

ABSTRACT NO. 22

FEASIBLE AND PRACTICAL THORACOSCOPIC LOBECTOMY IN THE VA HOSPITAL

*Tang D, Pickens A

VA Ann Arbor Health Care Systems, Ann Arbor, MI

Background: Thoracoscopic lobectomy provides a minimally invasive approach for the management of early stage lung cancer. Thoracoscopic lobectomy has been associated with decreased postoperative pain, decreased length of stay (LOS), decreased chest tube output, decreased blood loss, better preservation of pulmonary function, and earlier return to normal activities. Thoracoscopic anatomic lobectomy adheres to the same oncologic principles as open thoracotomy. Evidence continues to accumulate demonstrating no difference in long term outcomes. Until March 2007, utilization of VATS at the Ann Arbor Veterans Affairs Medical Center (AAVAMC) was limited to diagnostic procedures, pleural procedures, and non anatomic pulmonary wedge resections. Over the last 9 months utilization of VATS has been expanded to include anatomic lobectomy. We describe our experience with thoracoscopic lobectomy at the AAVAMC.

Methods: A retrospective review of lobectomies at the AAVAMC since 2006 was performed. During this 2 year period, 32 lobectomies and 1 pneumonectomy were performed; 9 were performed thoracoscopically, and 24 were performed via open thoracotomy. Data regarding LOS, operative time, and intraoperative blood loss were collected.

Results: The median LOS was 5 days (mean $6.8 \pm 4.1d$) for thoracoscopic lobectomies, and 7 days (mean $9.8 \pm 7.7d$) for open thoracotomy. The mean operative time was $225.3 \pm 30.0min$ for thoracoscopic lobectomies, and $222.3 \pm 80.9min$ for open thoracotomies. The mean intraoperative blood loss was $277.8 \pm 178.3ml$ for thoracoscopic lobectomies, and $462.3 \pm 425.9ml$ for open thoracotomies. Although there was a trend towards decreased LOS and intraoperative blood loss, there were no statistically significant differences between groups.

Conclusions: Thoracoscopic lobectomy at a VA hospital is both feasible and practical. Our early experience demonstrates that thoracoscopic lobectomy at a VA hospital offers the potential for reduced length of stay, comparable OR times, and reduced blood loss.