

Does The Extent of Lung Resection Influence Recovery & Analgesic Requirements After Video Assisted Thoracoscopic Surgery

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Background

Video Assisted Thoracoscopic Surgery (VATS)

- Wide spread adoption
- For both major and minor procedures
- Assumed to reduce post-operative pain
- Expedite patient recovery

Study Objectives

- ❖ **To determine whether the extent of lung resection influences recovery and analgesic requirements after VATS**

Study Method

- We reviewed 25 patients who underwent VATS
- Timescale 8 weeks
- Observational study
- Retrospective analysis of prospectively collected data

Classification of procedures

➤ Major

- I. Pneumonectomy
- II. Lobectomy/Wedge resection

➤ Minor

- I. Pleural biopsy
- II. Pneumothorax Surgery

Results - Demographics and Operative Findings

	Number	M/F	Age (Years)	Operative Time (Minutes)	3 x Ports %	Regional Block %
Major	9	4/5	70 ± 11	169 ± 66	100	77
Minor	16	11/5	54 ± 21	67 ± 26	56	19

Results -Post-operative Analgesia and Recovery

	PCA %	PCA (hours)	PCA (mls)
Major	100	26 ± 10	17 ± 13.6
Minor	44	25 ± 14	22 ± 12.5

Results - Post-operative Analgesia and Recovery

	Paracetamol (gm)	Opiates (gm)	Walking (days)	Length of stay (days)
Major	12.7 ± 5.8	371 ± 130	2 (1-2)	3 (3-14)
Minor	6.3 ± 4.2	181 ± 142	1 (1-3)	1 (1-8)

Conclusions

- **Longer post operative length of stay for patients undergoing major VATS**
- **Little apparent difference in recovery and overall analgesic requirements between patients undergoing major and minor VATS**

Recommendations

- **Traditional concerns regarding major surgery should not bias practitioners to unnecessarily delay or prolong patients' rehabilitation following VATS surgery**

Further Work....

- **Comparisons based upon patients with similar characteristics for example, age.**
- **Larger sample sizes are required to ensure the results are statistically significant and allow further sub group analysis**