

# Single Port Lung Cancer Surgery

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- No disclosures



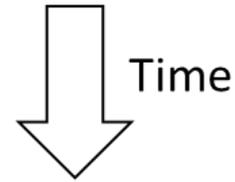
# Learning Objectives

- Discuss new technology and innovations in lung cancer surgery
- Identify the impact and implications of new technology for patients

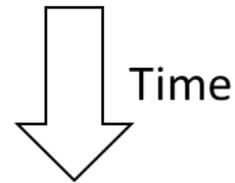


# Pathway to Cure

Find nodules early = Screening



Diagnose cancers appropriately = Biopsy

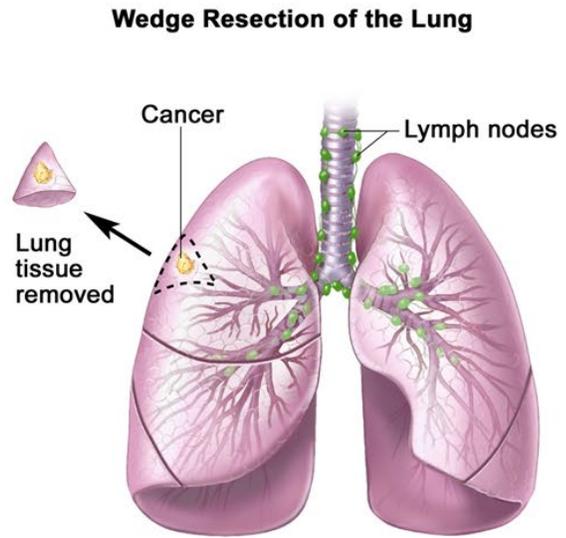


