Video-Assisted Thorascopic Wedge Resections Offer Multiple Advantages For Lung Cancer Care

(PRNewswire) Ethicon Endo-Surgery, a provider of advanced surgical solutions for minimally-invasive and open procedures, announced today the results of a study suggesting that video-assisted thorascopic surgery (VATS) wedge resections are associated with significantly shorter operative times, shorter lengths of stay and lower hospital costs than open wedge resections for lung cancer indications. VATS wedge resections for lung cancer indications are now performed nearly as often as traditional and open wedge resections. The study was funded by EES and has been published in the February issue of *CHEST*, the official publication of the American College of Chest Physicians.

"In the past two decades, thoracoscopic procedures for the diagnosis or treatment of lung cancer have been transformed by the ongoing refinement of VATS techniques and equipment, particularly high definition cameras and monitors. Thoracoscopic procedures are now rarely performed without the use of video-assistance, but the adoption has been slower in procedures that would be considered traditionally 'thoracotomy settings,' such as deep wedge resections, segmentectomy, and lobectomy," said Dr. John Howington, Chief of Thoracic Surgery, NorthShore University HealthSystem, Evanston, Illinois. "Any evidence supporting the advantages of VATS will further the adoption of these procedures, improving patient outcomes and lowering overall hospital costs."

The study, entitled *In-hospital Clinical and Economic Consequences of Pulmonary Wedge Resections for Cancer Using Video-Assisted Thoracoscopic Techniques vs. Traditional Open Resections: A Retrospective Database Analysis*, was authored by John A. Howington, MD1; Candace Gunnarsson, EdD2; Michael A. Maddaus, MD3; Robert J. McKenna, MD4; Bryan F. Meyers, MD5; Daniel Miller, MD6; Matthew Moore, MHA7 ; John A. Rizzo, PhD8; and Scott Swanson, MD9. The investigators assessed the current use of VATS in wedge resections for lung cancer indications by comparing the safety, utilization and cost profiles of VATS versus open thoracotomy for wedge resection in lung cancer among thoracic surgeons.

The Premier hospital database was the data source. Of the 8,228 eligible procedures in the database with inpatient lung resections for lung cancer, a total of 2,051 patients underwent wedge resections by a thoracic surgeon using open thoracotomy or VATS . Overall, hospital costs were significantly higher for open wedge resections than for VATS ($17,377 vs. $14, 795). In addition, surgery time was significantly longer for open resections at 3.16 hours versus 2.82 hours for VATS. The same was true for length of stay (6.34 days vs. 4.44 days) for open versus VATS. Also, for several categories of adverse events, patients in the VATS group had significantly lower frequencies than patients undergoing open surgery.

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