

MINİMAL İNVAZİV GÖĞÜS CERRAHİSİ OLGU ÖRNEKLERİ

PROF.DR.MUZAFFER METİN
SAĞLIK BİLİMLERİ UNİVERSİTESİ
YEDİKULE GÖĞÜS HASTALIKLARI VE
GÖĞÜS CERRAHİSİ EĞİTİM VE ARAŞTIRMA
HASTANESİ



Minimal İnvaziv Torasik Cerrahi Nedir?

Minimal İnvaziv Cerrahi klasik torakotomi ile yapılan operasyonların video yardımı ile küçük kesilerden yapılmasıdır.

VATS (Video assisted thoracic surgery)

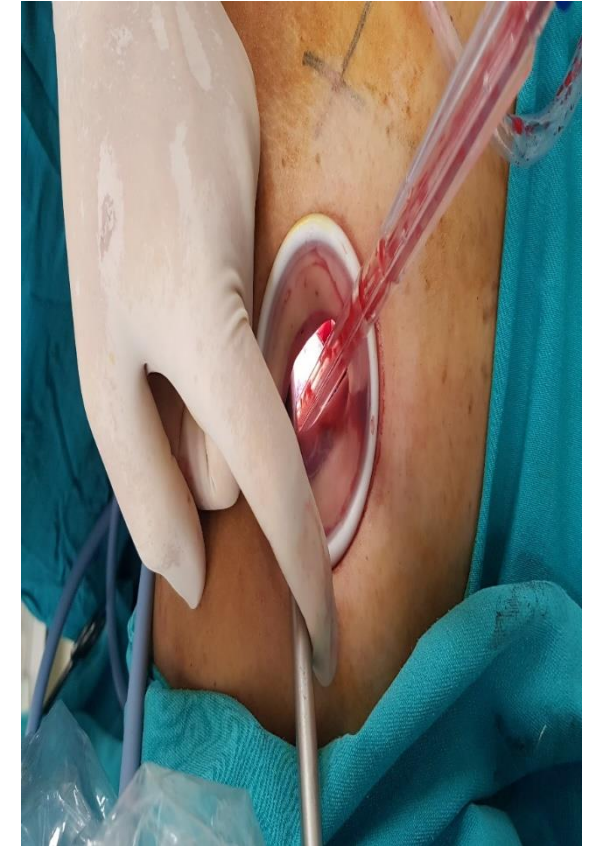
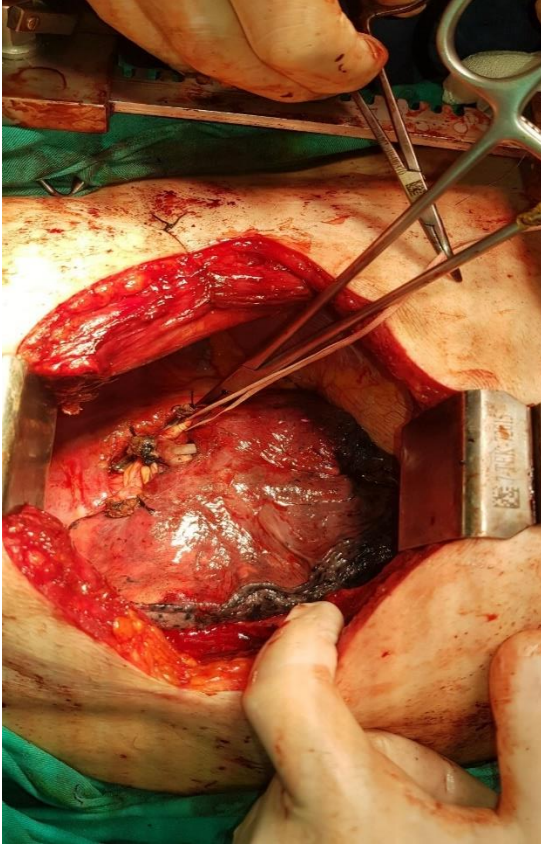
- Kamera Yardımı ile yapılan ameliyatlara

RATS (robotic assisted thoracic surgery)

- Bilgisayar yardımı ile cerrahi enstrumanların kontrollüne

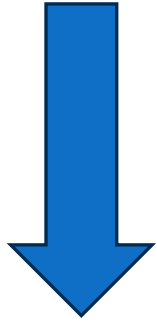


Neden VATS ?



Ana Amacımız Ne?

Küçük Kesiler ile

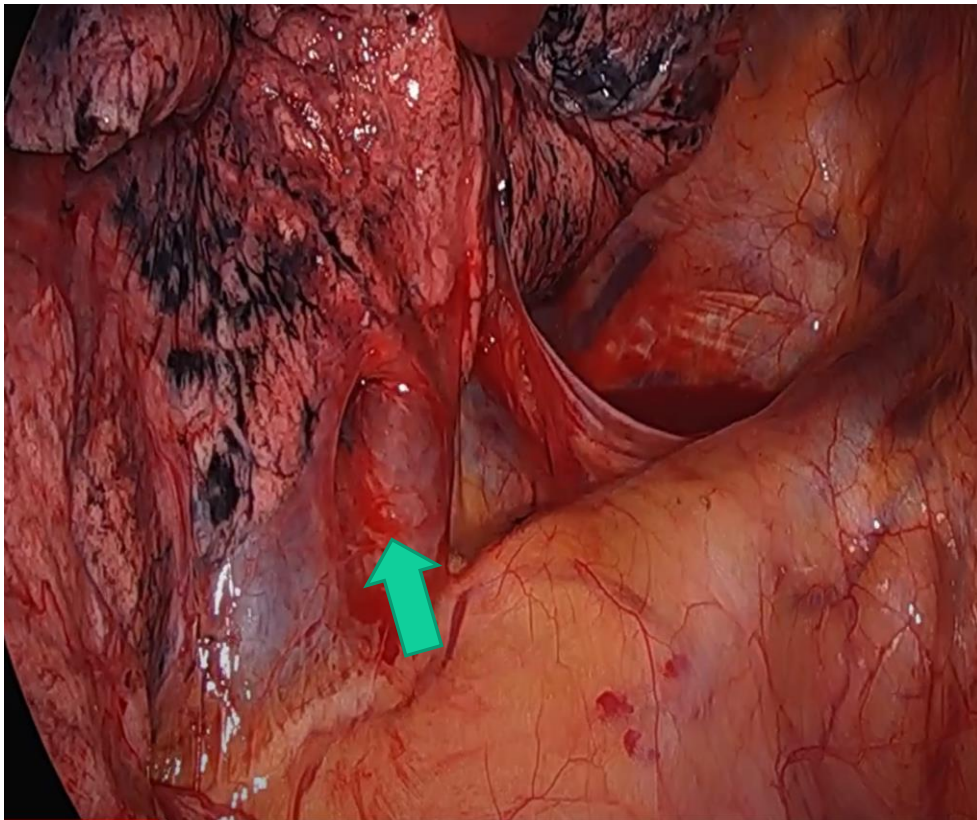


- Minimal Hasar

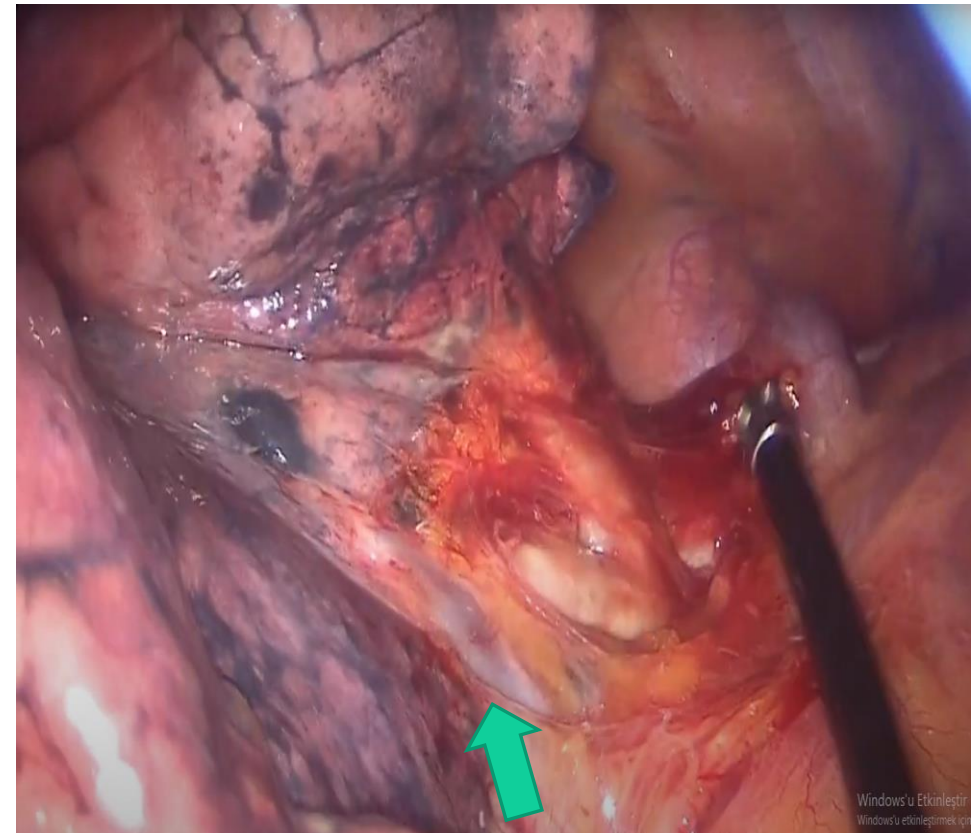


Bakış Açısı

Biportal VATS



Uniportal VATS



MITTS Avantajları



- ✓ Kısa yatış süresi
- ✓ Daha az ağrı
- ✓ Postoperatif erken taburculuk
- ✓ Daha az intraoperatif kanama