Treat cancers before they grow/spread = Resection



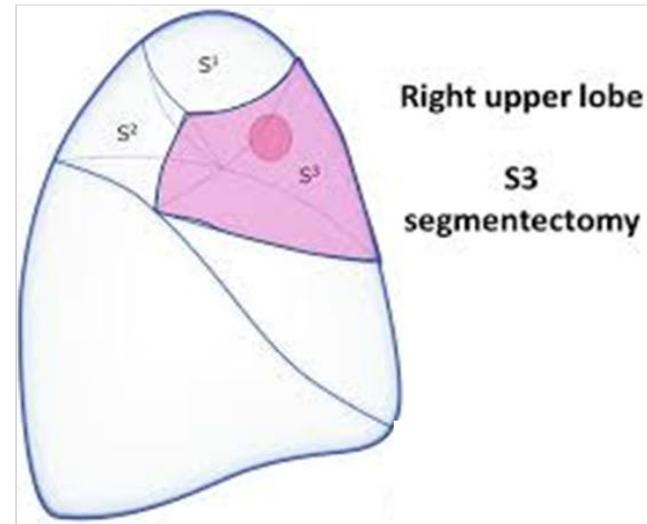
# Resection Methods

## Wedge Resection

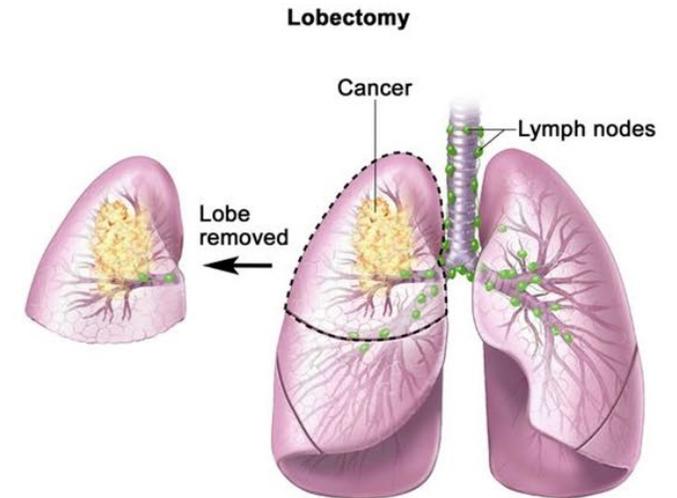


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## Segmentectomy



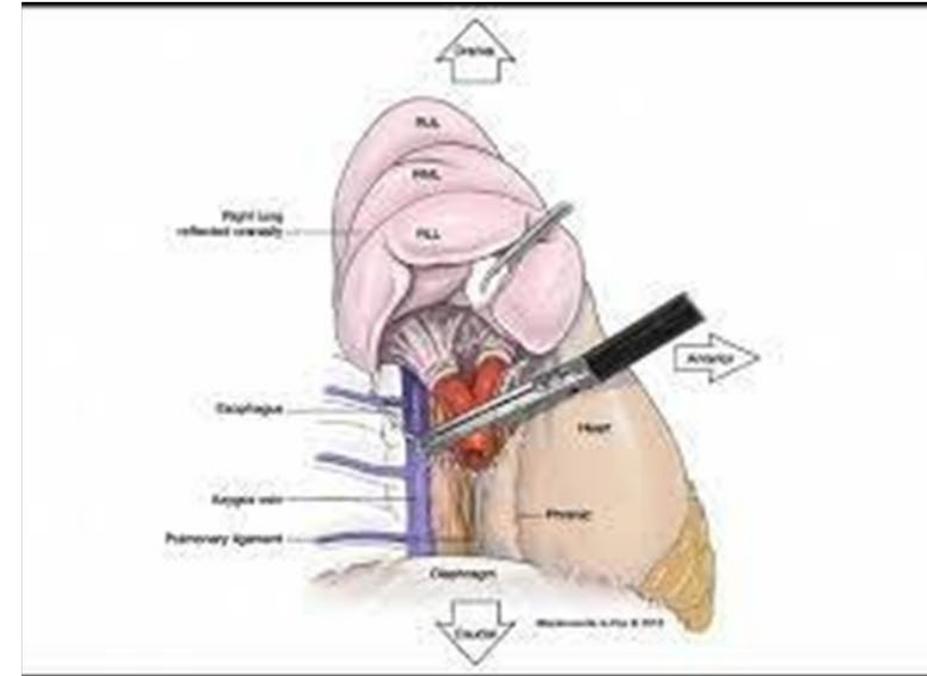
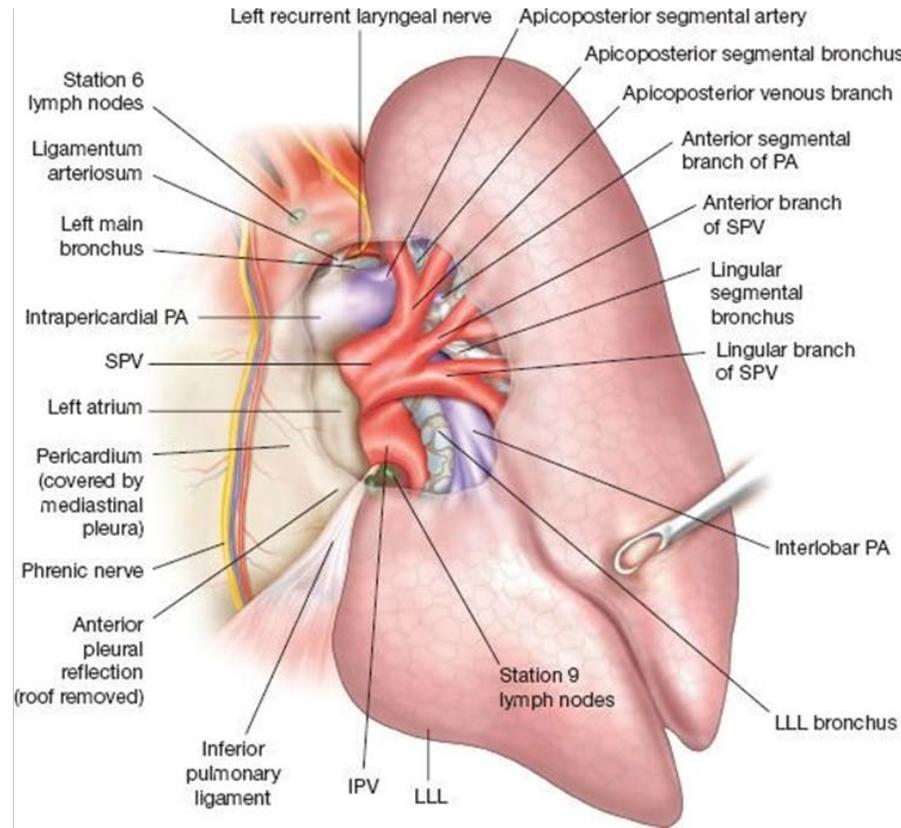
## Lobectomy



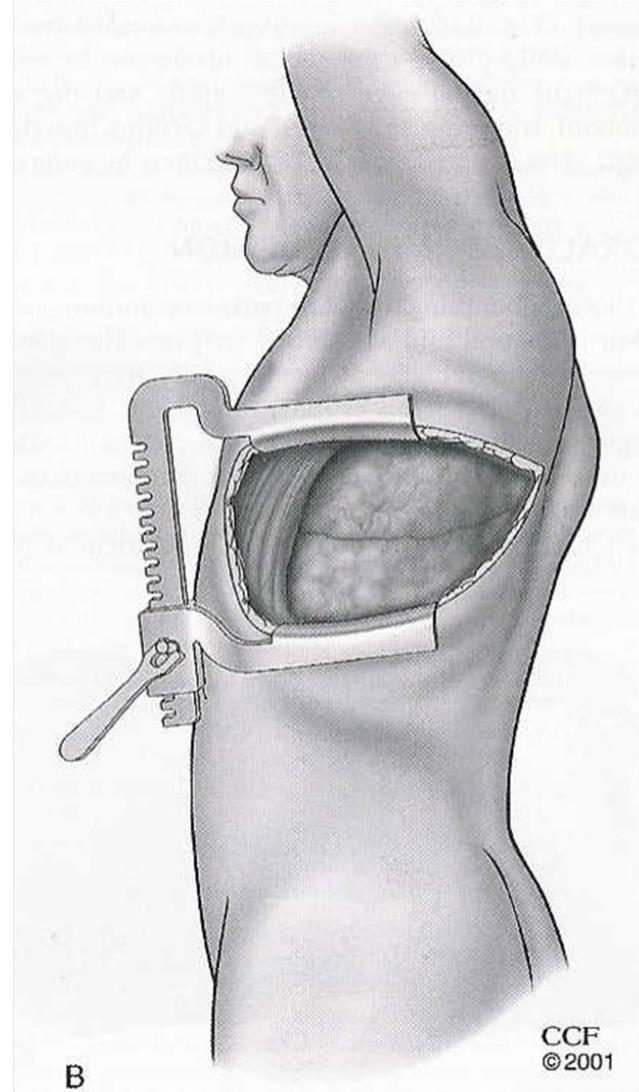
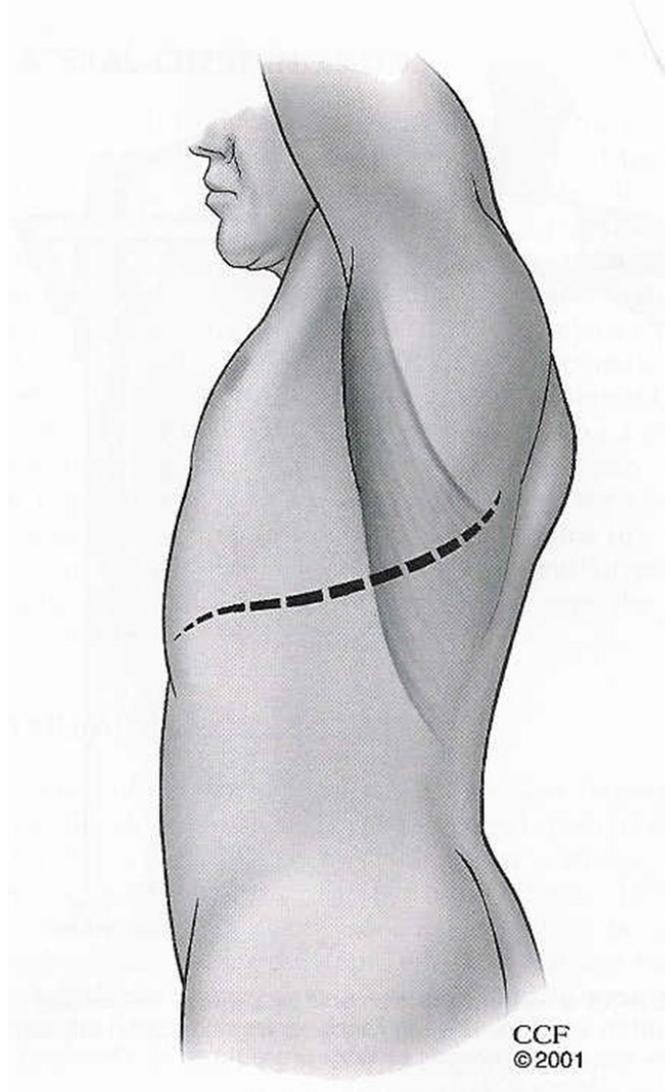
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# Anatomic Lung Resection

