

Dr. Diego Gonzalez Rivas' trip to the Philippines in November 2015

Antonio B. Ramos

Department of Thoracic Surgery and Anesthesia, Lung Center of the Philippines, Quezon City, Philippines

Correspondence to: Antonio B. Ramos, MD. Department of Thoracic Surgery and Anesthesia, Lung Center of the Philippines, Quezon City, Philippines. Email: abramosmd@yahoo.com.

Abstract: Video-assisted thoracoscopic surgery (VATS) was introduced in the Philippines in 1992. Initially, multiport VATS was utilized for lung resections in 2012. In 2015, after attending a couple of Asian uniportal VATS workshops, where one of the lecturers/surgeons was Dr. Diego Gonzalez-Rivas, Filipino surgeons were able to do uniportal VATS for a lobectomy in 2015. In November 2015, Dr. Rivas went to the Philippines to give lectures and conduct a VATS pre-congress workshop during the 25th Clinical Congress of the Association of Thoracic and Cardiovascular Surgeons of Asia (ATCSA). He then went to the Lung Center of the Philippines (LCP) where he delivered a lecture and performed a uniportal VATS lobectomy on a 64-year-old male patient who had Adenocarcinoma of the left lower lobe. Anesthetic and surgical techniques are described. Uniportal VATS is a safe procedure and oncologic results are comparable with resections done using open thoracotomy. The patients' quality of life is better because of significantly less pain after the procedure.

Keywords: Thoracoscopy; video-assisted thoracoscopic surgery (VATS); lobectomy; lung cancer surgery; single port vats

Received: 02 February 2016; Accepted: 16 March 2016; Published: 14 April 2016.

doi: 10.21037/jovs.2016.03.19

View this article at: <http://dx.doi.org/10.21037/jovs.2016.03.19>

Video-assisted thoracoscopic surgery (VATS) was introduced in the Philippines in 1992 when Drs. Robert McKenna and William Laundrenau conducted the first Asian VATS Workshop at the Lung Center of the Philippines (LCP). In attendance were many Asian surgeons like Dr. Anthony Yim. The technique then was multiport VATS and anatomic lung resections were performed by the two American surgeons as part of the workshop.

VATS was confined to diseases of the pleura until the 2012 when several Filipino surgeons started performing multiport VATS lung resections. After attending the First Asian Uniportal VATS Workshop in 2013 at The Chinese University in Hong Kong, the technique was adopted in the Philippines. Dr. Diego Gonzales Rivas was a member of the faculty in that activity. The first anatomic lung resection using uniportal VATS was eventually performed in the Philippines in July 2015.

Dr. Diego Gonzalez Rivas was a speaker at the 25th Annual Congress of the ATCSA which was held at the Shangri-la Hotel in Cebu, Philippines from 12 to 15 November 2015.

He spoke on the following topics both at the pre-

congress workshop and at the congress proper:

- Uniportal VATS intrapericardial pneumonectomy;
- Setting up a VATS training program in your institution: training the practicing thoracic surgeon;
- Uniportal VATS for complex intrathoracic procedures;
- VATS lobectomy: surgical evolution from conventional VATS to uniportal approach.

Dr. Diego Gonzalez Rivas then travelled to Manila where he performed uniportal VATS left lower lobectomy with mediastinal lymph node dissection on a 64-year-old male who has adenocarcinoma of the left lower lobe of the lung. The procedure was done at the LCP.

The surgical team also included:

- Dr. Edmund Villaroman;
- Dr. Edgardo Fullante;
- Dr. Aurelio Fajardo.

with Dr. Stephanie Balaoing as the primary anesthesiologist.

The case

A 64-year-old male diagnosed to have adenocarcinoma at



Figure 1 Adenocarcinoma at the left lower lobe.



Figure 2 Single port video-assisted thoroscopic surgery left lower lobectomy (1).

Available online: <http://www.asvide.com/articles/946>

the left lower lobe underwent uniportal VATS. CT scan with contrast is shown (*Figure 1*).

Technique

General anesthesia was started using double lumen endotracheal tube. Patient was positioned, prepped and draped. A 3 centimeter port was made at the 5th intercostal space mid axillary line. The hilum was dissected using Harmonic Scalpel (R). Pulmonary artery to the lower lobe was isolated and transected using an endostapler. Pulmonary vein from the lower lobe was dissected and transected using an endostapler. The fissure was developed using Harmonic

Scalpel (R). The bronchus to the left lower lobe was isolated and transected using an endostapler. Mediastinal lymph node dissection was carried out using the Harmonic Scalpel (R). A Fr 24 chest tube was inserted and the skin incision was closed (*Figure 2*).

Histopathologic result of specimens submitted

Left lower lobe adenocarcinoma, papillary predominant 4.0 cm largest tumor dimension, with invasion of visceral pleura, negative for tumor bronchial resection margin and all lymph nodes submitted negative for malignancy.

Drain was removed after several days and patient was discharged.

Dr. Rivas also delivered a lecture on advanced uniportal VATS techniques to the members of the medical staff of the LCP.

The LCP is a 250-bed government health facility. It is the only one of its kind in the country. Most of VATS procedures done in the Philippines are performed at the LCP.

Dr. Diego Gonzalez Rivas' visit to the Philippines last November 2015 was very beneficial to the country's thoracic specialists and operating room staff because of the first hand interaction with the master of uniportal VATS technique.

Conclusions

The successful anatomic resection of the patient's left lower lobe malignant tumor is an affirmation of the role of uniportal VATS in the management of pulmonary malignancies.

The issue of safety for uniportal VATS has been thoroughly discussed and found to be comparable with the standard thoracic surgical resective methods (2).

The other important aspects of surgical treatment would be the oncologic control and the quality of life of the patients. The disease free survival for medium term follow up of patients who underwent uniportal VATS showed comparable results with conventional VATS (3). The better quality of life in terms of significantly less post-operative pain is one distinct advantage of uniportal VATS (4).

The education of thoracic surgeons regarding uniportal VATS can be hastened with the sharing of knowledge by the acknowledged masters of the technique.

Acknowledgements

None.

Footnote

Conflicts of Interest: The author has no conflicts of interest to declare.

References

1. Ramos AB. Single port video-assisted thoracoscopic surgery left lower lobectomy. *Asvide* 2016;3:190. Available online: <http://www.asvide.com/articles/946>
2. Gonzalez-Rivas D, Parabela M, Fernandez R, et al. Uniportal video-assisted thoracoscopic lobectomy: two years of experience. *Ann Thorac Surg* 2013;95:426-32.
3. Ng CS, Kim HK, Wong RH, et al. Single-Port Video-Assisted Thoracoscopic Major Lung Resections: Experience with 150 Consecutive Cases. *Thorac Cardiovasc Surg* 2015. [Epub ahead of print]
4. Ng CS, Gonzalez-Rivas D, D'Amico TA, et al. Uniportal VATS-a new era in lung cancer surgery. *J Thorac Dis* 2015;7:1489-91.

doi: 10.21037/jovs.2016.03.19

Cite this article as: Ramos AB. Dr. Diego Gonzalez Rivas' trip to the Philippines in November 2015. *J Vis Surg* 2016;:82.