Study on clinical outcomes of Video-Assisted Thoracoscopic Surgery

Orgilbold.E¹, Gendensuren.D¹, Odbaatar.M¹, Khurelbaatar.S¹, Bold.A¹ Department of Thoracic Surgery, Intermed hospital¹ orgilbold.e@intermed.mn

Keywords: Video-assisted thoracoscopic surgery (VATS)

Objectives

Video-assisted thoracoscopic surgery (VATS) is finding an ever-increasing role in the diagnosis and treatment of a wide range of thoracic disorders. The potential advantages of video-assisted thoracoscopic surgery include less postoperative pain, fewer operative complications, shortened hospital stay and reduced costs.

Methods

We recruited inpatients from January 2017 to December 2022; all were treated by VATS and regular follow-up. A total of n=76 VATS were enrolled.

Results

The average operating time was 152 minutes, and the average estimated blood loss was 110 ml. The patients was discharged on the 6th postoperative day without any complications. The comorbidities included former thoracic surgery n=61, a history of another cancer (n=15). VATS complications were identified in n=7 (9.2%) patients. Those complications include chylothorax, pneumothorax, bleeding and respiratory dysfunction.

Conclusion

The complication and mortality rates are generally very low and VATS procedures are considered safe and effective. The role of VATS is taking increasingly important place and can be seen as an eminent technique to early stage lung cancer and benign tumor or other disease.



Figure 1.Patient in prone position, two portal VATS and 30 degree telescope was used. 4cm access incision was made without rib spreading. A wound protecter was applied VATS surgery was performed under the general anesthesia using double lumen endothracheal tube.