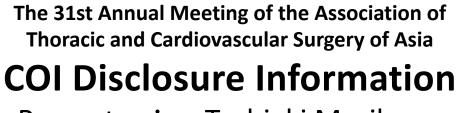




Uniportal VATS Bulla Looping for Secondary Pneumothorax Patients with Poor Respiratory Reserve

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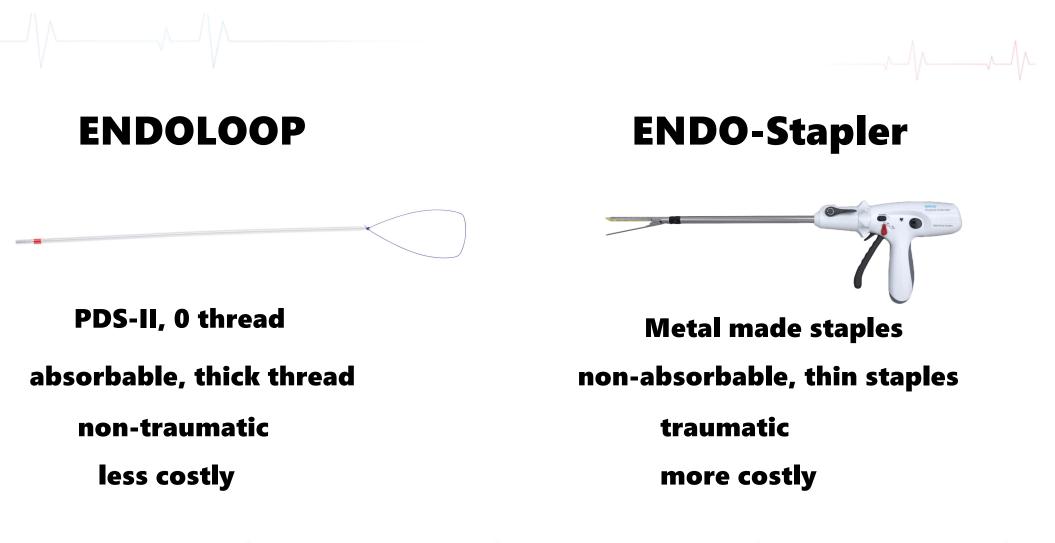


Presenter: Toshiaki Morikawa

I have no financial relationships to disclose.









An Incident Report in 2013

Interactive CardioVascular and Thoracic Surgery 16 (2013) 718–720 doi:10.1093/icvts/ivt047 Advance Access publication 13 February 2013 **CASE REPORT - THORACIC**

Haemothorax following bullectomy caused by a sharp edge of the Endoloop

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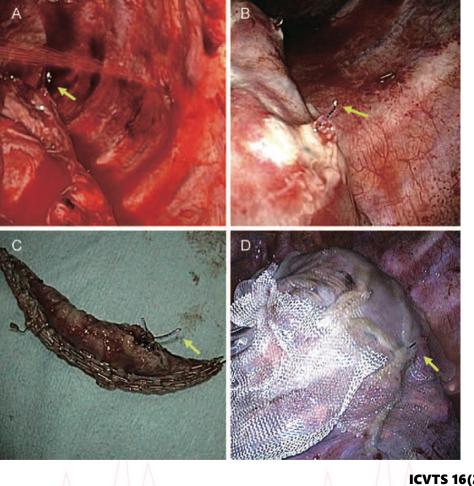
Abstract

A 22-year old man presented with a massive haemothorax 25 days after bullectomy for a spontaneous pneumothorax. Thoracoscopic surgery revealed ongoing bleeding from the chest wall caused by a sharp edge of the Endoloop Ligature (Ethicon Endo-Surgery) used to resect the remaining small part of the lung at the earlier staple bullectomy. The point where bleeding was occurring was clipped and covered using a collagen patch coated with human fibrinogen and thrombin. The protruding sharp edge of the Endoloop was excised together with the surrounding lung tissue, using a stapler. Although prevention of this type of complication is difficult, awareness of the potential problem may help in managing such extremely rare events.