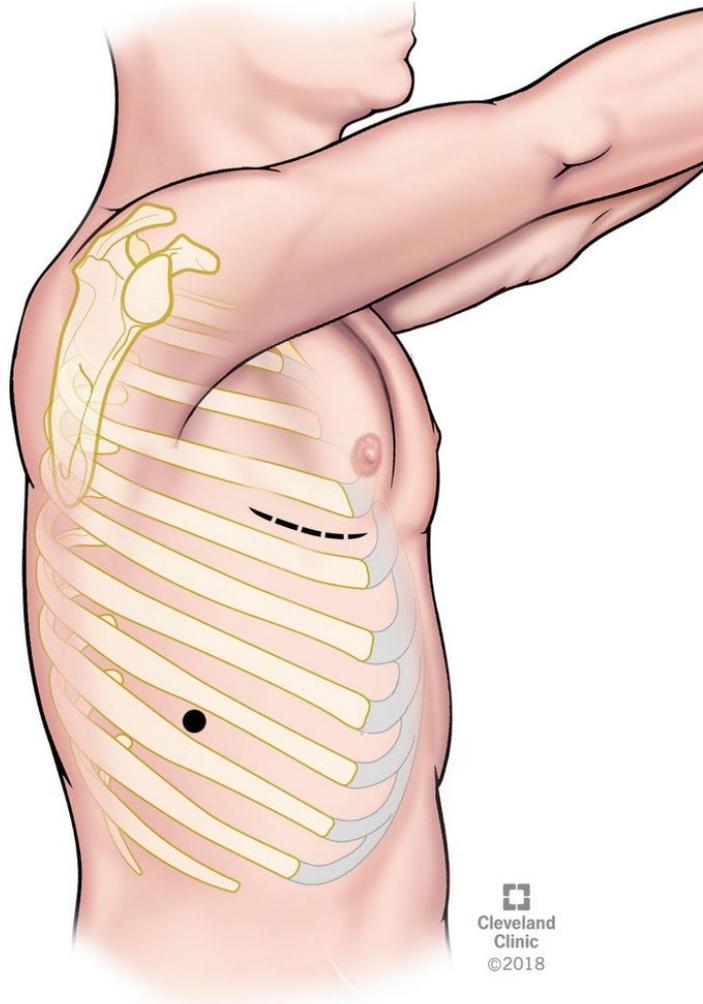
- Artery
- Vein
- Airway



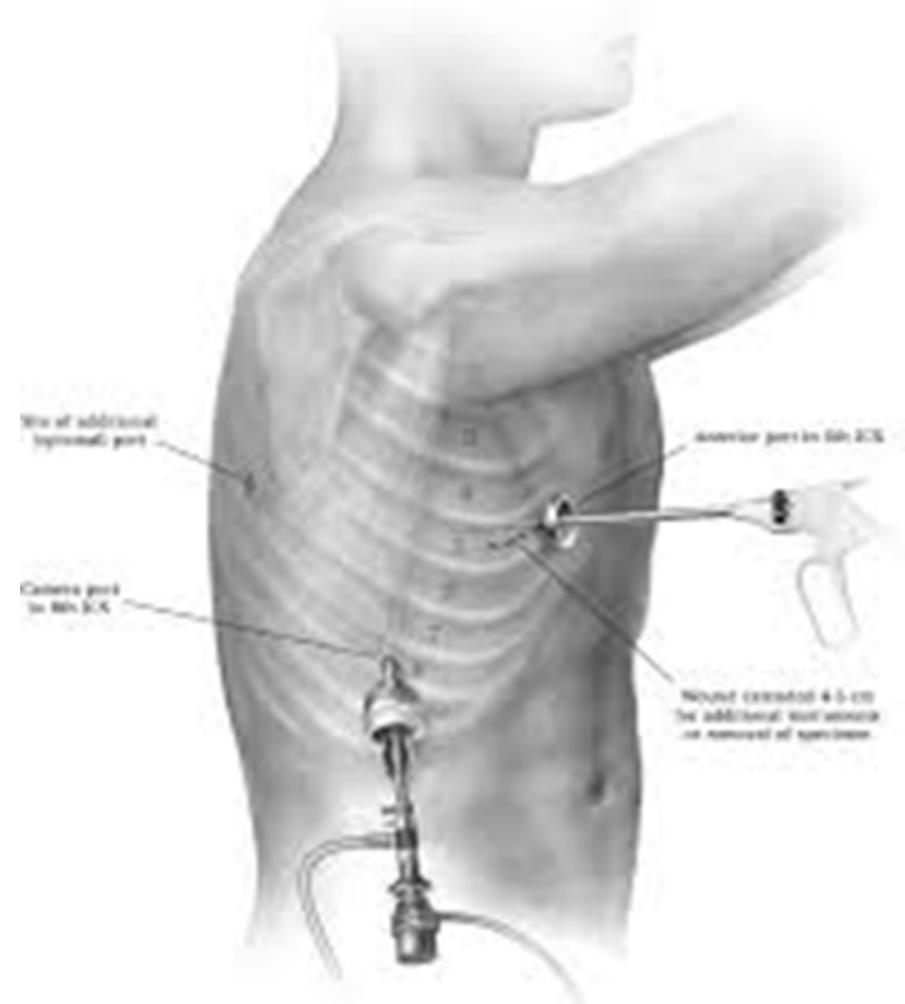
# Evolution of Lung Cancer Surgery: Thoracotomy



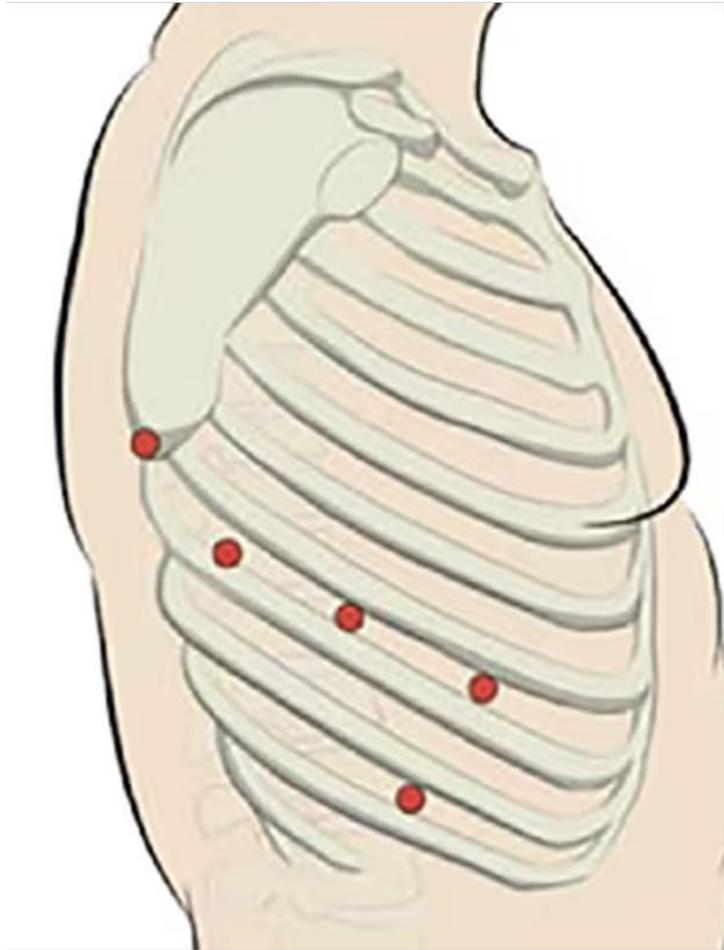
# Evolution of Lung Cancer Surgery: VATS (Video Assisted Thoracic Surgery)



Cleveland  
Clinic  
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# Evolution of Lung Cancer Surgery: Robotic Surgery: Multiport

