F-041
EVALUATING THE SURGICAL APPROACHES TO ANATOMICAL SEGMENTECTOMIES: THE TRANSITION TO VIDEO-ASSISTED THORACOSCOPIC SURGERY IMPROVES HOSPITAL OUTCOMES
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Objectives: We aim to evaluate the transition process from open to VATS segmentectomies in a regional thoracic surgical unit.
Methods: In a retrospective study from January 2013 to December 2015 we identified all anatomical segmentectomies performed in our unit. Pre-, peri- and postoperative data were compared between the three years (2013, 2014 and 2015). Thoracotomy after VATS intraoperative biopsy was considered as a conversion for the purpose of the study. Chi-square and Wilcoxon's rank tests were used.
Results: A total of 86 consecutive cases (56 female and 30 male, median age of 70.5 years (range 43 to 83); median FEV1 of 78% (range 41 to 84) and median TLCO of 59% (range 18 to 122)) were included. There was a significant change in the surgical approach with time. Sixty-one cases underwent VATS (72% via single-port) and 28 open surgery. Nine cases (15%) were converted to thoracotomy after VATS frozen section, 4 in the multiport VATS group (22%) and 5 in the single-port VATS (11%) P = 0.4. There were no postoperative deaths in the VATS group and one in the open group. Operative outcomes were similar over time with no haemorrhagic events, similar R1 resection rates and similar nodal stations explored in all lymph node positive patients. In node negative cases however, open surgery was associated with more extensive mediastinal exploration. Patients in 2015 had a shorter hospital stay [median of 4 (range 1-15 days)], versus median of 6 (range 4-27) in previous years (P=0.01). There were no differences in the incidence of complications or readmissions to hospital over time.
Conclusion: The transition over a short period of time from open to single-port VATS segmentectomy has allowed us to significantly reduce postoperative hospital stay without compromise of other operative or postoperative outcomes.
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