AB042. PS02.06: Early outcomes and hospital stay following surgery for thymic masses—robotic versus open surgery

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Background: Resection of thymic masses is traditionally performed via median sternotomy. Recent reports of robotic thymic mass resection have described good outcomes. This study aims to evaluate early outcomes and hospital stay following Robotic surgery, compared to open surgery.

Methods: We conducted a retrospective study of patients in our Institution with thymic masses—who underwent open or robotic resection from January 2000 to December 2015. Data collected included patient demographics, operative times, length of stay in the intensive care unit (ICU), hospital stay, morbidity and early mortality.

Results: Sixty-nine patients were eligible for this study, and 38 were Female. Myasthenia gravis was present in 14 patients undergoing open surgery and 22 patients undergoing robotic surgery (P=0.61). Median sternotomy was performed in 24 patients, and robotic surgery was performed in 45 patients. Median age was 52 years for open surgery, and 54 years for robotic (P=0.67). Median operative time was 105 minutes for open surgery and 99 minutes for robotic (P=0.08). One patient required conversion to open surgery due to concerns of great vessel involvement. There was no early mortality in both groups. Post-operative complications occurred in 4 patients who underwent open surgery: pneumothorax (n=1), reopening for bleeding (n=1), and myasthenia crisis (n=2). One patient in the robotic group developed atrial fibrillation (P=0.046). Half of the patients required ICU stay after open surgery (n=12), while 10 patients required ICU after robotic surgery (P=0.007). Median duration of ICU stay was 1 day following open surgery, and zero days for robotic surgery. Median hospital stay was 5 days for open surgery and 2 days for robotic surgery (P=0.002).

Discussion and Conclusions: Robotic surgery for thymic mass resection can be performed with minimal morbidity. In our experience, robotic surgery contributes to reducing patients' length of stay in the ICU and hospital.

Keywords: Length of stay; thymic mass; robotic surgery; thymectomy

doi: 10.21037/med.2017.AB042

Cite this abstract as: Tam AL, Ahmed AD, Asmat A. Early outcomes and hospital stay following surgery for thymic masses—robotic versus open surgery. Mediastinum 2017;1:AB042. doi: 10.21037/med.2017.AB042