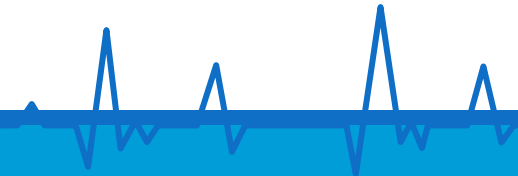


Hasta Açısından

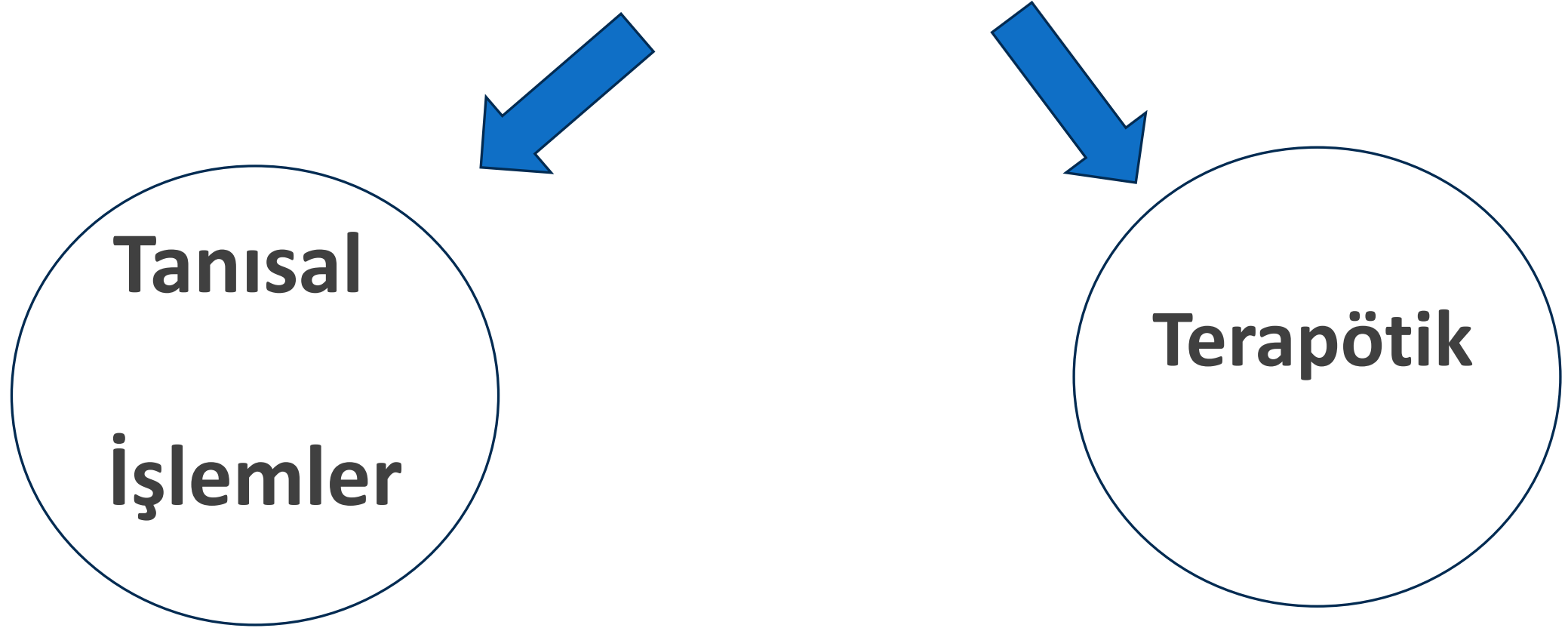
- ✓ Morbititelerin daha az olması
- ✓ Kas fonksiyonlarının korunması
- ✓ Uzun dönem sağkalım

Cerrah Açısından

- ✓ Daha Kolay Öğrenim
- ✓ Apikal ve Bazal Alanlara Kolay Ulaşım

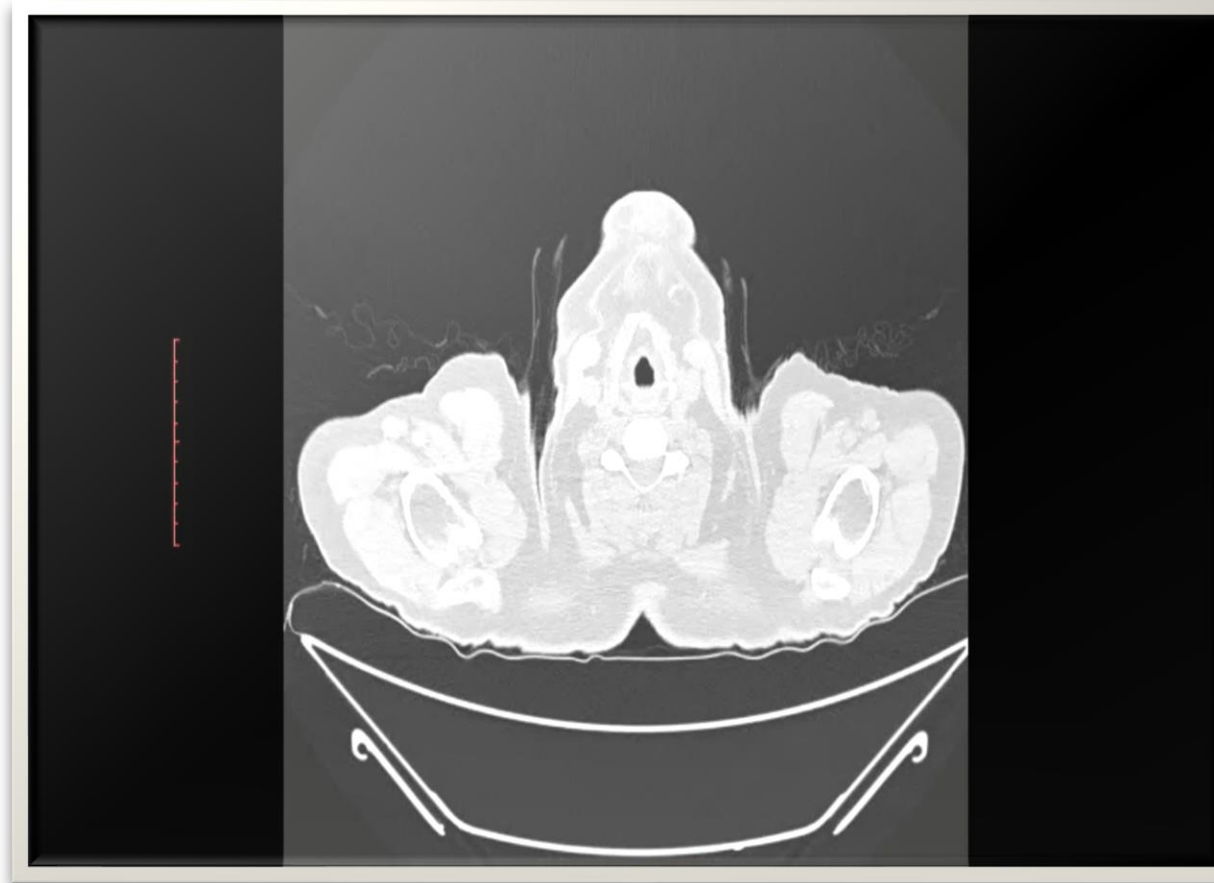


VATS Ne Yapabiliriz

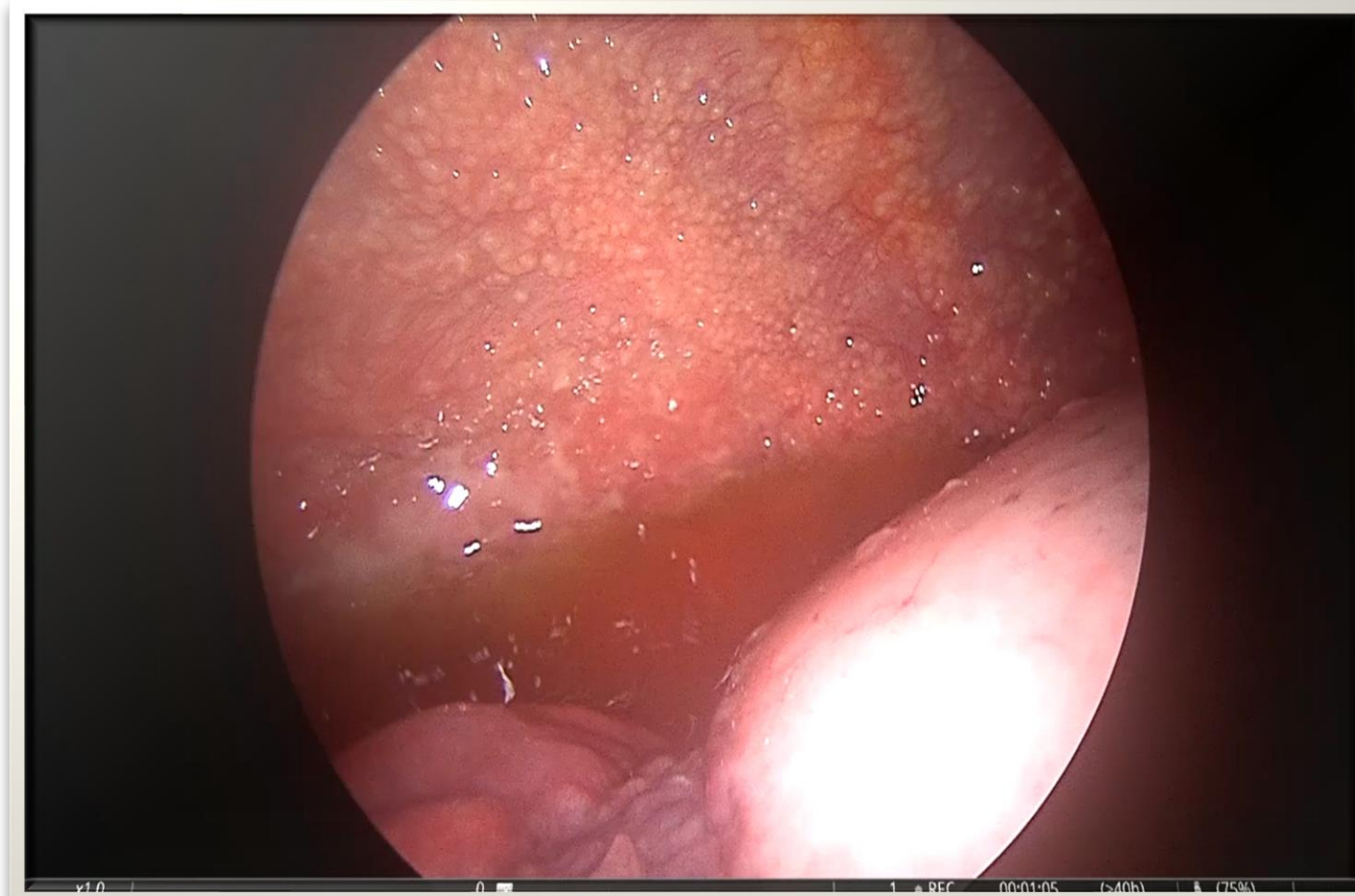


Akciğer Biyopsisi/VATS BİOPSİ

- Cerrahi akciğer biyopsi diffüz intertisyel akciğer hastalığında detaylı tanı için önerilen altın standart yöntemdir
- İAH 'da en az 2 farklı lobtan biyopsi alınır



