

# Video assisted lung surgery reduces complications and hospital stays compared to open surgery

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Video-assisted thoracic surgery is associated with lower in-hospital complications and shorter length of stay compared with open surgery among British patients who were diagnosed at an early stage of lung cancer, according to research presented today the IASLC 2019 World Conference on Lung Cancer, hosted by the International Association for the Study of Lung Cancer.

Video-assisted thoracoscopic surgery is a minimally invasive surgical technique used to diagnose and treat problems in the chest and lungs using small incisions. A small camera transmits images of the inside of the chest onto a video monitor, guiding the surgeon in performing the procedure. Open surgery is achieved through a long cut in the chest and the ribs are spread open with the surgeon operating through direct vision into the chest. A lobectomy for [lung cancer](#) can be achieved by either approach which involves removing one lobe of [lung](#) from either the right or left side of the chest.

The National Institute of Healthcare Research funded the trial, called VIOLET, because there was limited information comparing a VATS procedure with [open surgery](#) for lobectomy among lung cancer patients. Eric Lim, M.D. from Royal Brompton Hospital, London/United Kingdom randomized 503 lung cancer patients at nine surgery centers in the United Kingdom. The average age of the patients was 69 years and 49.5 percent were male and 50.5 percent female.

After randomization, Lim and his researchers found that patients who received VATS had a significant reduction of overall in-hospital complications (32.8 percent) compared to patients who received open surgery (44.3 percent). Additionally, patients randomized to VATS stayed in the hospital one day less than patients who were given open surgery.

"The VIOLET Trial is the largest randomized trial conducted to date to compare clinical efficacy, safety and oncologic outcomes of VATS versus open [surgery](#) for lung cancer," said Lim. "The study achieved its positive results without any compromise to early oncologic outcomes—pathologic complete resection and upstaging of mediastinal lymph nodes."

Provided by International Association for the Study of Lung Cancer

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