Sixth International Joint Meeting on THORACIC SURGERY

Barcelona - 20th, 21st and 22nd November 2024
Auditorio Foment del Treball Nacional. Barcelona (Spain)

11th International Meeting on General Thoracic Surgery
Clínic Barcelona | Universitat de Barcelona | Hospital Universitari Sagrat Cor

5th Meeting of the Thoracic Oncology, Thoracic Surgery, Techniques & Transplant, Respiratory Nursing and Respiratory Physiotherapy Areas of the Spanish Society of Pneumology and Thoracic Surgery (SEPAR)
Sociedad Española de Neumología y Cirugía Torácica (SEPAR)

10th International Workshop on Surgical Exploration of the Mediastinum and Systematic Nodal Dissection
Hospital Universitari Mútua Terrassa | Universitat de Barcelona

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3rd Joint Meeting of the Spanish Society of Thoracic Surgery (SECT)
SECT Sociedad Española de Cirugía Torácica

30th Congress of the "Asociación Iberoamericana de Cirugía Torácica" AIACT

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THE NUSS PROCEDURE

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I will share with you the Nuss surgery we performed in pectus excavatum patients.
Nuss surgery is a minimally invasive surgery performed by placing a bar in pectus excavatum patients. The Nuss surgery method was invented by Donald Nuss.
I have been performing Nuss surgery since 2005.
In my Nuss surgery adventure, which I started with a single bar at first, I currently have patients with 4 bars. In this presentation, I will explain in detail the different surgeries I have performed according to the number of bars with videos.

What needs to be done before surgery:
PA and Lateral chest X-Ray
Lung function tests, ECG
Total blood count, blood type
Skin Test for nickel allergy
Anesthesia Consultation
6 Sided Photos are filed

İn complex asymmetric deformities; CT scan,Echocardiogram
Consultation for concomitant problems
- Marphan Syndrome → Genetic
- Scoliosis → Orthopedics
- Cardiac Problems → Cardiology

Before starting the surgery:

Check your setup and equipment
(size of bar , 30 degree optic , CO2 tube , guide tape , steel wire...)
Use (approved) the correct instruments
Always keep “the sternotomy saw” ready!!!

Golden rule:
1) Always see the tip of the introducer
2) Don't do blind dissection
3) If you can't see the tip of the introducer;
Try to do subxiphoid incision
&
Elevate the sternum
with wacum bell or crane

İn Postoperative course;
No chest tube
No ICU
We send the patient directly to ward
Nasal O2 - 2 lt/min (for only first day)
Chest X –Ray (postoperative and before discharge)

Based on the complaints and clinical findings of my patients, I realized that wearing a single bar is not suitable for every patient.
I started to wear 2 parallel bars.
I observed in my patients with 2 parallel bars that complete correction does not provide complete correction in different deformities.
I started to apply the cross bar technique, so I achieved full correction in all types deformities and all age of patients.
With the cross bar technique, complete correction was achieved in patients with Grand Canyon type Pectus Excavatum, rib flare + pectus excavatum, short sternum and Sharp and one point Pectus excavatum.
After the cross bar technique, I started to insert 3 and 4 bars.
Thus, I achieved complete correction in more difficult cases.