Plevral Noduller



VATS DELOKÜLASYON/DEKORTİKASYON

37 yaş, Erkek hasta,

Ateş (39 C), yan ağrısı

03.01.2022 Acil servise başvuru

Torasentezde ampiyem saptanıp

Tüp torakostomi uygulanıyor

350 cc drenaj



Öznel ve Objektif Bulgular

Tetkik	Sonuç	Ünite	Referans Değerler
Barkodu	: 111145231873		
Başvuru No	: 2022 / 5682		
Isteyen Servis	: Acil Poliklinik		
Istem Zamanı	: 03.01.2022 18:37	Barkod Zamanı	: 03.01.2022 18:37
Örnek Alma			
Glukoz (Serum)	↑ 303	mg/dl	70 - 110
Kan üre azotu (BUN)	22	mg/dl	10 - 50
Kreatinin	0.75	mg/dl	0.30 - 1.2
GFR	118.0	ml/dk/1.73 m2	70 - 140
Protein (Serum)	77.9	g/L	60 - 85
Albümin (Serum)	37.7	g/L	32 - 52
Kalsiyum (Ca)	9.1	mg/dl	8.6 - 10.6
Sodyum (Na) (serum ve vücut sıvılarında, herbin)	↓ 132	mEq/L	133 - 150
Klor (Cl)	96	mmol/L	95 - 115
Bilirubin (total,direkt)	0.53	mg/dl	0 - 1.2
BİLİRUBİN (İNDİREKT)	0.25	mg/dl	0 - 0.8
Aspartat transaminaz (AST)	11	U/L	< 50
Alanin aminotransferaz (ALT)	18	U/L	< 50
Gamma glutamil transferaz (GGT)	↑ 126	U/L	< 80
Laktik Dehidrojenaz (LDH) (Serum)	146	U/L	< 247
CRP	310.6	mg/L	riskli:>5 Normali:0-5
BİLİRUBİN DİREKT	0.28	mg/dl	0 - 0.5

Tetkik	Sonuç	Ünite	Referans Değerler
Barkodu	: 140145231873		
Başvuru No	: 2022 / 5682		
Isteyen Servis	: Acil Poliklinik		
Istem Zamanı	: 03.01.2022 18:37	Barkod Zamanı	: 03.01.2022 18:37
Örnek Alma			
Tam Kan (Hemogram)			
WBC	↑ 23.95	10e3/uL	4 - 10
RBC	4.63	10e6/uL	3.5 - 5.5
HGB	13.4	g/dL	11 - 16
HCT	40.1	%	37 - 54
MCV	86.6	fL	80 - 100
MCH	29	pg	27 - 34
MCHC	33.4	g/dL	32 - 36
RDW-CV	12.6	%	11 - 16
RDW-SD	37.9	%	35 - 56
PLT	↑ 589	10e3/uL	150 - 450
PCT	↑ 0.42	%	0.108 - 0.282
MPV	7.2	fL	6.5 - 12

FAZ I – II – III VATS GİRİŞİMLERİ

05.01.2022

2 gündür 100 cc drenaj mevcut, BT isteniyor



Postop 5.gün



Postop 2.ay



Akciğer Kanseri

Akciğer kanserli hastaların ancak **%15'ine** erken evrede tanı konulabilmektedir.

Evre 1 KHDAK'de ise hastalarının **%65'inin** tedavi olabileme şansı olabilmektedir

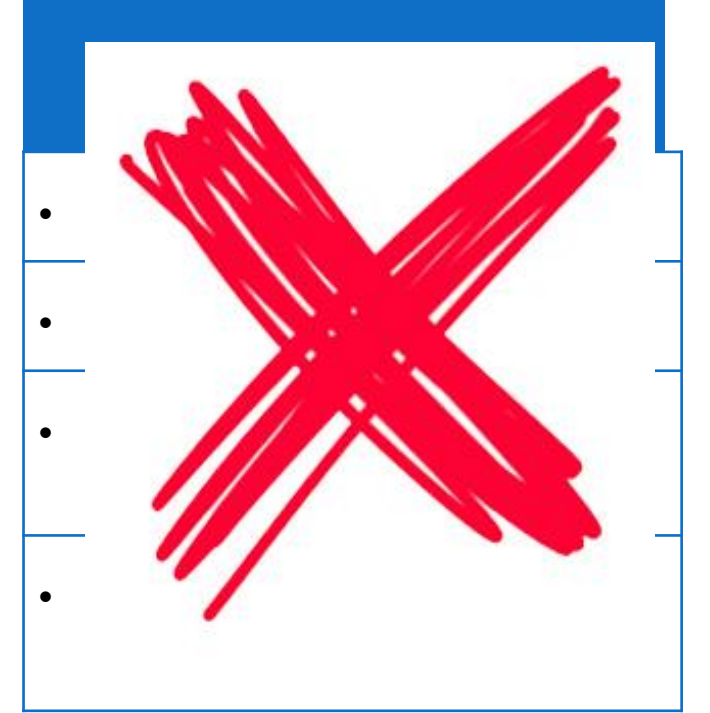
Bu hastalıkta en iyi tedavi şansı **CERRAHİ** rezeksiyondur.



VATS REZEKSİYON

Endikasyonlar

- Erken Evre Akciğer Kanseri
- Tümör Çapı <6 cm
- Benign Hastalıkları (Bül, Sekestrasyon)



VATS Segmentektomi

Tümör çapının 2 cm veya daha küçük olması

Kısıtlı akciğer kapasitesi olan hastalarda (FEV1 beklenenin %50'sinden az olması)

Tümörün anatomik olarak segment rezeksiyonuna uygun olması gerekmektedir.

Lokal Rekürrens?



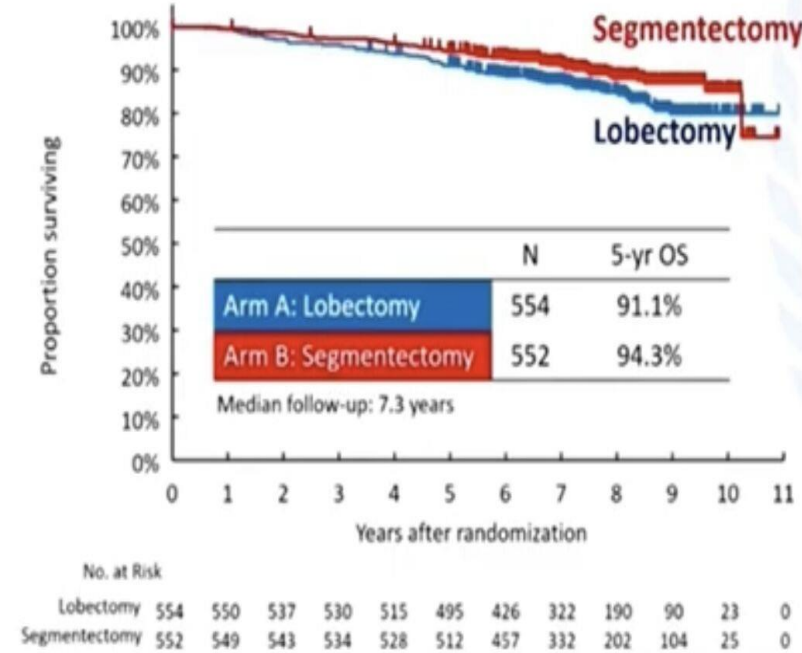
THORAX CT:
SUPERIOR SEGMENTY OF
LEFT LOWER LOBE
LESSIONS INVASE THE LEFT
POSTERIOR SEGMENT

JCOG0802/WJOG4607L

Evre 1a/b Tümörlerde

- Genel sağkalım Segmentektomi > Lobektomi
- Segmentektomi için nodal negatifliğin sağlanması (f/s çalışılması)
- Radikal LN diseksiyonu

Result 1. Overall survival (primary endpoint)

