Teaching Uniportal VATS in Argentina

First International Symposium, Uniportal VATS—International Course Uniportal VATS, Buenos Aires, Argentina

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Abstract: This is a report of the first three days Uniportal VATS International Meeting. The conference included oral presentations at the Universidad Catolica Argentina (UCA), on the first day. Live Surgery from Shanghai Pulmonary Hospital, Tongji University, China, and Clinica San Camilo. Bs As, Argentina on the second day and a Wet lab in Fundación Triada Mininvasiva, Fatima Pilar on the final day.

Keywords: Uniportal video assisted thoracic surgery (Uniportal VATS); First International Meeting in Bs As; Argentina

Introduction

The First International Symposium and the First International Course of Uniportal VATS was held in Buenos Aires, Argentina on August 23rd–25th, 2017.

The visiting experts were Prof. Dr. Diego Gonzalez Rivas (Figure 1) from La Coruña Spain, Prof. Dr. Yuming Zhu (Figure 2) and Dr. Timothy Yang (Figure 3) from Shanghai Pulmonary Hospital, Tongji University.

The Shanghai Pulmonary Hospital is to our knowledge the center with mayor number of mini-invasive surgeries in the world.

Methods

The first day included conferences at UCA University with the international speakers.

Dr. Gustavo Bondulich (Figure 1) presented on the Argentinian experience with Uniportal VATS. Discussion and local academic surgeons participated at the event.

The second day we practiced live surgery from Clinica San Camilo, Bsueos Aires, Argentina with Dr. Diego Gonzalez Rivas (Figures 4,5), and Tongji University from Shanghai Pulmonary Hospital, China. Drs. Yuming Zhu and Timothy Yang, commented during the surgical procedures two lobectomies and one segmentectomy, with complete lymphadenectomy, were performed in patients with non-small cell lung cancer.

On the last day, Wetlab in Fundación Triada Mininvasiva, Fatima Pilar, to show and learn the technique (Figures 6-8).

Technique (Figure 9)

The patients were placed in full lateral position, with a support under the patient. All procedures were performed under general anesthesia with single lung ventilation. The incision was placed in the 5th intercostal space. There was no rib spreading used. A 10 mm 30 degree scope camera was utilized.

The surgeon and the assistant operated from the front of the patient, allowing access to the vascular structures first. A chest tube K225 was inserted in the incision (2).

Results

Dr. Gaetano Rocco from National Cancer Institute, Italy, used Uniportal VATS for minor procedures, pneumothorax, mediastinal biopsy, pleural effusion and lung wedge resection (3,4).

Uniportal VATS for mayor procedures was introduced in the world by Dr. Diego Gonzalez Rivas, from Coruña

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Figure 1 Dr. Diego Gonzalez Rivas and Dr. Gustavo Bondulich in Universidad Catolica Argentina (UCA).

Figure 2 Prof. Dr. Yuming Zhu and Prof. Dr. Diego Gonzales Rivas in Clinica San Camilo, Buenos Aires, Argentina.

Figure 3 Dr. Timothy Yang, Shanghai Pulmonary Hospital and Dr. Gustavo Bondulich.

Figure 4 Dr. Diego Gonzalez Rivas, Dr. Gustavo Bondulich in the operating room. Clinica San Camilo. Argentina.

Figure 5 Uniportal VATS with Dr. Diego Gonzalez Rivas in Clinica San Camilo. Buenos Aires, Argentina.
Lobectomy (5), segmentectomy, pneumonectomy (6,7), bronchoplastic procedures, chest wall resection and lobectomy in non-intubated patient (8,9) were performed.

In Argentina we initially used Uniportal VATS with minor procedures such as lung biopsies, pneumothorax, complicated pleural effusion, pericardial effusion, wedge resection, pleural biopsy, mediastinal biopsy. Later on we treated mediastinal tumors and lung cancer, anatomical segmentectomies and lobectomies with complete lymphadenectomy.

It is important to learn the technique in a step-wise manner.

The keys elements to be able to perform the procedure successfully are, availability of the right instruments, energy medical devices, vascular clips, appropriate stapler, and the skill to use the Uniportal VATS.

Discussion

Thoracic surgeons in Argentina have preferred open surgery for lung cancer. Many of them have used multiport approach for VATS lobectomy.

In our experience we have used open surgery in mayor resection and then we used VATS with multiport approach, 3 ports, then we have attempted 2 ports and finally we have learned and accepted Diego Gonzalez Rivas’s technique (2).

During the event, the local surgeons enjoyed the meeting, the international speakers, the live surgery experience and the Wet lab.

As a matter of fact, this meeting was a great experience for academic surgeons as well as for junior surgeons.

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**Footnote**

*Conflicts of Interest:* The author has no conflicts of interest to declare.

**References**


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