Abstracts
21st European Conference on General Thoracic Surgery
Birmingham, UK, 26-29 May 2013

P-139
VIDEO ASSISTED THORACOSCOPIC LOBECTOMY: THE COPENHAGEN EXPERIENCE WITH 1165 CASES
René Horsleben Petersen, H.J. Hansen
Cardiothoracic Surgery, Copenhagen University Hospital Rigshospitalet, Copenhagen, Denmark

Objectives: Despite the introduction of video-assisted thoracic surgery (VATS) lobectomy more than 2 decades ago, widespread acceptance of the procedure is not yet achieved. We present the surgical outcome, complication and mortality rates of the largest series of VATS lobectomies in Europe thus far.

Methods: Data were obtained from a prospective institutional database consisting of 1165 consecutive VATS lobectomies from 22 October 1999 until 31 December 2012. Data collection included age, gender, FEV1, comorbidity, final histology, pathological TNM classification, operating time, intraoperative bleeding, drain time, in-hospital stay, blood transfusion, conversion rate, complications and 30-day mortality rate. VATS lobectomy was performed with a standardized 3-port anterior approach (except the first 50 cases where a 4-port posterior approach was used), strictly monitor based with individual division of the hilar structures and no use of a rib retractor. Data were expressed as median and range or percentage.

Results: VATS lobectomy were performed in 625 females and 540 males with an age of 66 (7-90) years, FEV1 2.1 (0.89-5.12) l/min. Diagnosis were benign disease 54 (4.6%), pulmonary metastases 78 (6.7%) and lung cancer 1033 (88.6%). Conversion rate was 4.6 %. Operating time 120 (40-360) min, intraoperative bleeding 100 (5-1900) ml, drainage time 3 (0-101) days and in-hospital stay 4 (1-65) days. Blood transfusion rate was 4.8%. In 67% of cases there were no complications. Minor complications occurred in 36% and major complications in 11%. The 30-day mortality rate was 0.6%.

Conclusions: VATS lobectomy is a safe procedure that can be performed with acceptable morbidity and mortality rates.

Disclosure: Covidien Consultants, Takeda Travel Grants.