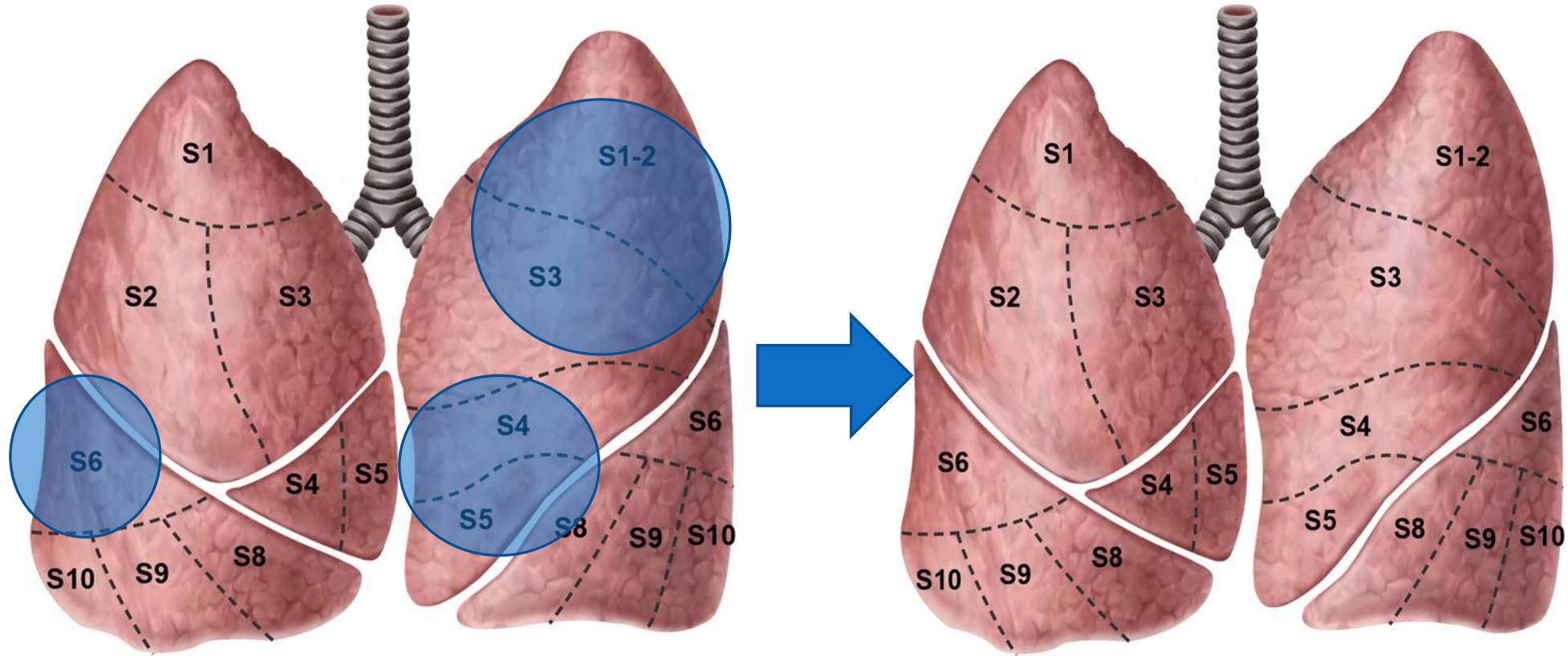


HR: 0.663
95% CI: 0.474–0.927
one-sided

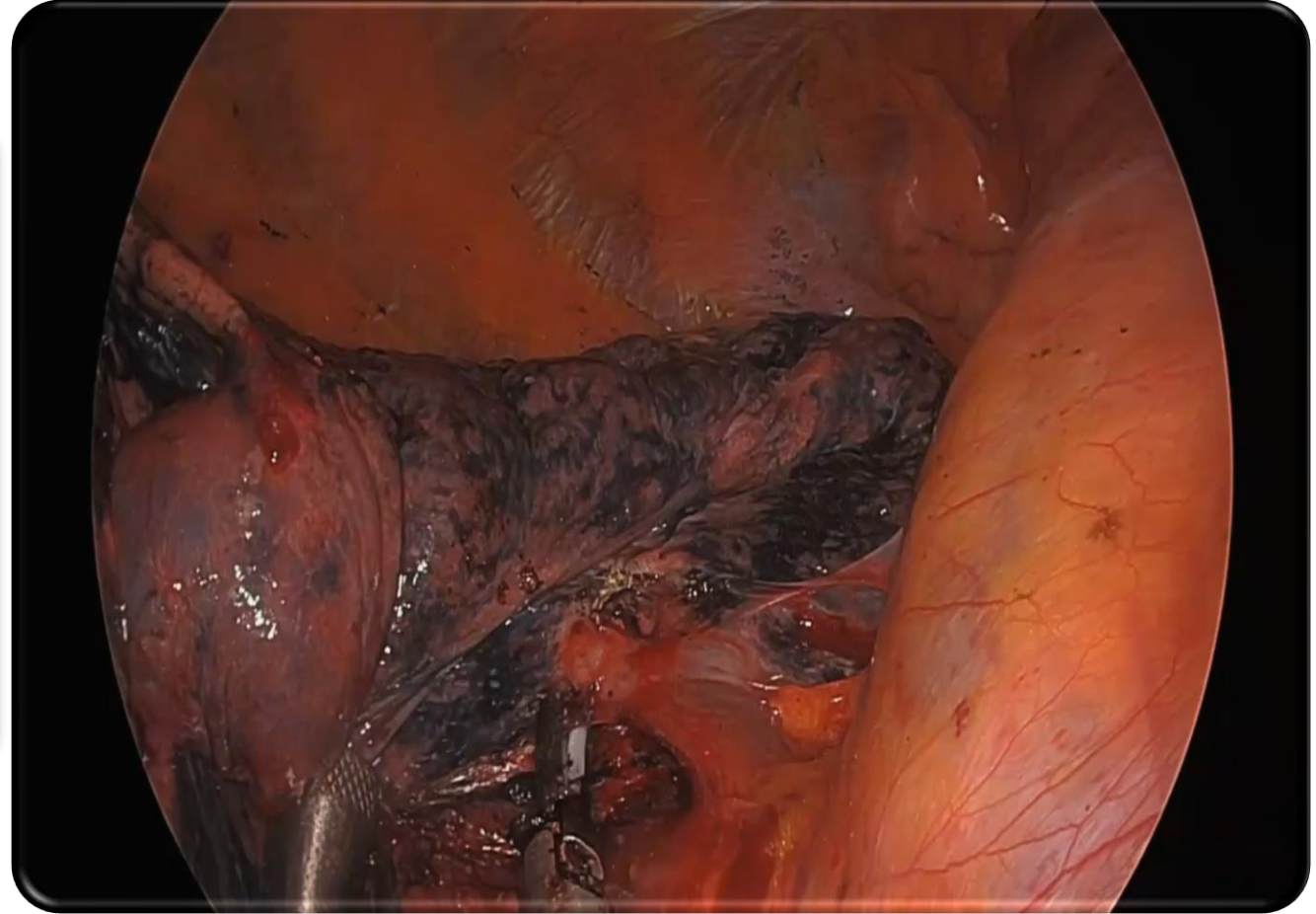
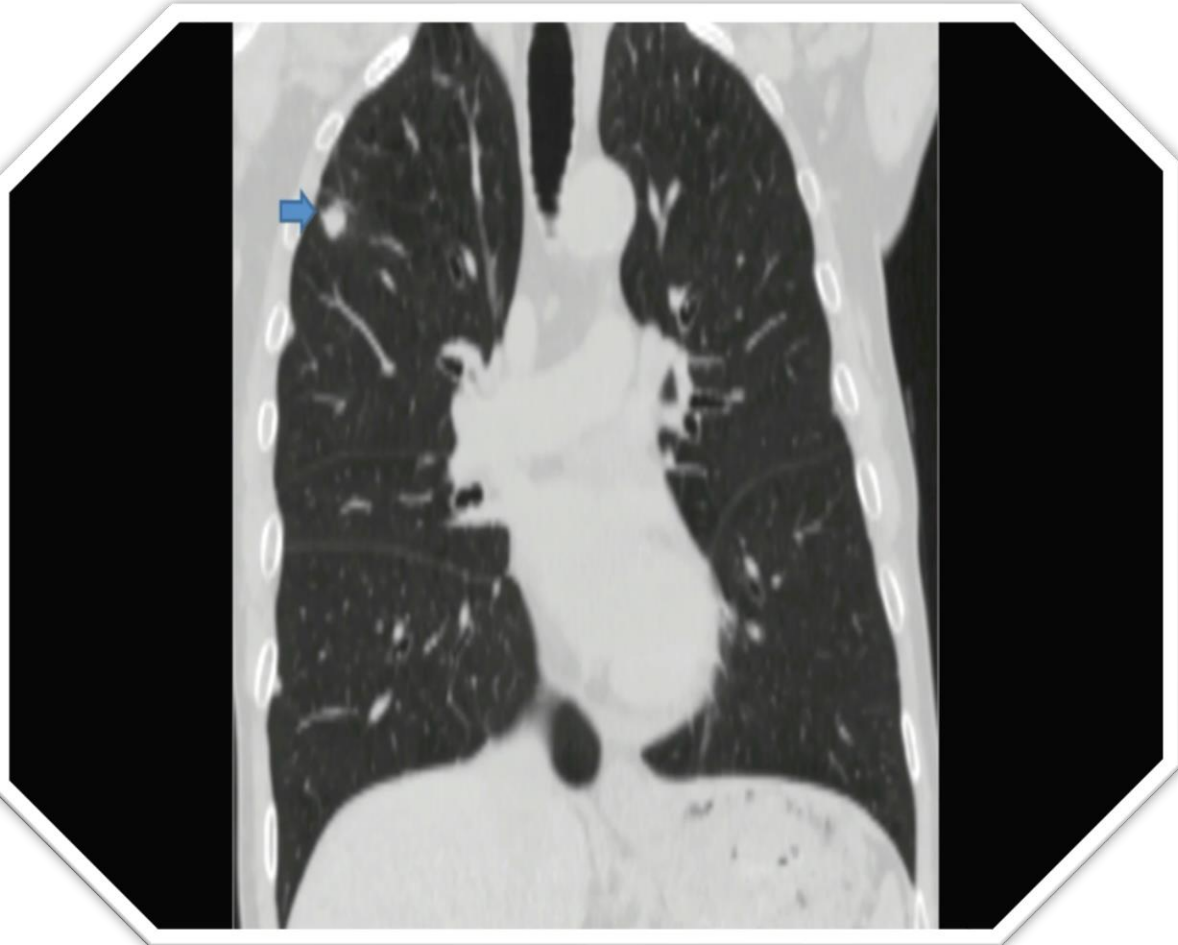
P < 0.0001 for non-inferiority
P = 0.0082 for superiority

BASİT

KOMPLEKS



KOMPLEKS SEGMENTEKTOMİ

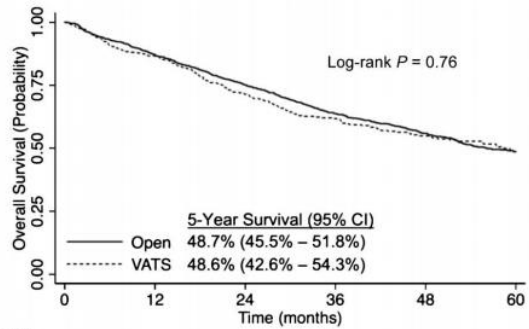


VATS Gerekli Mi?

A National Analysis of Short-term Outcomes and Long-term Survival Following Thoracoscopic Versus Open Lobectomy for Clinical Stage II Non-Small-Cell Lung Cancer

Chi-Fu Jeffrey Yang, MD,[†] Arvind Kumar, BS,* John Z. Deng, BS,[†] Vignesh Raman, MD,*
Natalie S. Lui, MD,[†] Thomas A. D'Amico, MD,* and Mark F. Berry, MD^{†‡}

1559 hasta



VATS vs Torakotomi

- Lenf nodu upstage % 12.0 vs %10.5
p= 0.41

- **30 Gün Mortalite % 2.3 vs %3.1**
p=0.31

5-yıl sağkalım : % 48.6 vs %48.7, p=0.76

HR VATS : 1.08, 95% CI: 0.90–1.30, p=0.39

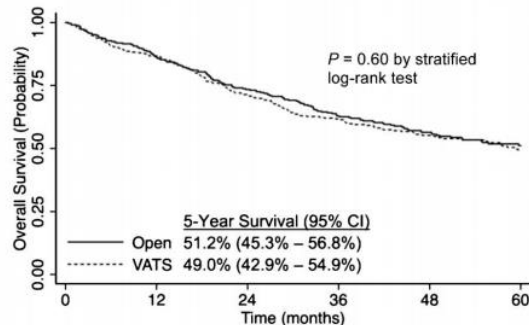


TABLE 5. Open Versus VATS Converted to Open Lobectomy for Patients With cT1-2, N1, M0 NSCLC: Perioperative and Postoperative Data

Variable	Total Cohort			Propensity Score-matched Analysis		
	Open (N = 1,204)	VATS Converted to Open (N = 73)	P	Open (N = 70)	VATS Converted to Open (N = 70)	P
Treatment specifics						
Days to definitive surgery (IQR)	33 (15,50)	34 (16,49)	0.51	33.5 (12,57)	34 (16,49)	0.93
Days to adjuvant therapy (IQR)						
Adjuvant radiotherapy*	111.5 (70.5,176.5)	93.5 (54.5,184)	0.49	114 (75,186)	93.5 (54.5,184)	0.32
Adjuvant chemotherapy [†]	76 (57,105)	87 (61,106)	0.57	88 (65.5,117)	86 (58,107)	0.87
Adjuvant therapy, n (%)			0.56			1.00
Adjuvant radiotherapy	19 (1.6%)	<10		0 (0.0%)	<10	
Adjuvant chemotherapy	536 (44.5%)	27 (37.0%)		30 (42.9%)	26 (37.1%)	
Adjuvant chemoradiation	135 (11.2%)	11 (15.1%)		11 (15.7%)	11 (15.7%)	
Surgical endpoints						
Nodes removed (IQR)	10 (6,16)	14 (8,21)	0.003	13 (7,20)	14 (9,21)	0.89
Surgical margins, n (%)						0.38
Negative	1110 (92.2%)	69 (94.5%)	0.52	64 (91.4%)	66 (94.3%)	
Positive margin-microscopic	42 (3.5%)	<10		<10	<10	
Positive margin-macroscopic	<10	0 (0.0%)		0 (0.0%)	0 (0.0%)	
Short-term outcomes						
30-d mortality, n (%)	37 (3.1%)	<10	0.62	<10	<10	1.00
30-d readmission, n (%)	71 (5.9%)	<10	0.74	<10	<10	1.00
Hospital length of stay (days, IQR)	6 (4,9)	6 (4,9)	0.95	6 (5,9)	6 (4,9)	0.55
Tumor characteristics						
Pathologic T status, n (%) [‡]			0.43			0.88
T0 (in situ)	<10	0 (0.0%)		0 (0.0%)	0 (0.0%)	
T1	475 (39.5%)	36 (49.3%)		32 (45.7%)	35 (50.0%)	
T2	619 (51.4%)	31 (42.5%)		31 (44.2%)	30 (42.9%)	
T3	57 (4.7%)	<10		<10	<10	
T4	16 (1.3%)	<10		<10	<10	
Pathologic N status, n (%) [§]			0.071			0.38
N0	250 (20.8%)	14 (19.2%)		14 (20.0%)	13 (18.6%)	
N1	790 (65.6%)	44 (60.3%)		48 (68.6%)	42 (60.0%)	
N2	124 (10.3%)	14 (19.2%)		<10	14 (20.0%)	
N3	12 (1.0%)	0 (0.0%)		0 (0.0%)	0 (0.0%)	

*Data available for 164 patients from the total cohort, 23 patients in the propensity score-matched analysis.

