In-hospital mortality down with video-assisted thoracoscopic Sx

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"Use of VATS for lobectomy has increased in recent years relative to thoracotomy. This trend has coincided with increased survival and shorter length of stay for VATS lobectomy compared to thoracotomy," the authors write. "Further studies are needed to identify comorbidities that identify ideal candidates for VATS lobectomy."

More information: Full Text (subscription or payment may be required)

(HealthDay)—Video-assisted thoracoscopic surgery (VATS) lobectomy is associated with lower in-hospital mortality and shorter length of hospital stay versus open thoracotomy, according to a study published online Oct. 25 in the *Annals of the American Thoracic Society*.

Hem Desai, M.D., from the University of Arizona Health Sciences in Tucson, and colleagues used data from the U.S. Healthcare Cost and Utilization Project Nationwide Inpatient Sample database from 2009 to 2012 to compare outcomes for VATS versus open lobectomy.

Of the 27,451 patients who underwent lobectomy during the study period, 65 percent of procedures were performed by thoracotomy and 35 percent by VATS. A total of 9,393 propensity matched pairs were created. The researchers found that patients undergoing VATS lobectomy had significantly lower in-hospital mortality (1.3 versus 2.5 percent; P hospital stay (6.21 versus 8.75 days; P