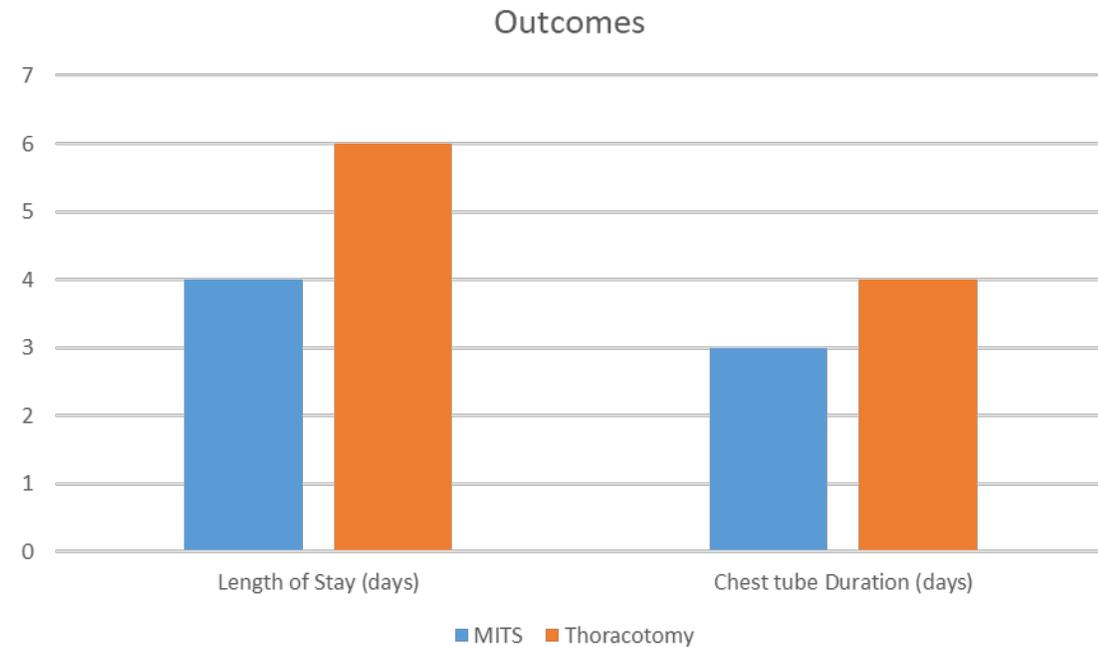
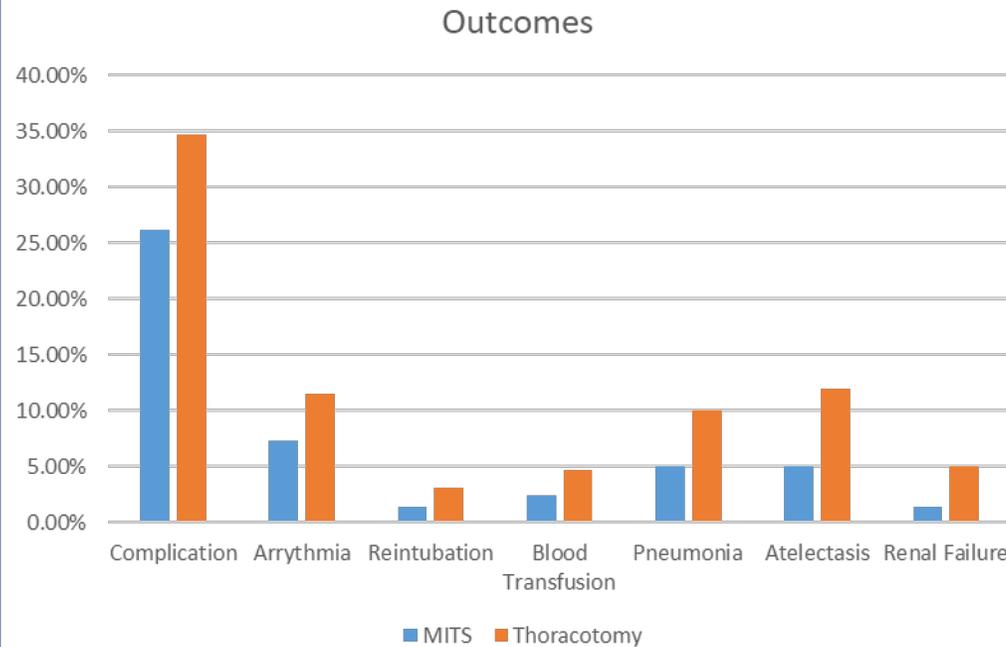


# Evolution of Lung Cancer Surgery: Robotic Surgery: