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

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

UVATS RIGHT UPPER SLEEVE LOBECTOMY IN A DIFFICULT CASE

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This is a demonstration of uni portal VATS sleeve upper lobectomy. The patient is a 68 year old male with central squamous cell carcinoma. He was a current smoker with COPD and high cholesterol; DLCO was 60%. Final histology staging was pT2N1. Drain was removed D1 and patient discharged on D3

VATS sleeve lung resections can be technically demanding especially in heavy, hepatised lobes like the one presented and lacking fissure. Here as opposed to open surgery, we are approaching hilar structures from the front and suturing, with restricted access. Hence, it is important all steps are followed sequentially. Step 1: Incision in 5th intercostal space anterior to latissimus dorsi.

Accessing the anterior hilum. Dividing adhesions, Removing station 10 Lymphnode.

Step 2: Exposure and division of the truncus anterior.

Step 3: Exposure and division of the superior pulmonary vein.

Step 4: Division of the fissure and exposure of the interlobar pulmonary artery.

Step 5: Division of the posterior ascending pulmonary artery.

Step 6: Releasing the right lower lobe. Dividing the inferior pulmonary ligament and division of adhesions.

Step 7: Completion of the oblique fissure.

Step 8: Separation of the bronchus intermedius. (b) Removal of Station 7 Lymphnode.

Step 9: Bronchial division and specimen removal

Step 10: Running suture for bronchial anastomosis, with suture entanglement management. Water test.

Uni-port VATS sleeve lobectomy can be challenging. To improve chances of success, the anatomy must be approached in this sequence, this facilitates bronchial exposure division and suturing.