Pneumonectomy for Tuberculosis
Destroyed Lung and Cavitary Disease

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Pneumonectomy

- High morbidity and high mortality
- Patient selection
- Pre-operative assessment
- Operator experience
- Minimal access -> limited surgical exposure
Thoracoscopic Pneumonectomy

• The acceptance of advanced VATS
• Technical difficulties
• Prolonged operative time
• Lack of training
Thoracoscopic Pneumonectomy

• Limiting factors
  – Safety
  – When the conversion happens increase morbidity
  – Technical feasibility
  – Not a unified technique
Thoracoscopic Pneumonectomy

• Advantages
  – Shorter hospital stay
  – Decreased pain
  – Decreased blood loss
  – Earlier return to normal activities
  – Improved QOL
  – Recruitment of sicker patients
  – Improved cosmetic

Most benefit related to decreased in morbidity of the procedure
Tuberculosis

Surgical treatment:

- Resection of permanent damaged lung
- Resection prevent contamination or affection of healthy lung

Thoracoscopic Pneumonectomy

- Meticulous surgery
- Careful dissection
- Lymph nodes
- Vessels
Thoracoscopic Pneumonectomy

• Dangerous procedure?
• Pleural symphysis
  – Contra-indication?
  – Indication -> tight adhesions apical and basal chest cavity
• Enhanced vision
• Represents an advancement
Thoracoscopic Pneumonectomy

- Procedure

1.5 cm incision in 8th ICS for camera port

4-5 cm incision in 5th ICS for instruments

Assistant behind patient

Surgeon in front of patient
Lung Tuberculosis

- Lung destroyed
- Obstruction of airways
- Hemoptisis
- Lung cavities
Thoracoscopic Pneumonectomy

• Indication
  – Controle dos sintomas
  – Controle da infecção
  – Prevenção das complicações
  – Proporcionar melhor qualidade de vida
Bronchiectasis
Bronchiectasis