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POSTOPERATIVE PULMONARY MORBIDITY IS NOT INFLUENCED BY THE SIZE OF THE THORACOTOMY IN PATIENTS WITH LOW PULMONARY VOLUMES

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Objectives: This investigation is aimed to test the hypothesis that in patients with low predicted postoperative FEV1 (ppoFEV1) a small thoracotomy incision represents a lower risk of postoperative pulmonary complications (PPC).

Methods: Retrospective study of matched pairs of cases and controls on a population of 1491 NSCLC cases who underwent anatomical complete resection. In this study only 70 patients in the 10% percentile of ppoFEV1 (43.8%) were included. Cases were operated through a 5-8 cm axillary thoracotomy assisted by video using rib spreader, and controls through standard muscle-sparing thoracotomy. Cases and controls were matched by propensity scoring including the following variables in the calculation: age, type of lung resection (anatomical segmentectomy, lobectomy, bilobectomy or pneumonectomy), pathological stage and type of postoperative care received (if the patient was included or not in a fast-tracking programme including early ambulation and intensive physiotherapy). The studied outcome was the postoperative occurrence of any pulmonary complication (PPC) prospectively defined and recorded. Odds ratio and its 95% CI was calculated using Stata 12.1.

Results: The population included 70 patients, 40 cases and 30 controls. The prevalence of PPCs in the case series was 20% (8/40) and 13.3% (4/30) in the control Group. The odds ratio was 1.62 (95% CI 0.38-8.17, P = 0.463).

Conclusions: The size of the thoracotomy is not related to the risk of developing PPCs after lung resection in patients with low ppoFEV1.

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