Letters to the Editor

Operative VATS: the need for a different intrathoracic approach

Gaetano Rocco*
Division of Thoracic Surgery,
National Cancer Institute, Pascale Foundation,
Via Semmola, 81, 80131 Naples, Italy

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I read with interest the report by Sasaki and colleagues [1] about the triangle target principle to address intrathoracic lesions by three-port VATS.

I would like to congratulate the authors on having emphasized the need for a VATS approach to target lesions inside the chest not from the time-honored laterolateral view, but from a sagittal, craniocaudal perspective. This echoes the fundamental concept of the already published uniportal VATS approach [2]. Indeed, the authors themselves conclude that ‘partial resection is easy because the forceps and endoscopic stapler meet at a right angle’. In fact, the pictures they have enclosed in the manuscript are also remarkably similar to the ones contained in the reports of uniportal VATS wedge resections [2,3]. The major difference between the triangle technique and the uniportal approach is the use of three ports instead of one for similar diagnostic and therapeutic indications. In this setting, the choice of the VATS strategy can have consequences in terms of residual pain and paresthesia [4]. On the other hand, the authors claim that ‘the tumor can be palpated through the wound of the target trocar when the tumor is not visible by thoracoscopy’. This is not exactly an advantage exclusive to their principle, since the standard three-port approach can also allow for digital palpation of the lung. In addition, it is common experience to fail occasionally to detect small and more deeply located nodules by palpation at standard thoracoscopy. In this context, the real breakthrough will be efficient for pre- or intraoperative marking, according to a principle already followed by the authors as shown in one of the illustrations.

In conclusion, it is important to assess the concurrence of opinions as to the need for a different geometric VATS approach inside the chest, which, in my opinion, can be easily accomplished through just one strategically located port.

References


Reply to Rocco et al.

Masato Sasaki*, Seiya Hirai, Masakazu Kawabe, Kuniyoshi Tanaka
Department of Surgery (II), Faculty of Medical Sciences,
University of Fukui, 23-3 Shimoaizuki,
Matsuoka Fukui 910-1193, Japan

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We appreciate the comments of Dr Gaetano Rocco about our paper concerning the Triangle Target Principle (TTP) [1]. With uniportal VATS [2] which he has described as superior to conventional methods, wound pain is considered to be reduced, and only a single small scar remains. In terms of disruption of deeper structures, he emphasized that port creation via only one intercostal space instead of two or three can reduce postoperative pain, speeding functional recovery and return to work. However, whether three-port VATS is actually inferior to uniportal VATS with respect to pain may depend on factors apart from number of ports. For example, when VATS is performed to treat pneumothorax by three-port method at our institution, we use one trocar of with 11.5-mm outer diameter and two trocars of with 5-mm outer diameter. Most patients asking for relief of postoperative wound pain localize it only where the larger trocar had been inserted.

VATS according to the TTP is better than uniportal VATS for resecting mediastinal, diaphragmatic and lower lobe basal segment lesions. Effectiveness in palpating tumors under VATS is a particularly important advantage of the TTP. Experienced operators using standard thoracoscopic methods occasionally fail to detect small, deeply located nodules by palpation. We consider one of the indications for the TTP procedure to be a lung tumor...