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

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

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

Sant Pau Campus Salut Barcelona | UAB Universitat Autònoma de Barcelona | MAR | upf Universitat Pompeu Fabra Barcelona

BLOOD LOSS AND PROLONGED AIR LEAK REDUCTION BY APPLYING TENATAC® GELATIN PATCH AFTER MAJOR PULMONARY MINIMAL-INVASIVE RESECTION

Caroline Rivera (1); Cyril Perrot (2); Florence Mazères (1); Elodie Rive (1)
(1) Department of Thoracic Surgery, Bayonne Hospital, Bayonne, France; (2) Medical Advices Consulting, Lëtzebuerg, Luxembourg

Introduction: Reduction of bleeding and prolonged air leak (PAL >5 days) following major lung resection remains a challenge. Hemostasis and aerostasis devices can facilitate earlier pleural de-drainage and fast-track. Our objectives were to evaluate the efficacy of TenaTac® (100% pharmaceutical gelatin device) in reducing bleeding after major lung resection and in reducing PAL.

Method: This monocentric retrospective case-control study, using prospectively collected data, includes 60 patients who underwent, between 2022 and 2024, minimally invasive robot-assisted lobectomy or segmentectomy: 30 with TenaTac® vs. 30 with other devices. Data were extracted from Epithor, our national database, with ethics committee validation.

Results: Patients characteristics, Index of PAL (IPAL) and surgical procedures were similar in the two groups (NS). TenaTac® hemostatic benefit was comparable to other devices (p=0.43). PAL rate was significantly lower with TenaTac® (3%) than for controls (37%) (p=0.002). Postoperative air leakage duration was significantly shorter in TenaTac® group than in control group (2.23±2.57 vs. 4.23±3.87 days, p=0.02). Mean drainage duration and length of stay were reduced with TenaTac® by 36 hours. No significant difference was observed between the two groups in terms of morbidity (90-day postoperative complications classified as Clavien-Dindo grade>II, p=0.33), readmission rates (nil) or 90-day mortality (no deaths).

Conclusion: Numerous hemostatic or aerostatic devices have been previously evaluated without achieving consensus in the prevention of PAL. Thanks to its characteristics of absorbable adherent gelatin, TenaTac® significantly reduces the incidence of PAL. Its ease handling and application make it an optimal subject for controlled prospective evaluation.