

Editorial

Different Approaches for Vats Lobectomy: Will We See a Winner?

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Editorial

The first Video-Assisted Thoracoscopic Surgery (VATS) lobectomy was performed more than 25 years ago by Roviario [1], and was considered unacceptable by an oncological point of view. Nowadays, VATS technique is a well-established approach for the treatment of early-stage Non-Small Cell Lung Cancer (NSCLC), and is recommended as preferred technique over open surgery by the American College of Chest Physicians [2]. VATS lobectomy avoids rib spreading, resulting in less pain, fewer complications, and more rapid return to normal functioning when compared to open surgery; these assumptions are validated by trial meta-analyses, even though most of those trials were not randomized [3,4]. A variety of different minimally invasive approaches have been proposed, with variations in the number of incisions, in the width of utility incision and in the way of dealing with the pulmonary hilum; in addition, some imaginative techniques were described, such as the transcervical or the subxiphoid uniportal approaches and the microlobectomy [5-7]. The most popular technique is the three-portal anterior approach described by Hansen, also known as “Copenhagen technique” [8]. The Duke approach, proposed by McKenna, consists in two incisions [9]. In 2010 Diego Gonzales Rivas proposed his uniportal approach, where all instruments and the camera are inserted through the same incision [10,11]. More and more surgeons approach with enthusiasm this technique, which is, in my opinion, the most interesting for the direct view that is provided. There is a debate about the potential advantages of one technique or another. Despite the publication of some retrospective studies comparing uniportal to “multi portal” VATS lobectomy, there is not enough evidence to determine which technique should be preferred, especially to reduce postoperative pain [12-17].

In our Institution, a randomized controlled trial on the effects of uniportal and three-portal VATS is ongoing: in particular, we are evaluating the postoperative pain following the two different approaches, considering the analgesic consumption on a sample size of 120 patients. Results will be presented in 2020.

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