Keywords: Postoperative haemothorax • Endoloop • Video-assisted thoracic surgery • Bullectomy



An Incident Report in 2013

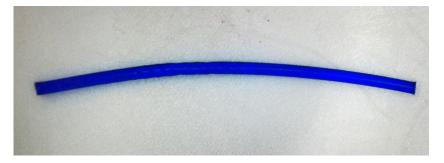


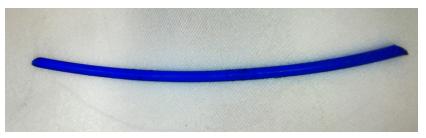


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Certify if ENDOLOOP traumatizes organs



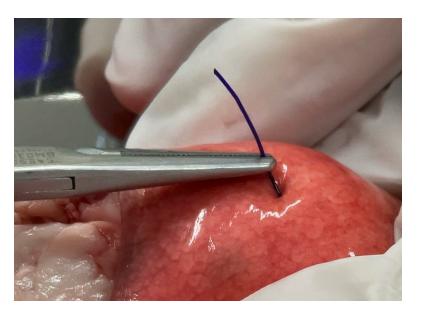






Retrieved Porcine Liver and Lung





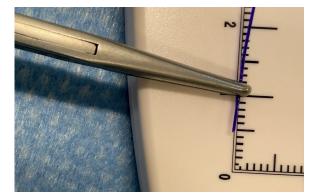




Thread pierced the organs when...



Sharp Edge



Held at 5 mm from end



Tensile on the surface



Cut by Harmonic Scalpel

Working temperature of Harmonic Scalpel is 190°C

Melting temperature of PDS-II is 110°C



Edges stransformed dull





No puncture!

Same as similar heating instruments

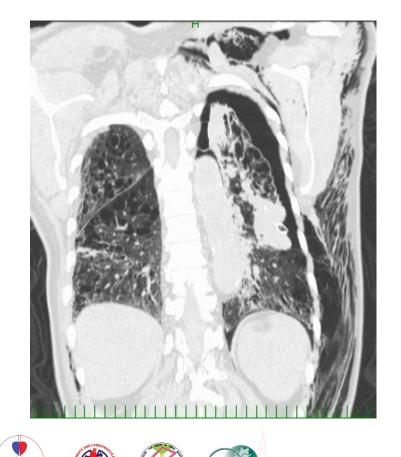
A Secondary pneumothorax patient



A 78-year-old male patient, who was a <u>smoker</u> and had no other significant complaint other than hypertension, presented <u>sudden severe chest pain</u> and was sent <u>by ambulance</u>.

A <u>left-side Pneumothorax</u> was evident. A <u>chest tube</u> was placed right at once. <u>Massive air leakage</u> was seen. O2 was inhaled by a face mask.

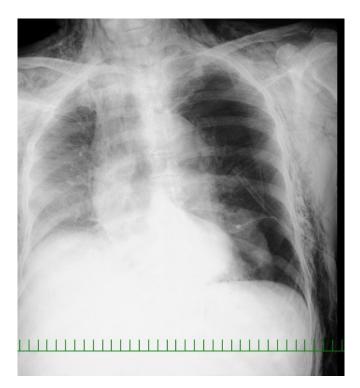
Secondary pneumothorax with emphysema



Soon, <u>pneumonia of the left</u> <u>upper lobe</u> was evident combined with elevated serum data of inflammation. Chest physicians treated medically.

Severe <u>air leakage</u> continued, <u>subcutaneous emphysema</u> was remarkable, and spontaneous respiration with O2 installation was continued.

