

2024 대한심장혈관흉부외과학회 제56차 추계학술대회

2024. 10. 31 (Thu) - 11. 01 (Fri) 여수 엑스포 컨벤션센터



Single-Port vs. Multi-Port Robotic Lobectomy
for Non-Small Cell Lung Cancer

: da Vinci SP vs. Xi, Subcostal vs. Transthoracic Approach,
A Single-Center Retrospective Propensity-Matched Study

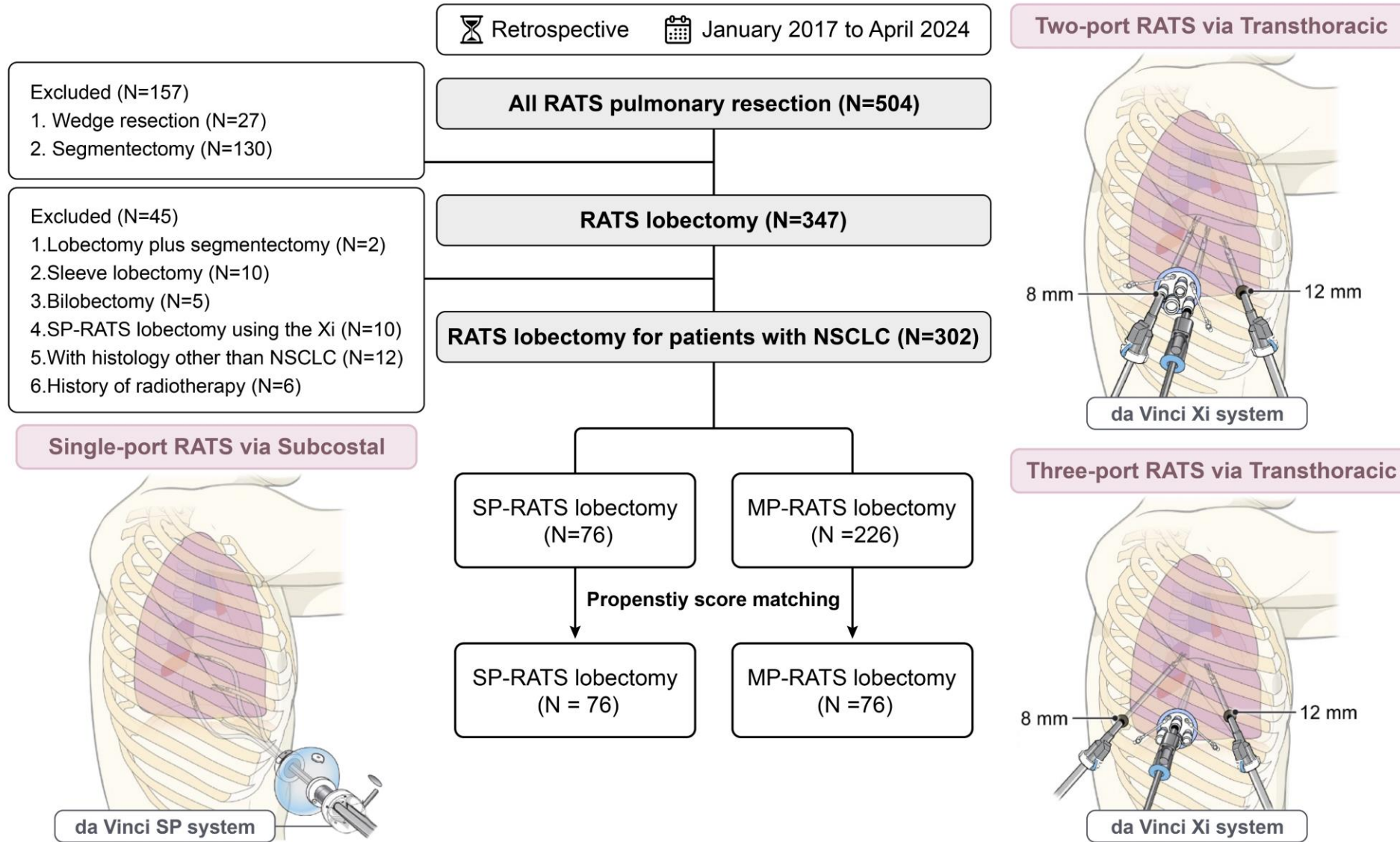
The da Vinci single-port robotic surgical system (SPS), developed specifically for single-port surgery, was approved for general thoracic surgery in South Korea in 2020.