Multiport



# What's the Difference?

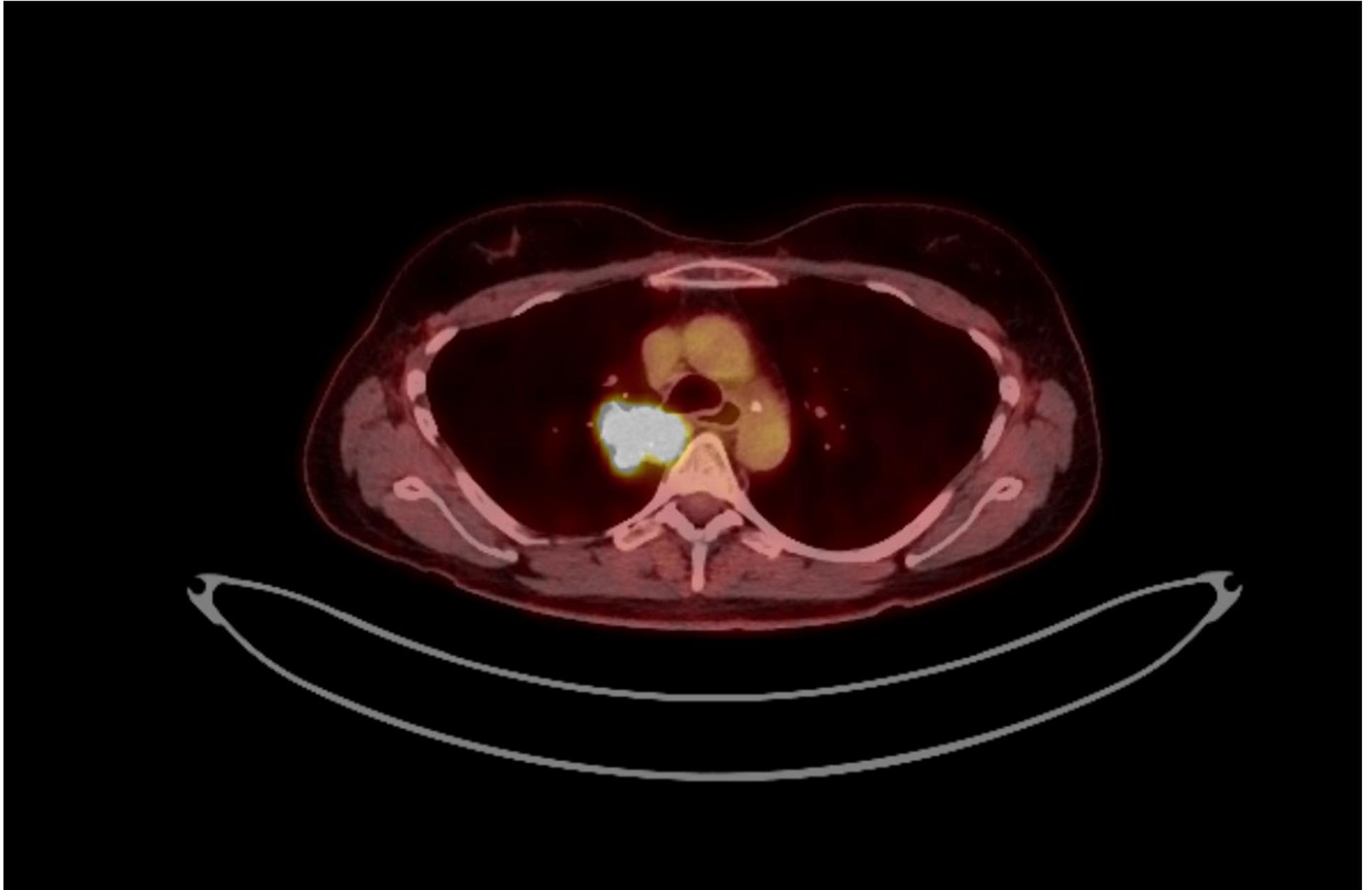
- Minimally Invasive Thoracic Surgery (MITS) vs Thoracotomy

