shift, and minor hemorrhages. Perimetry was performed using a manual Förster perimeter, and in some cases, kinetic perimetry was also performed using a PERIKOM automated perimeter. According to our data from the annual ophthalmology service report, as of January 1, 2025, 389 people with phacogenic glaucoma were diagnosed, representing 12.3% of the total number of glaucoma patients in the Samarkand region. Of these, 78 were newly diagnosed [14]. A total of 389 outpatient reports were processed for analysis. An average of 40-60 patients with this condition are diagnosed annually, and 15-18 patients with this condition are examined by an ophthalmologist per shift. Patients schedule appointments independently; when the clinic had outpatient appointments with an ophthalmologist, the ophthalmology department nurse actively called for patients. Diagnosis is made during the initial patient visit to an ophthalmologist. Very few patients with elevated intraocular pressure (IOP) are identified during adult medical examinations due to limited technical resources. IOP is measured in the prevention department using a transpalpebral tonometer (IGD 03), which has low reliability. In 2023, 10 patients were referred to an ophthalmologist for the second stage of their medical examination. Most patients were diagnosed with phacogenic glaucoma at stage II (38%), while 6.4% were diagnosed at stage IV. The minimum age of patients was 37 years (1 patient, or 0.1%), with 4 patients under 40 (0.3%). The maximum age was 99 years, with an average age of 65. Stage I phacogenic glaucoma was diagnosed in 370 patients (31.1%), including 34.3% men and 65.6% women. The minimum age was 37 years, and the maximum was 90 years. Stage II glaucoma was diagnosed in 34.7% of those examined (413 patients). Women accounted for 71% of this group, while men accounted for 29%. The youngest age in this group was 43 years, and the maximum was 89 years. Stage III glaucoma was newly diagnosed in 21.3% (253 patients), including 63.6% women and 36.3% men. Stage IV glaucoma was diagnosed in 11% of those newly registered, including 62.6% men and 37.3% women. The minimum age in this group was 44 years, and the maximum was 99 years. The average age was 69 years. It is important to note that in the work Fifty-eight patients (4.8%) were of able-bodied age at the time of registration for dispensary care. It should be noted that 77.7% of the total number of patients were diagnosed with glaucoma in both eyes. Of the total number of patients with phacogenic glaucoma, 145 patients (193 eyes) underwent surgery, of which 48% receive additional conservative treatment (1-2 medications), and 35% (51 patients) receive three or more medications after surgery. Twenty-eight patients are receiving maximum therapy (3 or more drops) but not undergoing surgery. 42.4% (82 eyes) were in stage III, and 24.3% (47 eyes) were in stage IV. The number of patients blinded by glaucoma in one eye (32 patients) and in both eyes (1.0% (2) of the total number of patients with glaucoma). Patients are prescribed subsidized medications (timolol 0.5%, pilocarpine 1%), and dorzolamide 2%), which is insufficient to fully cover the adult popula-

tion. Coverage of glaucoma patients in the outpatient clinic group was 69% in 2023, compared to 73% in 2022. More than 30% of patients are not seen by an ophthalmologist, which is partly due to staffing constraints at the clinic. Of these, 20% were actively requested by a nurse but failed to show up. Glaucoma accounts for 47.5% of all visual disabilities in the adult population. Forty-five patients (54.2%) were classified as Group I, 21 (25.3%) as Group II, and 17 (20.4%) as Group III. Of the workers, two were recognized as Group I disabled, one as Group II disabled, and three as Group III disabled. Disabilities were most often the result of delayed medical care and subsequent registration for follow-up. Patients presented to ophthalmologists with newly diagnosed glaucoma in stages 3 and 4, when significant visual loss is observed. Rehabilitation of individuals with glaucoma depends on organizational measures aimed at prevention, detection, and timely treatment. Public awareness of this type of ocular pathology plays a key role. However, it was found that many did not follow medical prescriptions. The doctor-patient relationship—compliance—determines the course and prognosis of the disease. Low access to ophthalmological care due to staffing shortages also plays a significant role.

Conclusions. The set of measures we developed to improve the organization of follow-up care for patients with phacogenic glaucoma includes improved resource provision (material, technical, and personnel), as well as organizational, informational, and educational activities. These include, first and foremost, improved public health education, active population screening for the early detection of glaucoma, effective follow-up care for identified glaucoma patients, restoration of preventive measures to combat glaucoma to reduce incidence, and improved ophthalmology department equipment. Based on the compiled matrix, we determined that advanced computerization and software will increase the volume of medical services. Having trained medical personnel will help meet the high demand for this type of service. By providing services to the general city population, demand can be increased. Insufficient staffing hinders the ability to fully serve the population. Deteriorating working conditions and outdated equipment make it difficult to attract staff. Market instability and rising equipment prices increase the cost of purchasing modern medical equipment. A decrease in the number of people assigned to a clinic leads to a decrease in demand for services. The measures we have developed to improve the organization of follow-up care for patients with phacogenic glaucoma include the following areas: improving the material and technical infrastructure, organizational, informational, and educational. These include, first and foremost, improving public health education, actively screening the population for the early detection of phacogenic glaucoma, organizing effective follow-up care for identified glaucoma patients, reinstating preventive measures to combat phacogenic glaucoma to reduce the incidence rate, and improving the ophthalmology department's equipment.

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