We believe that it can combine the advantages of RATS with those of SP surgery. However, the efficacy of this approach was not established.

The aim of this study was to compare the perioperative outcomes of SP-RATS lobectomy using the SPS with MP-RATS lobectomy using Xi, with propensity score matching/

Methods : Schema of patient selection

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After PSM, patient characteristics and perioperative outcomes were reviewed.

Results : Perioperative outcomes

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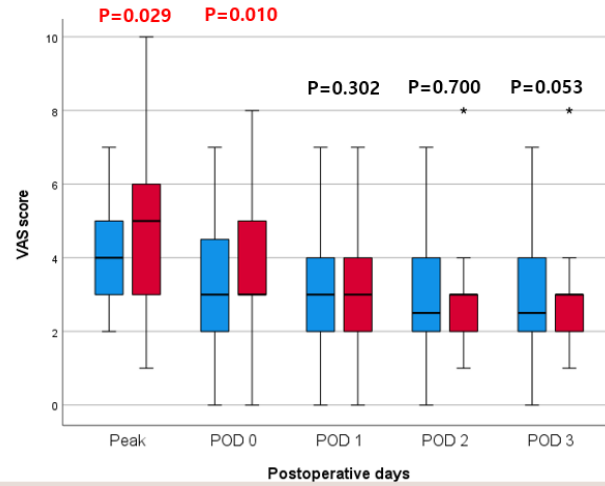
	Unmatched patients			PS-matched patients		
	SP-RATS (n=76)	MP-RATS (n=226)	P-value	SP-RATS (n=76)	MP-RATS (n=76)	P-value
Total operative time (min)	183.62 ± 46.73	206.76 ± 62.89	0.003	183.62 ± 46.73	210.67 ± 68.47	0.005
Total number of lymph nodes harvested	18.96 ± 7.90	17.34 ± 8.02	0.128	18.96 ± 7.90	16.96 ± 6.93	0.099
Total number of lymph node stations harvested	6.67 ± 1.42	6.15 ± 2.07	0.043	6.67 ± 1.43	6.08 ± 1.64	0.019
Conversion event						
to VATS	0	7 (3%)	0.199	0	4 (5%)	0.120
to open	0	4 (2%)	0.575	0	2 (3%)	0.497
Chest tube durations (days)	5.80 ± 6.88	6.54 ± 7.11	0.432	5.80 ± 6.88	5.84 ± 4.00	0.966
Postoperative hospital stays (days)	7.07 ± 6.92	7.92 ± 7.42	0.381	7.07 ± 6.92	7.12 ± 4.31	0.955

After PSM, the SM group had advantages in total operative time and the total number of lymph node stations harvested