†Data available for 690 patients from the total cohort, 75 patients in the propensity score-matched analysis.

‡Data available for 1,241 patients from the total cohort, 138 patients in the propensity score-matched analysis.

§Data available for 1,248 patients from the total cohort, 138 patients in the propensity score-matched analysis.

Uniportal VATS?

Uniportal versus multiportal thoracoscopic lobectomy

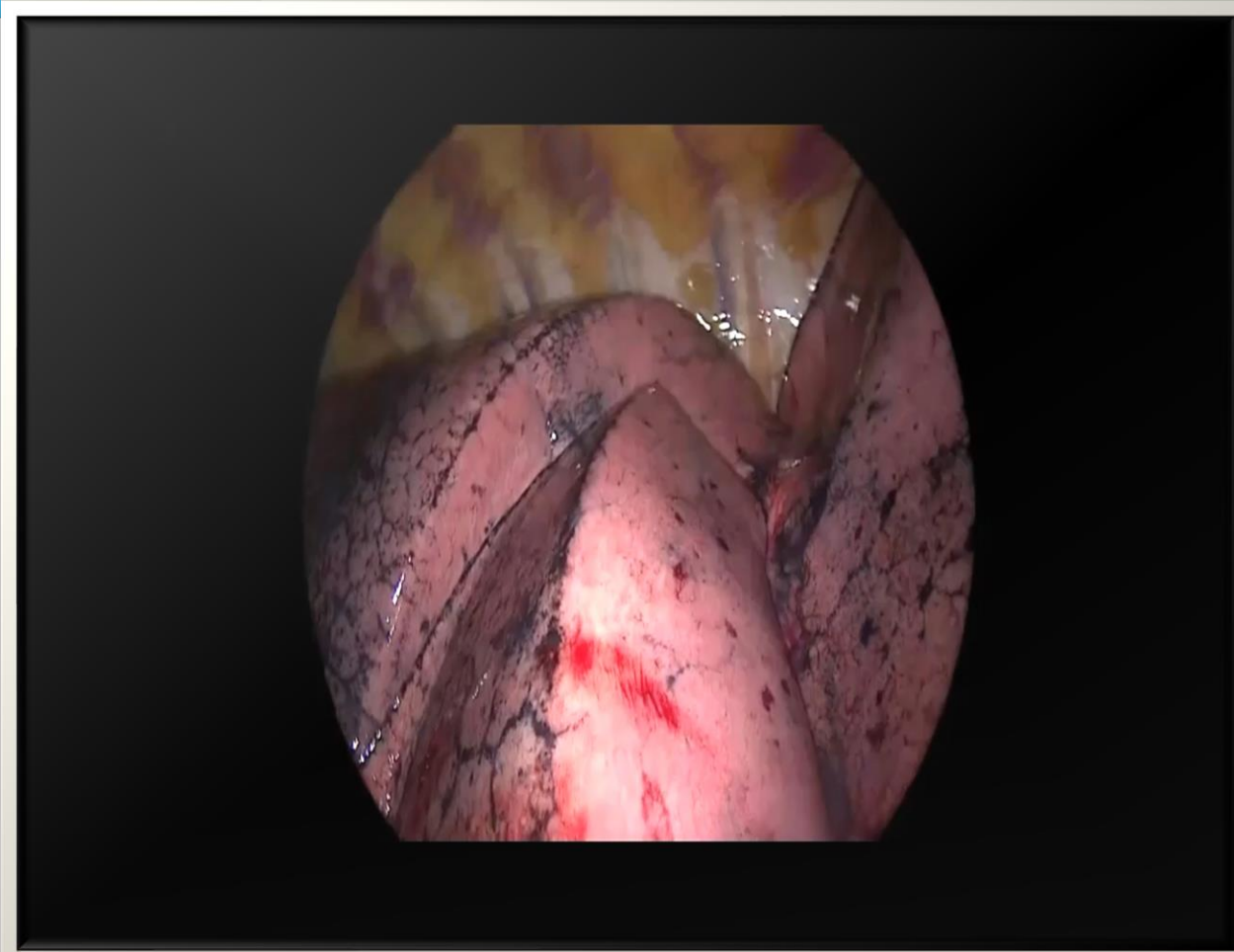
Ergonomic evaluation and perioperative outcomes from a randomized and controlled trial

Jie Yao, MD¹, Zhibo Chang, MD, Lin Zhu, MS, Junqiang Fan, MD*

Surgical and postoperative data.

Characteristic	UVATS (n=35)	MVATS (n=34)	P value
Surgical time, min	96.77 ± 24.38	95.41 ± 20.11	.810
Blood loss, mL	34.14 ± 25.01	51.47 ± 40.84	.048
ICU, d	0	0	
Hospital stay, d	3.80 ± 0.90	4.65 ± 2.33	.144
Chest tube duration, d	2.71 ± 0.83 (2–6)	3.26 ± 1.96 (1–11)	.343
Lymph nodes harvested	31.97 ± 9.18 (17–53)	30.50 ± 9.35 (15–56)	.512
Positive lymph nodes (%)	8 (0.71)	50 (4.82)	.547
Total drainage in 24hours, mL	227.94 ± 117.69	308.24 ± 145.13	.018
Conversion rate	0	0	
Mortality	0	0	
Complications (%)	4 (11.4)	9 (26.5)	.276
Air leak (>6 days)	0	4 (11.8)	
Atrial fibrillation	0	0	
Bleeding	0	0	
Atelectasis	0	0	
Bronchopleural fistula	0	0	
Death	0	0	
Pneumonia	0	0	
Chylothorax	0	1 (2.9)	
Reoperation	0	0	
Reinsertion of chest tube	4 (11.4)	3 (8.8)	
Hoarseness	0	1 (2.9)	
Lung function			
FEV ₁ , L (3 wks)	1.87 ± 0.42	1.89 ± 0.45	.866
FEV ₁ (%) (3 wks)	72.39 ± 14.41	72.80 ± 13.02	.901
FEV ₁ , L (3 mo)	2.11 ± 0.49	2.17 ± 0.52	.659
FEV ₁ (%) (3 months)	82.20 ± 16.47	82.14 ± 14.14	.988

FEV₁ (%) = first second forced expiratory volume accounts for the percentage of FVC (forced vital capacity), FEV₁ (L) = forced expiratory volume in 1 second, ICU = intensive care unit, MVATS = multiple-portal video-assisted thoracoscopic surgery, UVATS = uniportal video-assisted thoracoscopic surgery.



Ne Kadar Agresif Olmalıyız?

- Onkolojik cerrahideki ana prensip R0 rezeksiyon gerçekleştirirken; parankim koruyucu cerrahi yapmaktır.
- Pnömonektomi gibi mortalite ve morbidite oranı yüksek rezeksiyonlardan olabildiğince kaçınmak gereklidir.

Original Article

Sleeve lobectomy compared with pneumonectomy for operable centrally located non-small cell lung cancer: a meta-analysis

Zhengjun Li¹, Wei Chen², Mozhu Xia³, Hongxu Liu², Yongyu Liu¹, Ilhan Inci⁴, Fabio Davoli⁵, Ryuichi Waseda⁶, Pier Luigi Filosso⁷, Abby White⁸

Variables	No. of studies furnishing data	Results, %		OR (95% CI)	P value	I ² , %
		SL	PN			
Operative mortality	13 (8,10,11,17-19,23-28,30)	2.62	6.30	0.40 (0.25–0.63)	<0.0001	0
30-day mortality	12 (14-16,20-22,29,32-36)	2.78	5.86	0.55 (0.32–0.96)	0.04	55
Local recurrence	15 (8,10,13,16,17,19,21,25,27,28,30-34)	15.65	22.81	1.09 (0.72–1.64)	0.69	50
Distant recurrence	9 (10,21,27,28,30-34)	19.81	30.64	0.61 (0.45–0.82)	0.001	0
Complication	15 (10,13,14,16-21,24,28,29,31-33)	29.39	30.58	1.07 (0.87–1.31)	0.55	27
Overall survival						
1-year	8 (11,14,15,20,21,28,29,35)	38.00	18.26	1.53 (1.31–1.80)	<0.00001	4
3-year	11 (11,13,17,20,21,27-30,32,35)	27.80	10.95	1.78 (1.47–2.17)	<0.00001	30
5-year	20 (8,11,13,14,16-22,25-29,32-35)	25.77	7.34	1.96 (1.70–2.27)	<0.00001	43
Subgroup overall survival (N0, N1 and N2 patients)						
3-year (N2 patients)	3 (13,17,22)	29.78	19.51	1.12 (0.47–2.68)	0.79	35
5-year (N2 patients)	3 (8,13,18)	19.77	18.69	1.27 (0.65–2.45)	0.48	44
5-year (N0 and N1 patients)	5 (8,13,17,18,22)	57.77	37.29	2.14 (1.66–2.78)	<0.00001	13

VATS Sleeve Rezeksiyon

World J Surg
<https://doi.org/10.1007/s00268-020-05877-5>



SCIENTIFIC REVIEW

Video-Assisted Thoracoscopic Sleeve Lobectomy for Centrally Located Non-small Cell Lung Cancer: A Meta-analysis

