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11th International Meeting on General Thoracic Surgery



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10th International Workshop on Surgical Exploration of the
Mediastinum and Systematic Nodal Dissection



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Surgery, Techniques & Transplant, Respiratory Nursing
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Society of Pneumology and Thoracic Surgery (SEPAR)



3rd Joint Meeting of the Spanish Society of
Thoracic Surgery (SECT)



30th Congress of the "Asociación Iberoamericana
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UNIportal VATS ANATOMICAL LUNG RESECTIONS IN A TEACHING UNIT. DOES TRAINING AFFECT PATIENT OUTCOMES?

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Objectives and Introduction: Operative training of future specialist minimally invasive surgeons might be influenced by perceived inferior outcomes in an era of increased pressures. We aim to evaluate the outcome of patients undergoing uniportal VATS anatomical lung resections in a tertiary Thoracic Surgery Unit. **Methods:** Data was obtained from a prospectively maintained thoracic database, operative logbooks, and individual patient records. We compared the patients operated on by two training consultants (Group C) to the ones operated by three mid-level trainees in higher cardiothoracic surgical training (Group T) over a six-month period (December 2023 to May 2024). Differences between the two groups were compared using the chi-square or Mann-Whitney U test as appropriate. Statistical significance was described as p values of less than 0.05 throughout. **Results:** We identified 97 consecutive patients [55 male and 42 female, of median age 70 (range 42 to 86) years] who underwent uniportal VATS anatomical resections under two Consultant Thoracic Surgeons [n = 45 (46%) (Group C)] and their trainees [n = 52 (54%) (Group T)]. There were no significant differences in preoperative lung function or extent of anatomical resection between the groups (table 1). Post-operatively, there were no in-hospital mortalities or major complications requiring critical care admission. **Conclusion:** Training can be provided for minimally invasive contemporary surgery in a uniportal VATS unit. In a training environment, early postoperative outcomes do not differ according to the primary surgeon's experience.