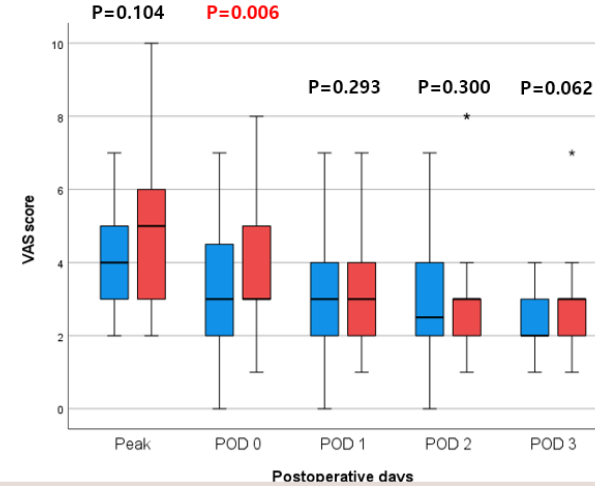
Results

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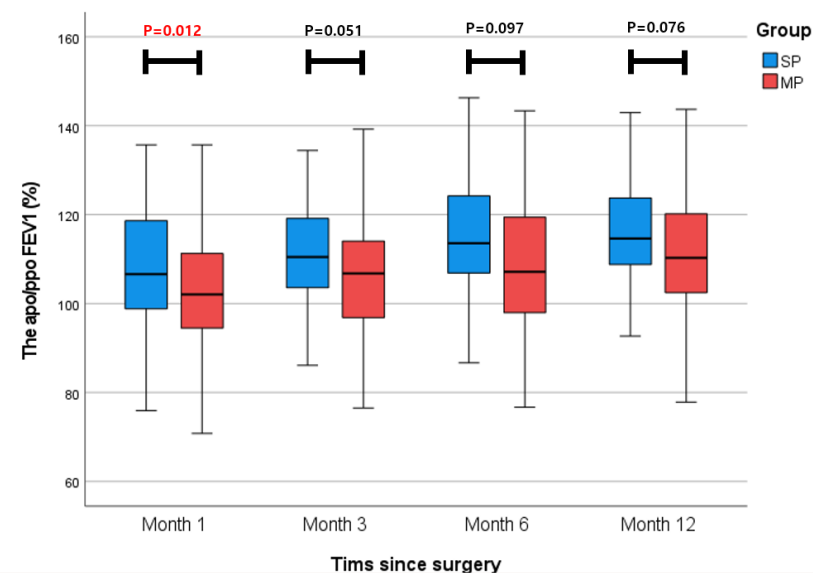
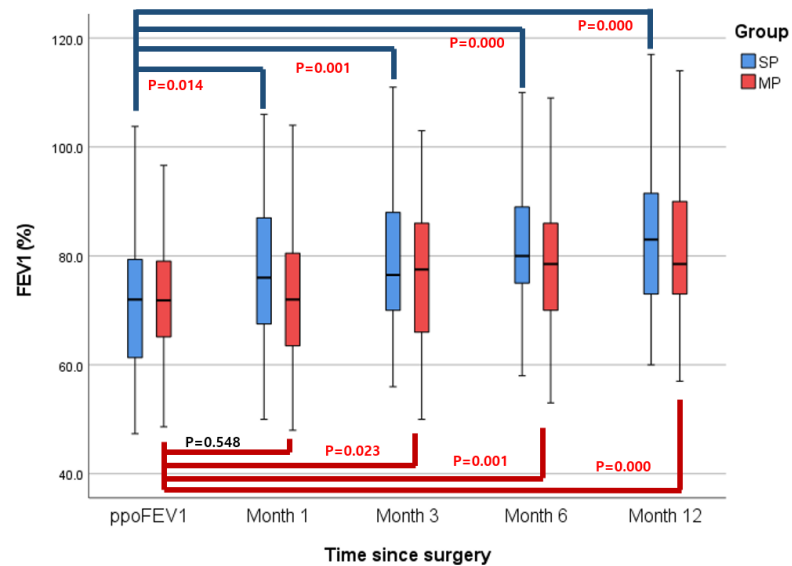
Before matching



After matching



SP-RATS was associated with a significant lower pain on POD 0.



SP-RATS was associated with a significant faster recovery of FEV₁

Subcostal SP-RATS lobectomy using the SPS is feasible and safe.

This novel technique was associated with a significantly shorter postoperative time, a higher total number of stations harvested, a lower postoperative pain on POD 0, and a faster recovery of FEV1.

Further randomized controlled trials are necessary to establish potential advantages.