Han-Yu Deng¹ · Xiao-Ming Qiu¹ · Da-Xing Zhu¹ · Xiaojun Tang¹ · Qinghua Zhou¹

Table 2 Main outcomes extracted from the studies included in our meta-analysis

Studies	Blood loss (ml)		Number of lymph node dissected		Operation time (minute)		Postoperative hospital stay (day)		Complication rate ^a		3-year OS rate ^b		3-year PFS rate ^c	
	VATS group	Open group	VATS group	Open group	VATS group	Open group	VATS group	Open group	VATS group	Open group	VATS group	Open group	VATS group	Open group
[11]	133.3 ± 74.1	179.2 ± 101.9	12.3 ± 4.8	12.6 ± 3.8	198.8 ± 58.3	197.5 ± 59.3	6 ± 1.5	7 ± 1.5	5/67	12/104	49/23	76/40	44/28	62/54
[9]	227.7 ± 158.9	246.4 ± 79.9	21.3 ± 6.8	21.5 ± 11.5	300.3 ± 71.7	221 ± 48.7	9.2 ± 3.5	11.3 ± 7.2	NA	NA	31/8	26/13	23/16	19/20
[10]	182.5 ± 134.6	222.2 ± 130.4	22.9 ± 8.3	22.9 ± 9.9	291.5 ± 87.2	240 ± 47.8	NA	NA	10/28	11/28	25/13	23/26	25/13	21/18
[8]	166.7 ± 74.1	200 ± 222.2	10 ± 3.7	10.3 ± 5.2	240 ± 88.9	180 ± 88.9	5.7 ± 2.2	6.3 ± 2.2	3/18	1/20	20/1	20/1	11/10	12/9
[7]	406 ± 200	318 ± 198	25.7 ± 6.5	22 ± 8.3	226 ± 37	166 ± 40	11.6 ± 2.8	16.1 ± 4.9	1/9	10/31	7/3	26/15	NA	NA

OS overall survival; PFS progression-free survival; VATS video-assisted thoracoscopic surgery; NA not available

^aExpressed as no. with complication/no. without complication;

^bExpressed as no. alive/no. death;

^cExpressed as no. progression-free/no. other conditions



VATS Sol Ust lobektomi + Vasküler Sleeve

65 Yaş / Erkek

Sol akciğer üst lob

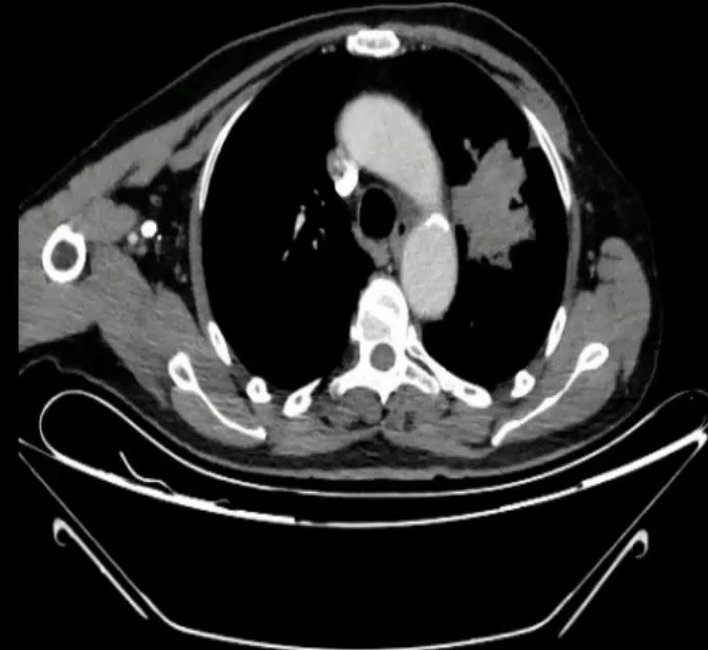
adenoca cT3N1 (Evre

IIIA) T faktörü nedeniyle

Neoadjuvan

KT+Nivolumab

VATS vascular sleeve left upper lobectomy
Neoadjuvant CT+immunotherapy

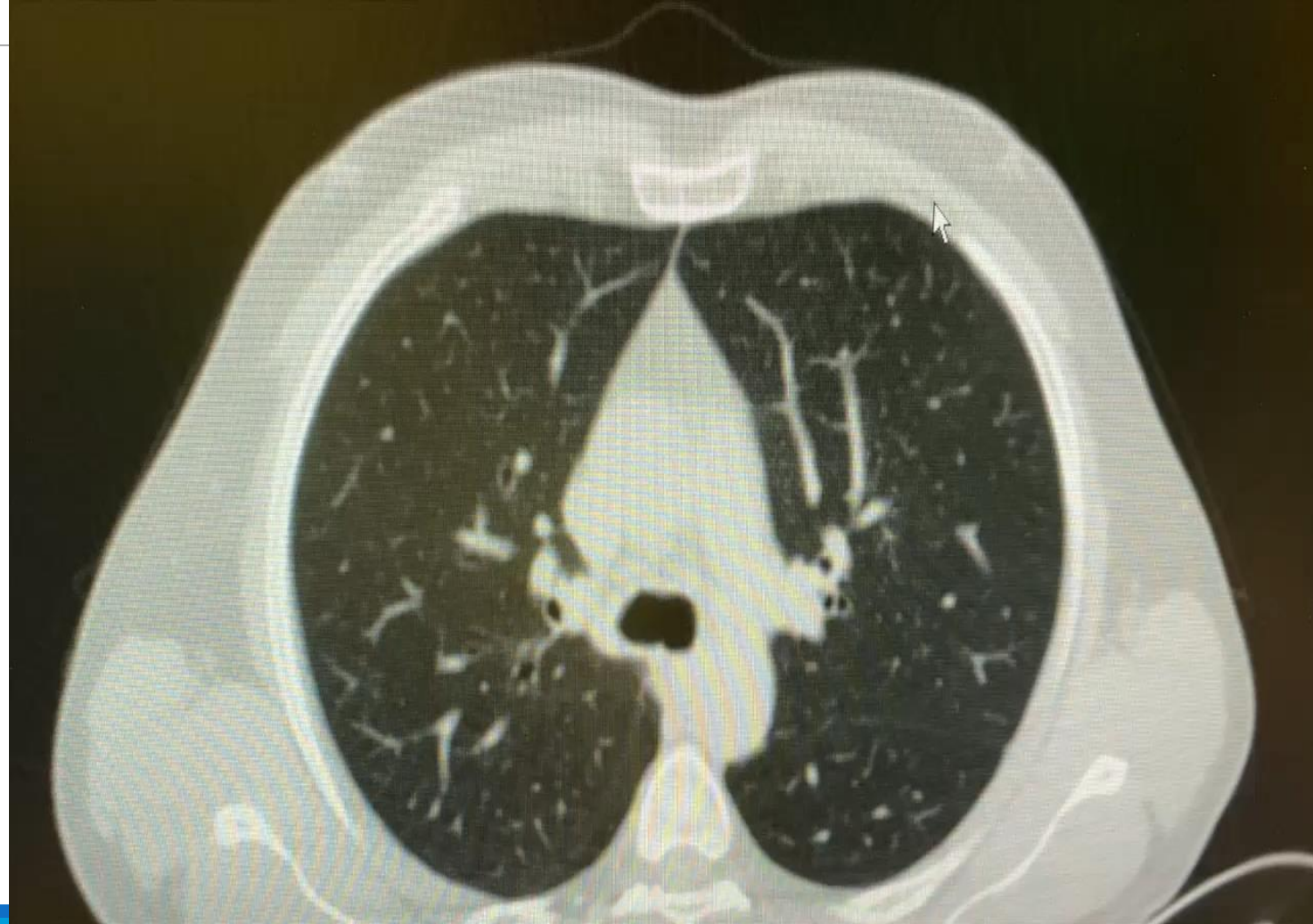


VATS Sađ Ana Bronş Segmenter Sleeve

35 Yaş / Erkek

Sađ ana bronş glomus tümör

VATS izole sađ ana bronş
segmenter sleeve rezeksiyon
yapıldı



Pnöminektomi

İlk 30 günde mortaliteyi %5.7

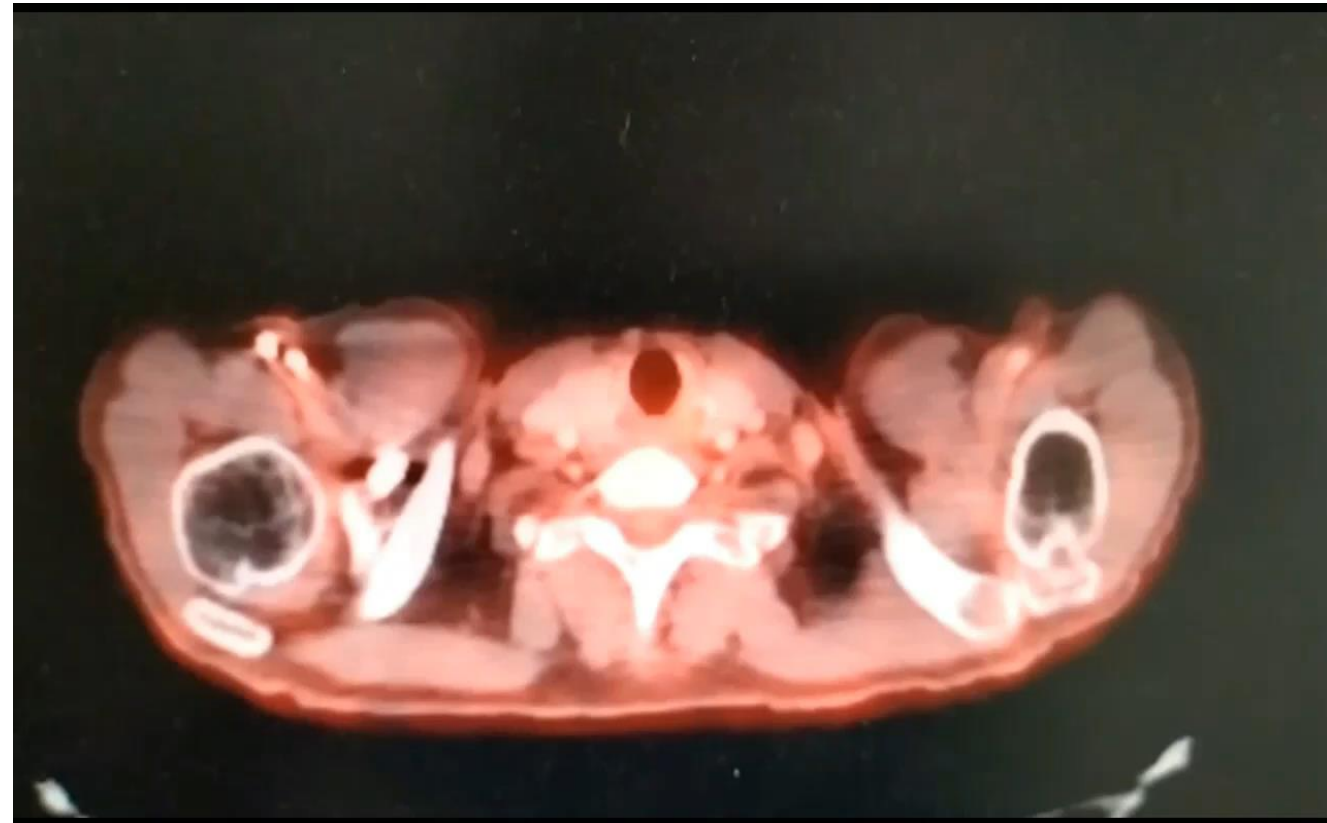
Komplikasyon oranını ise %33

Mortalite Riskinin

- >65 Yaş
- İndüksiyon tedavisi
- ASA skorunun >3
- Sağ Rezeksiyon
- Ekstended akciğer rezeksiyonu