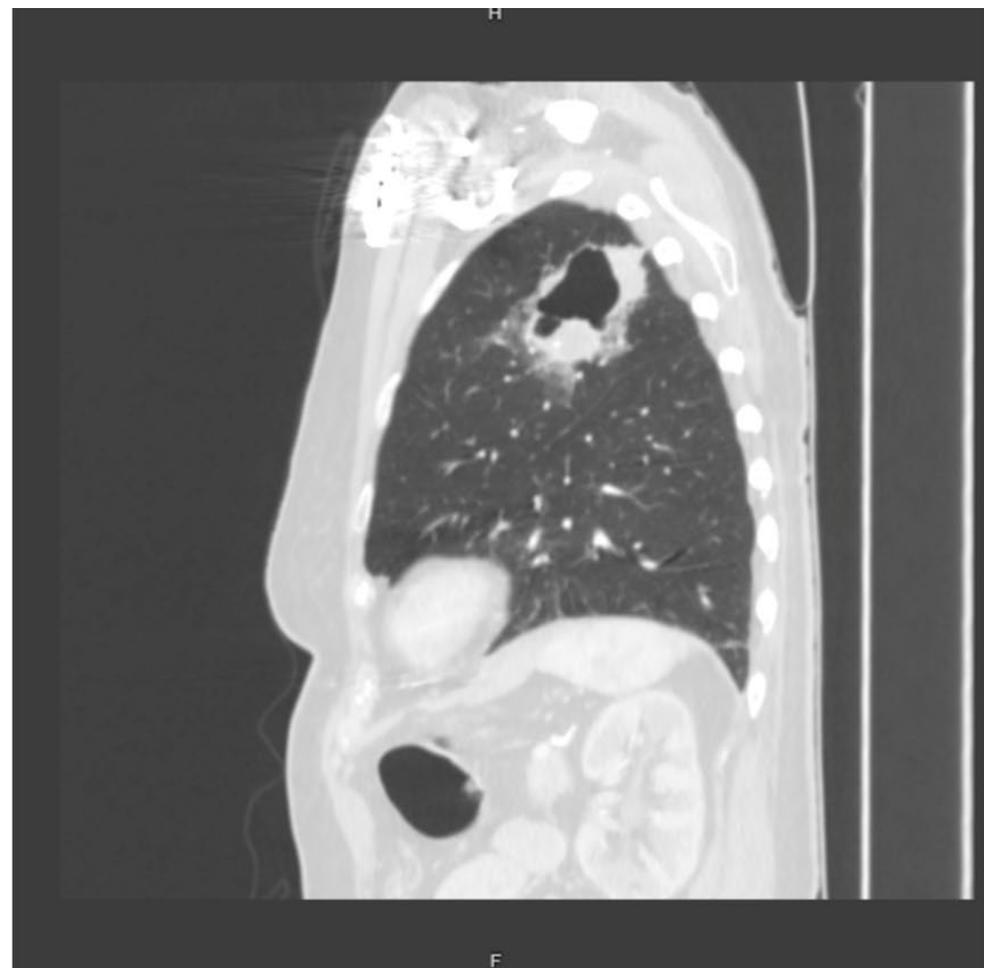
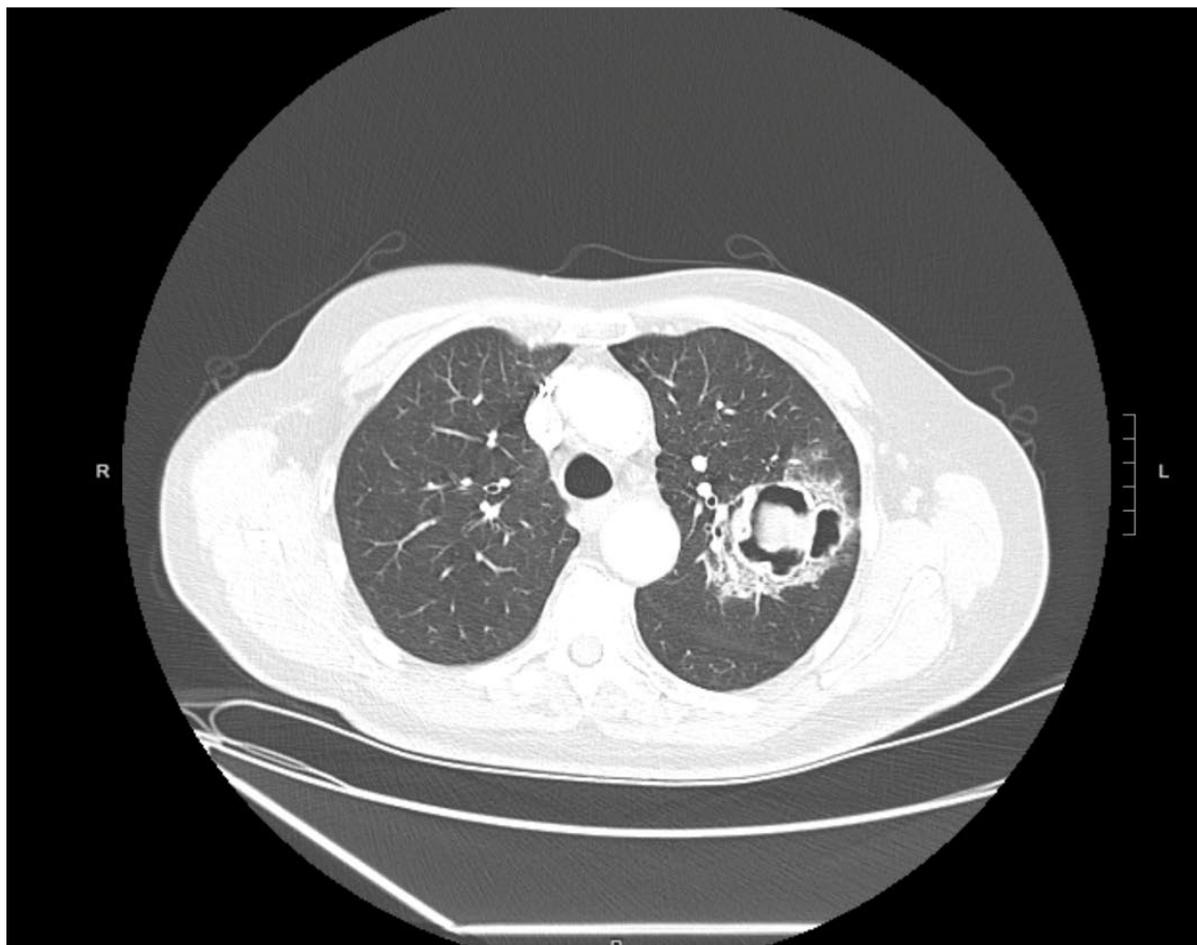


