

Extended VATS lobectomy

A lobectomy is the standard operation for removal of a lung cancer. Traditionally, it is performed through a large incision (approximately 15 cm or 6 inches) at the side of the chest. This incision, termed a thoracotomy, is quite debilitating as it disrupts a number of large muscles which are involved in breathing. In addition, the ribs are spread and sometimes divided or fractured.



To improve upon this situation, keyhole or minimally invasive approaches to this operation were developed. The first operations were performed more than twenty years ago. This technique is termed VATS (Video Assisted Thoracic Surgery). There is good evidence to suggest that this technique decreases pain, hastens recovery of function, and is associated with fewer complications than the traditional thoracotomy approach.

There has, however, been a relatively slow uptake in the surgical community of this technique, as opposed to minimally invasive surgery in the abdomen (for example removal of the gall bladder). Even among many surgeons who now perform some of their lobectomies with a VATS approach, there are still situations where it is thought by some that a VATS approach is not possible or at least not advisable.

Recent advances in the instrumentation, experience with the operation, and facility with the VATS approach have led many surgeons to break through these boundaries. Our paper looks at each of these potential obstacles to performing a VATS lobectomy and discusses current research as well as specific techniques that are enabling surgeons to overcome these limitations and thereby offer an extended VATS lobectomy, with the associated benefits, to a higher proportion of patients.

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