Pneumonectomy for lung cancer: Contemporary national early morbidity and mortality outcomes

Pascal A. Thomas, MD, FECTS,^a Julie Berbis, MD,^b Jean-Marc Baste, MD,^c
Françoise Le Pimpec-Barthes, MD,^d François Tronc, MD,^e Pierre-Emmanuel Falcoz, MD,^f



VATS Karinal Sleeve Pnöminektomi


61 Yaş / Erkek

Sağ akciğer üst lob skuamoz hücreli karsinom

Sleeve üst lobektomi planladı. Ancak cerrahi sınırlar pozitif gelmesi üzerine sleeve pnöminektomi yapıldı



Subxiphoid uniportal thoracoscopic pulmonary segmentectomy for stage I non-small cell lung cancer: Feasibility, quality of life and financial worthiness

Amr Abdellateef^{1,2} , Xiaoyu Ma³, Zhigang Chen⁴, Liang Wu², Jianqiao Cai² & Lei Jiang²

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² Department of Thoracic Surgery, Shanghai Pulmonary Hospital, Tongji University School of Medicine, Shanghai, China

³ Thoracic Surgery Department, Second Hospital of Hebei Medical University, Shijiazhuang, China

⁴ Department of Anesthesiology, Shanghai Pulmonary Hospital, Tongji University School of Medicine, Shanghai, China

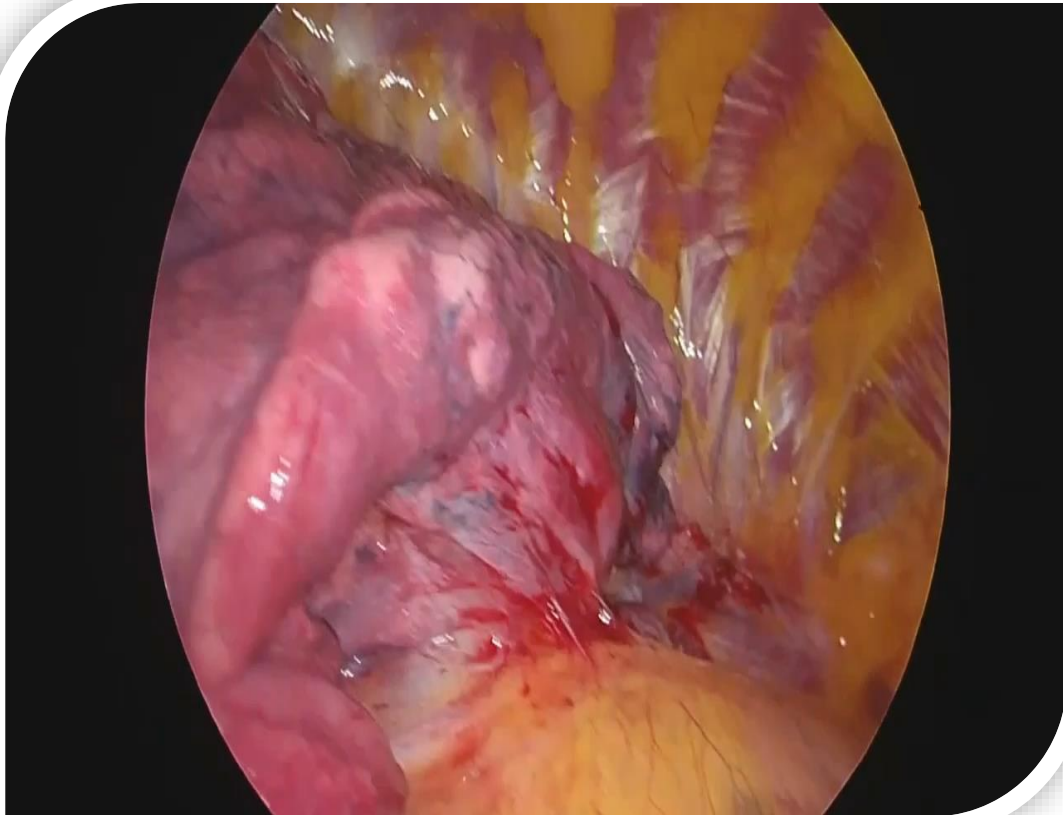
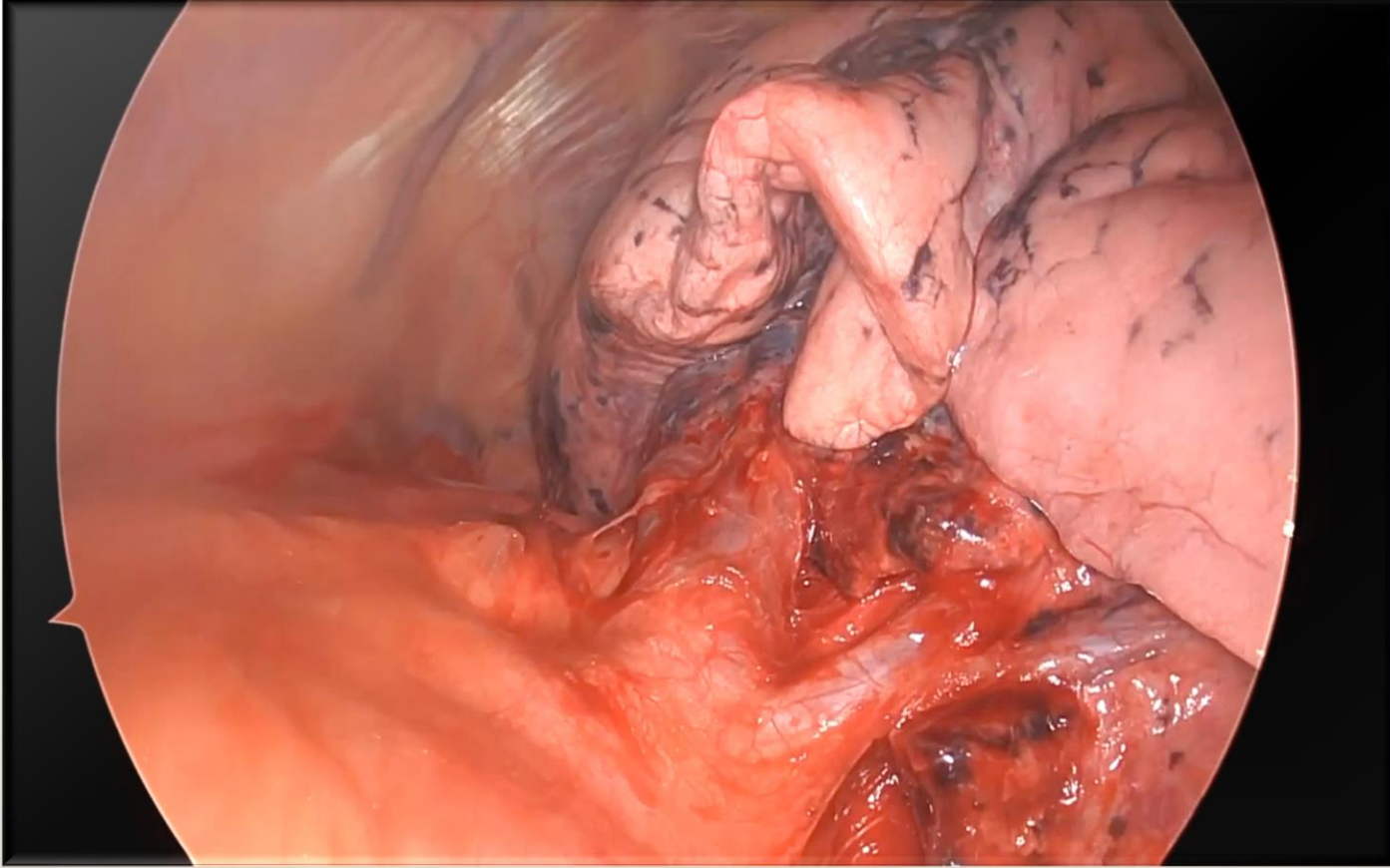


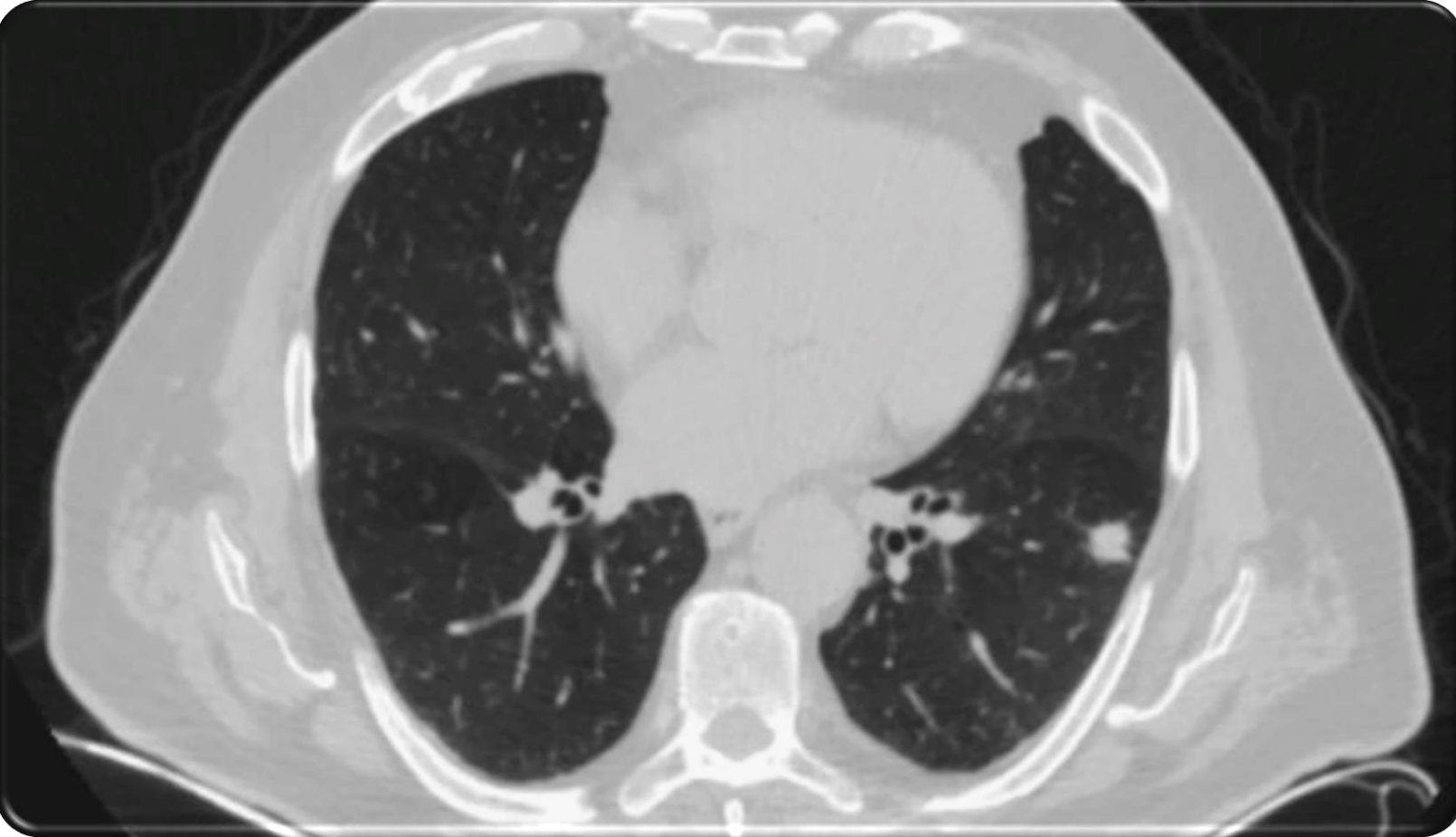
Table 4 Postoperative pain scoring, quality of life, hospital cost