Secondary pneumothorax with emphysema

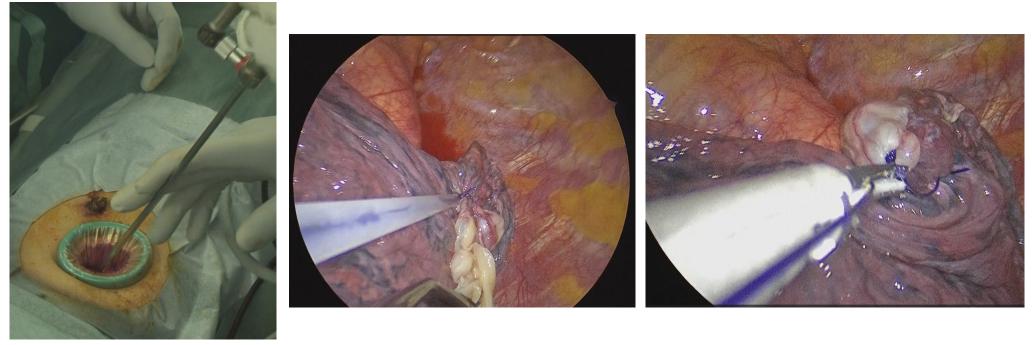


Within a week, pneumonia had fairly subsided. <u>Severe air leakage</u> continued.

On the <u>9th hospital day</u>, the <u>surgical procedure</u> was undergone.



Surgery Scenes



Uniportal VATS

S Ligation with ENDOLOOP Cut by Har

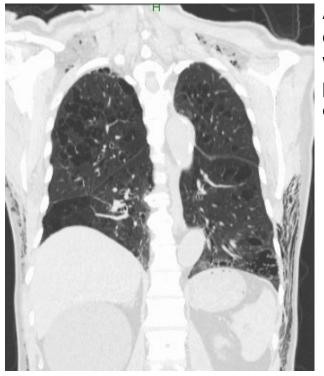
Cut by Harmonic Scalpel



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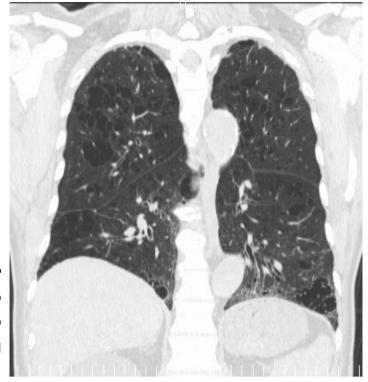
Toshiaki Morikawa M.D.

After Surgery



Air leakage completely disappeared, recovery was uneventful, and the patient was discharged on 4th operative day.

> Three months after surgery, the lungs are fully expanded, and no scar of looping nor lung deformity is seen.



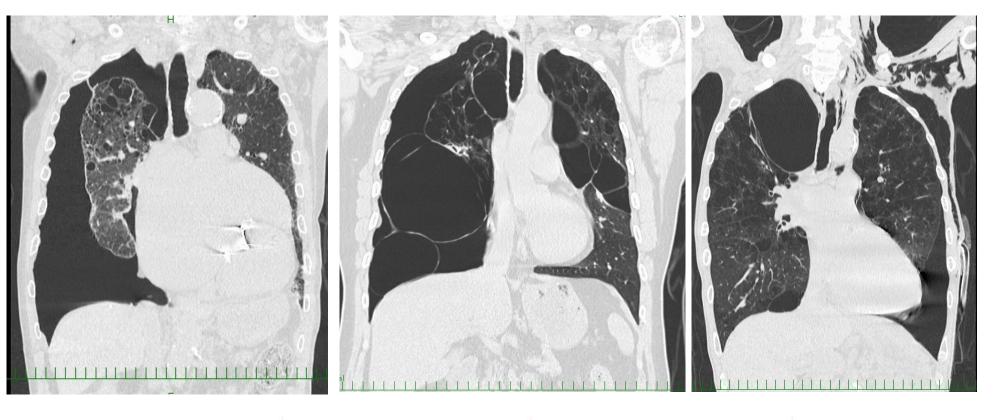
8 POD

3 POM

Other Patients successfully treated by Uniportal VATS bulla looping









Conclusions

- #1: ENDOLoop can ligate <u>fragile bulla or emphysematous lung</u> safely and securely
- #2: ENDOLoop may <u>puncture organs</u> when the end is <u>cut sharply</u>
- #3: ENDOLoop will <u>not puncture organs</u> when the end is cut with <u>Harmonic Scalpel and/or other heating methods</u>
- #4: ENDOLoop is essentially <u>non-traumatic, easy-to-treat, and less</u> <u>costly</u> than Endo-stapler
- **#5: ENDOLoop may be <u>useful for Uniportal VATS of high risk patients</u>**

Thank you for listening





Similar Patients