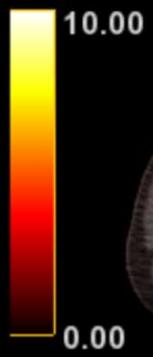
# What's the Difference?

Approach	Hospital Stay	ICU Stay	Pain	Chronic Pain	Efficacy
Thoracotomy	4-6 days	0-2 days	++++	>10%	++++
VATS	1-2 days	none	+	<1%	++++
RATS	1-2 days	none	+	<1%	++++







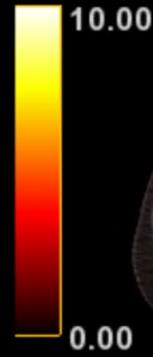


L  
3  
1  
2

3.3/50 % PET  
3.3mm /3.3sp  
m=0.00 M=10.00 g/ml

P 312

V=0.80

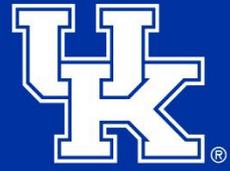


L  
3  
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3.3/50 % PET  
3.3mm /3.3sp  
m=0.00 M=10.00 g/ml

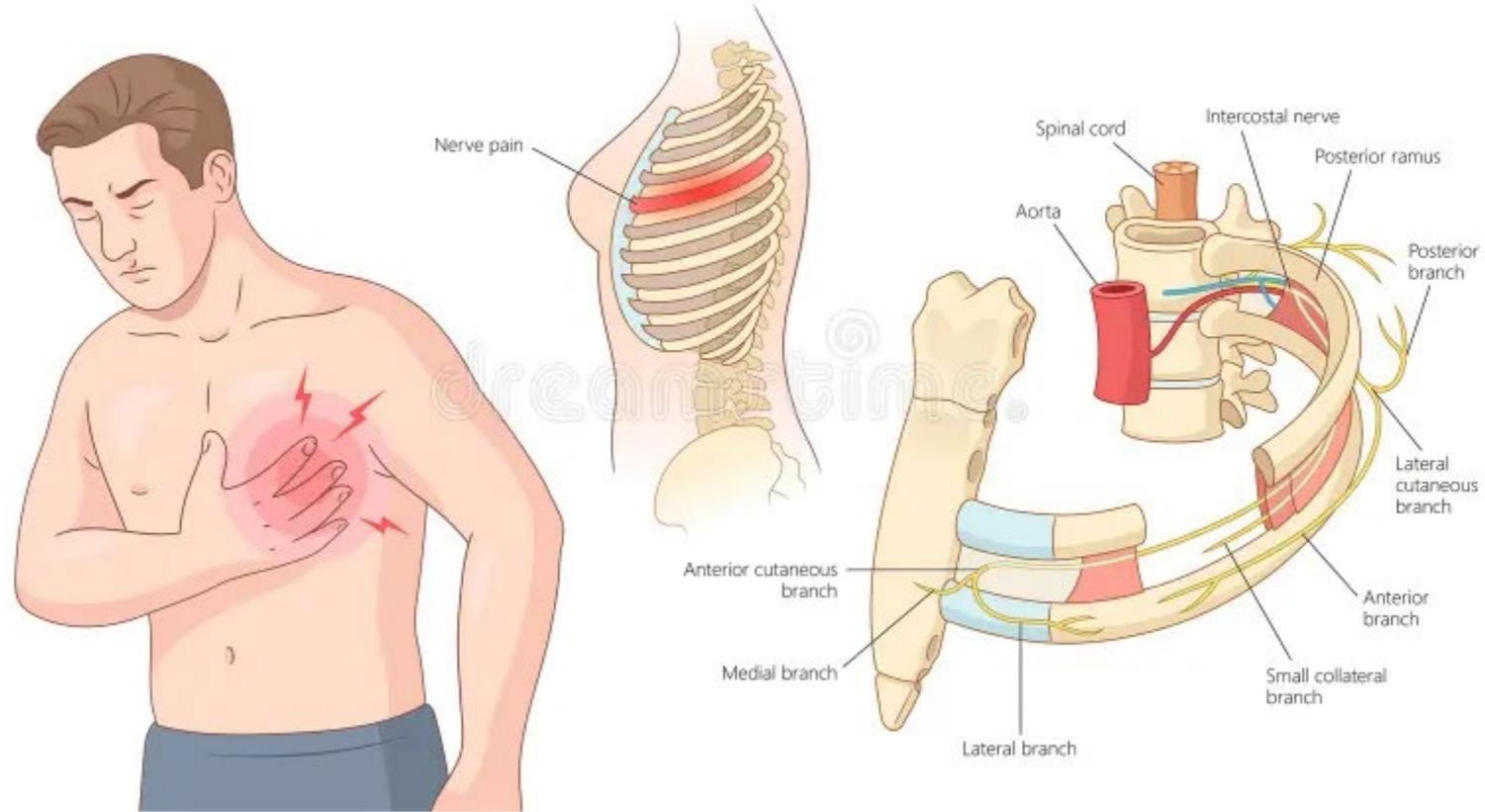
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V=0.96



# Can We Do Better?

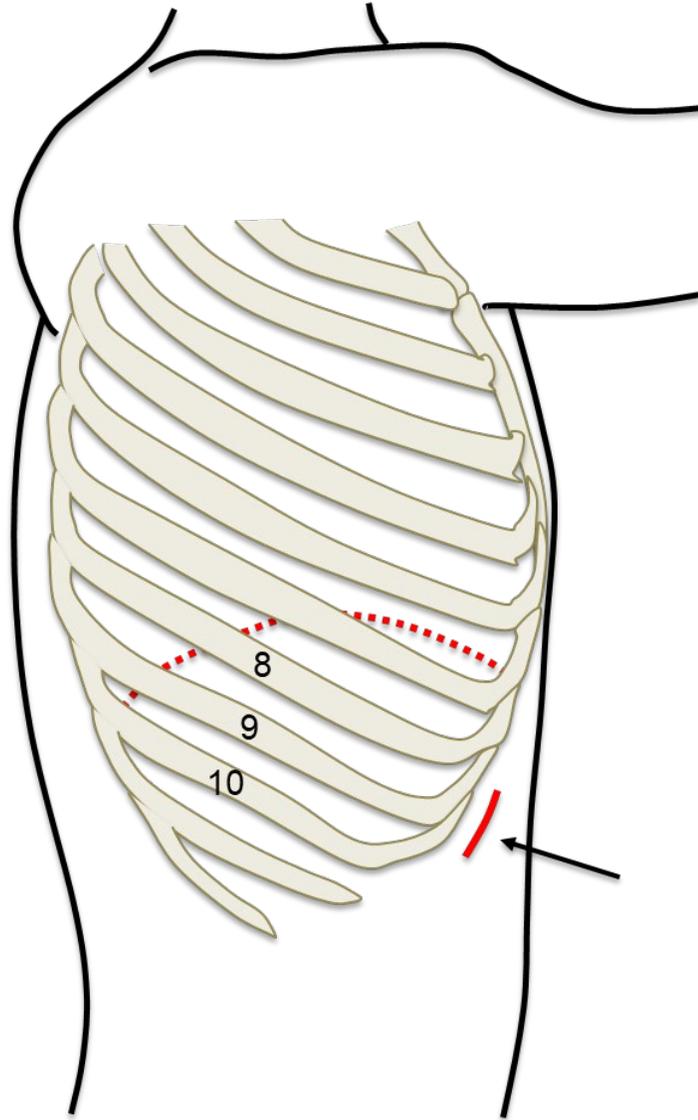
## Intercostal Neuralgia



# Evolution of Lung Cancer Surgery: Robotic Surgery: Single Port



# Evolution of Lung Cancer Surgery: Robotic Surgery: Single Port



- Single 4 cm incision
- Subcostal space – outside of the intercostal space
- Less risk of intercostal nerve pain



# Case Variety

- Total number of cases: 49

