MINIMALLY INVASIVE THORACIC ACCESS IN LUNG AND PLEURA SURGERY

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Abstract

Minimally invasive thoracic access allows reaching desired treatment effect, being less traumatic.

The aim is to present own experience of using minimally invasive thoracic access for lungs and pleura surgery in tuberculosis patients for the period from 2008 to 2017 years.

Materials and methods. During 9 years 99 video-assisted thoracoscopy (VATS) operations in TB patients were performed: lobectomy — 31 (31,3 %), pulmonectomy — 2 (2,0 %), lower bilobectomy — 1 (1,0 %), combined resection of inferior lobe and S6 — 1 (1,0 %), typical segmentectomy — 22 (22,2 %), atypical segmentectomy — 10 (10,1 %), VATS parietal pleurectomy with decortication of the lung — 31 (31,3 %) cases.

Results. The postoperative period was characterized by early mobilization and shorter use of pain relieving narcotic analgesics. The rate of postoperative complications was 15,2 % (15 cases). The total effectiveness of VATS surgery was 97,9 %.

Conclusions. Minimally invasive thoracic access for operations in patients with lungs and pleura tuberculosis is efficient, convenient, low-impact option with better cosmetic effect in comparison with thoracotomy, allowing to perform typical lung resection with separate processing of structural elements or complete parietal pleurectomy with decortication of the lung.

Key words: VATS resection, VATS, decortication, plurectomy, minimally invasive.

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