

## AB169. 142. Thoracoscopic laser metastasectomy: a single centre initial experience

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**Background:** Pulmonary metastasectomy and indeed redo-pulmonary metastasectomy are now commonly performed thoracic surgical procedures. The air-sealant, hemostatic and necrotic properties of the LIMAX Nd:YAG laser make it an ideal tool for limited lung resection such as metastasectomy. We reviewed our initial experience of thoracoscopic laser metastasectomy.

**Methods:** We reviewed data from the first seven patients in our unit to undergo thoracoscopic laser metastasectomy. In particular we reviewed: patient age, gender, primary malignancy, primary treatment, complications, length of stay (LOS), and final histopathology. All procedures were performed using a 2- or 3-port thoracoscopic technique with

some lesions requiring CT guided wire localisation. A single drain was inserted via the camera port site and was removed upon confirmation that there was no air leak.

**Results:** Seven patients underwent thoracoscopic laser wedge metastasectomy of eight lesions in our centre between February 2017 and October 2017. The median age was 61 years. The primary disease was colorectal carcinoma in five cases, eccrine carcinoma in one and high-grade uterine leiomyosarcoma in one case. Only one patient had a prolonged air leak in the other six cases the drain was removed on post-operative day 1. The median post-operative LOS was 1 day. All patients had confirmed metastatic disease with clear resection margins on histopathology.

**Conclusions:** In our early experience, thoracoscopic laser wedge metastasectomy is a safe and efficient method for performance of pulmonary metastasectomy. We experienced a low complication rate and a short post-operative stay.

**Keywords:** Thoracoscopy; laser; metastasectomy

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