

New approaches to the minimally invasive treatment of lung

cancer. McKenna, RJ Jr., Houck WV, Current Opinion in Pulmonary Medicine 2005 Jul; 11(4):282-6.

The momentum for minimally invasive thoracic surgery has been growing. Thousands of video-assisted thoracoscopic surgery lobectomies have been performed since the first video-assisted thoracoscopic surgery lobectomy was performed in 1992, but currently most lobectomies are still performed via a thoracotomy. Although most lobectomies could be performed with video-assisted thoracoscopic surgery, less than 5% are currently performed that way. Compared with a thoracotomy, video-assisted thoracoscopic surgery offers patients a shorter length of stay, less pain, and a quicker recovery, without compromising the adequacy of the operation. The purpose of this review is to identify the current uses for minimally invasive procedures in thoracic surgery and to present the current data regarding these procedures.

Complete anatomic resections and node dissections are routinely being performed at several centers internationally. The median length of stay after video-assisted thoracoscopic surgery lobectomy is 3 days, and 84.7% of patients had no complications. Studies comparing video-assisted thoracoscopic surgery and thoracotomy suggest that minimally invasive surgery causes less pain, has a smaller impact on postoperative pulmonary function, and provides a quicker return to regular activity, with at least comparable survival for cancer patients.

Current data suggest that, compared with a thoracotomy, video-assisted thoracoscopic surgery has advantages for anatomic pulmonary resections.