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B-003
ANALYSIS OF THE MOST COMMON MAJOR INTRAOPERATIVE COMPLICATIONS DURING VIDEO-ASSISTED THORACOSCOPIC SURGERY ANATOMICAL RESECTIONS
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Objectives: Multicentric evaluation of the frequency and nature of intraoperative major complications during video-assisted thoracoscopic (VATS) anatomical resections.

Methods: Six European centres submitted their series of consecutive anatomical lung resections intended to be performed by VATS. Conversions to thoracotomy, vascular injuries and major intraoperative complications were studied in relation to the surgeons’ experience. Major complications included immediate life-threatening complications (e.g. blood loss of more than 2 litres), injury to proximal airway or other organs, or complications leading to unplanned additional anatomical resections.

Results: 3077 patients were analysed. Most resections (88%) were performed for bronchial carcinoma. There were two intraoperative deaths. In-hospital mortality was 1.4%. Conversion to open thoracotomy was observed in 171 cases (5.6%), in 21.6% for oncologic reasons, in 26.3% for technical reasons and in 46.8% for complications. Vascular injuries were reported in 88 (2.86%) patients and led to conversion in 69 (2.24%). Forty-two (1.36%) peroperative major complications were identified. These consisted of erroneous transection of bronchovascular structures (n = 7); lesions to gastro-intestinal organs (n = 5) or proximal airway (n = 5); complications requiring additional unplanned major surgery (n = 11) or immediate life-threatening complications (n = 14). A panel discussed these cases. Recommendations will be submitted for publication. When Comparing surgeons with lesser experience (<50 cases; 9 surgeons in 430 patients) to those with advanced experience (>200 cases, 6 surgeons in 1652 patients) both a higher prevalence of pT1-tumours (52.8% vs 29.6%; P < 0.0001) and a higher conversion rate (7.44% vs 4.00%; P = 0.0026) were shown. A Statistical differences in the occurrence of vascular injuries (2.56% vs 2.60%; P = 0.959) and major intraoperative complications (0.93% vs 1.21%; P = 0.628) were not observed.

Conclusions: Major intraoperative complications during VATS anatomical lung resections are infrequent, but do occur, both in less and more experienced hands.

Disclosure: No significant relationships.