

# OPTIMIZATION OF VIDEOTHORACOSCOPIC INTERVENTIONS IN PATIENTS WITH PLEURAL EFFUSION SYNDROME

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## *Abstract*

*Aim of the study* — to evaluate the effectiveness of differentiated tactics of videothoracoscopic diagnostics in patients with pleural effusion syndrome based on analysis of X-ray presentation after application of pre-operative artificial pneumothorax.

*Materials and methods.* We analyzed 261 videothorascopies (VTS), performed in our clinic in 2013–2015. We applied artificial pneumothorax and then examined the pleural cavity using X-ray. Depending on its condition we developed a surgery plan and chose the mode of anesthesia. 168 VTS were performed with intravenous anesthesia and 89 — with endotracheal anesthesia.

*Results.* After analysis of early and late postoperative outcomes we found that patients from intravenous anesthesia group needed far less analgetics than patients from endotracheal anesthesia group. Their physical activity levels recovered faster; they reported almost zero gastro-intestinal side effects; terms of exudation were reduced two-fold and drain-tubes were removed 2-3 days earlier. As a result these patients were discharged from hospital almost twice as earlier.

*Conclusion.* Implementation of proposed tactics allowed us to avoid application of endotracheal anesthesia in 65,9 % patients, reducing the number and severity of side effects and decreasing postoperative treatment terms by 1.8 times.

**Key words:** pleural effusion syndrome, videothoracoscopy, intravenous anesthesia, endotracheal anesthesia, artificial pneumothorax.

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