	Intercostal (mean ± SD)	Subxiphoid (mean ± SD)	P-value
Postoperative pain scoring			
Postoperative pain (POD) zero	4.51 ± 0.88	3.29 ± 1.14	<0.001
Postoperative pain (POD) 1	4.25 ± 0.61	2.68 ± 0.80	<0.001
Postoperative pain (POD) 3	2.1 ± 0.4	1.5 ± 1.01	<0.001
Postoperative pain before discharge	1.8 ± 0.36	0.94 ± 0.7	<0.001
Quality of life score			
Quality of life after three months	68.10 ± 2.55	66.49 ± 2	<0.001
Quality of life after six months	64.86 ± 2.21	63.17 ± 1.53	<0.001
Quality of life after one year	60.95 ± 1.36	60.22 ± 0.71	<0.001
Cost (expressed in RMB)			
Cost, median (min-max)	45 277 (35 967.69–66 711.48)	51 535 (34 535–61 100)	<0.001

Sol Taraf Rezeksiyonlar



Subksifoid Yaklaşım

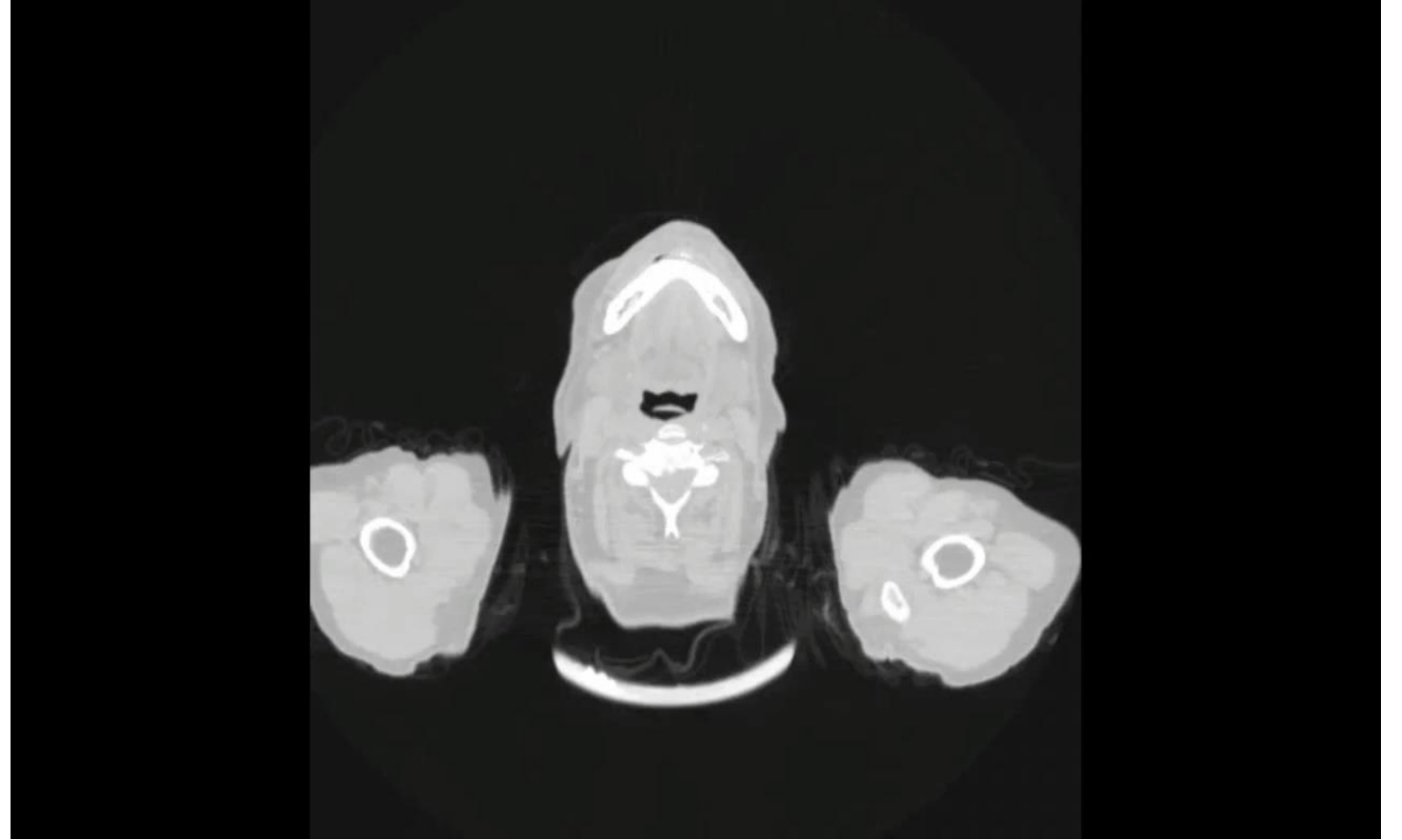


VATS Hibrid Pankoast

65 Yaş / Erkek

Sol akciğer üst lob adenoca.

Neoadjuvan KT+RT aldı



Trakea Cerrahisi

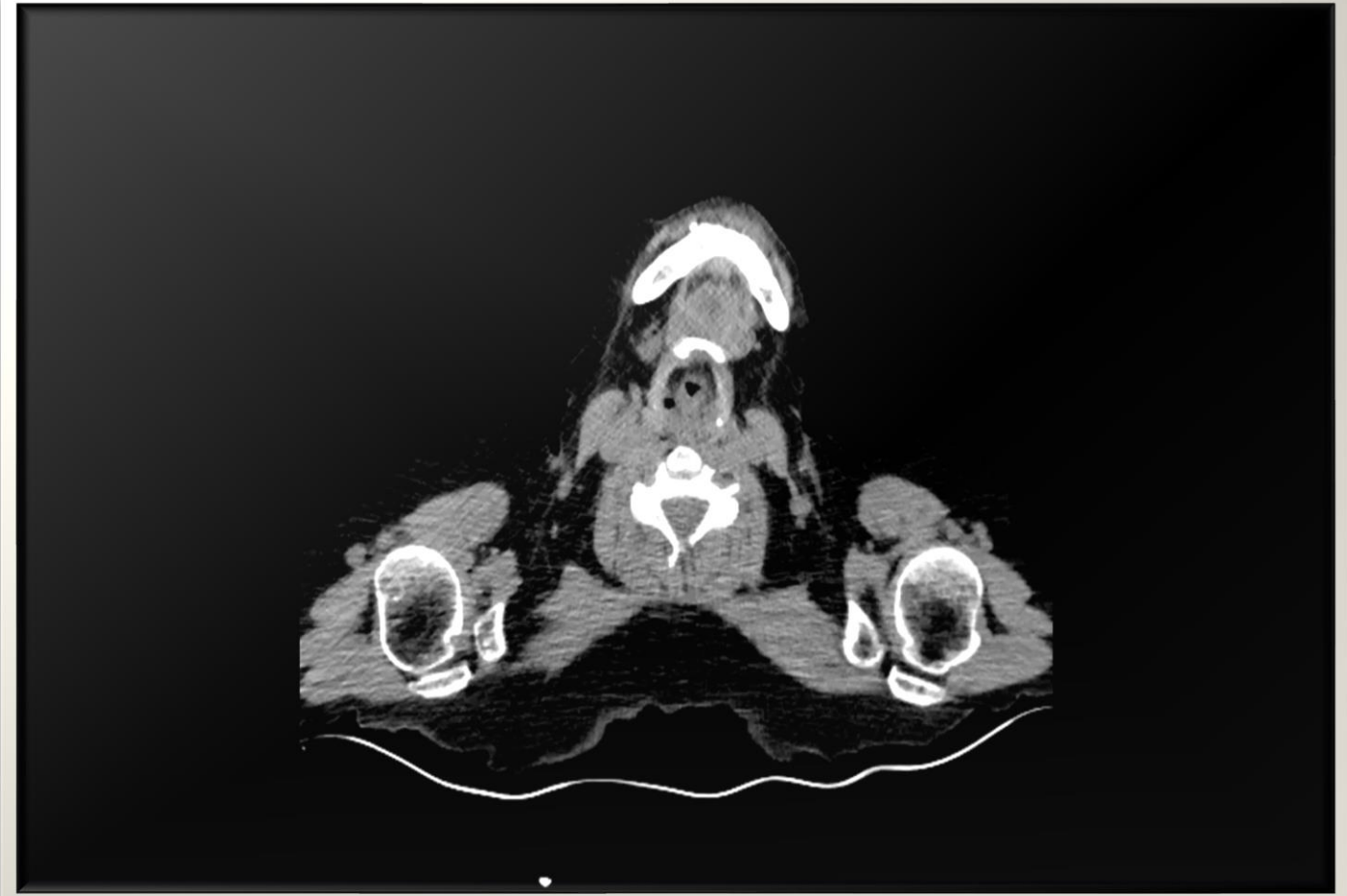
56 Yaş / Kadın

Komorbidite

- Yok

COVID sonrasında

uzamış entübasyon



HİPERHİDROZİS/Sempatektomi

Original Article | Published: 21 September 2019

Is there any relationship between quality of life and the level of sympathectomy in primary palmar hyperhidrosis? Single-center experience

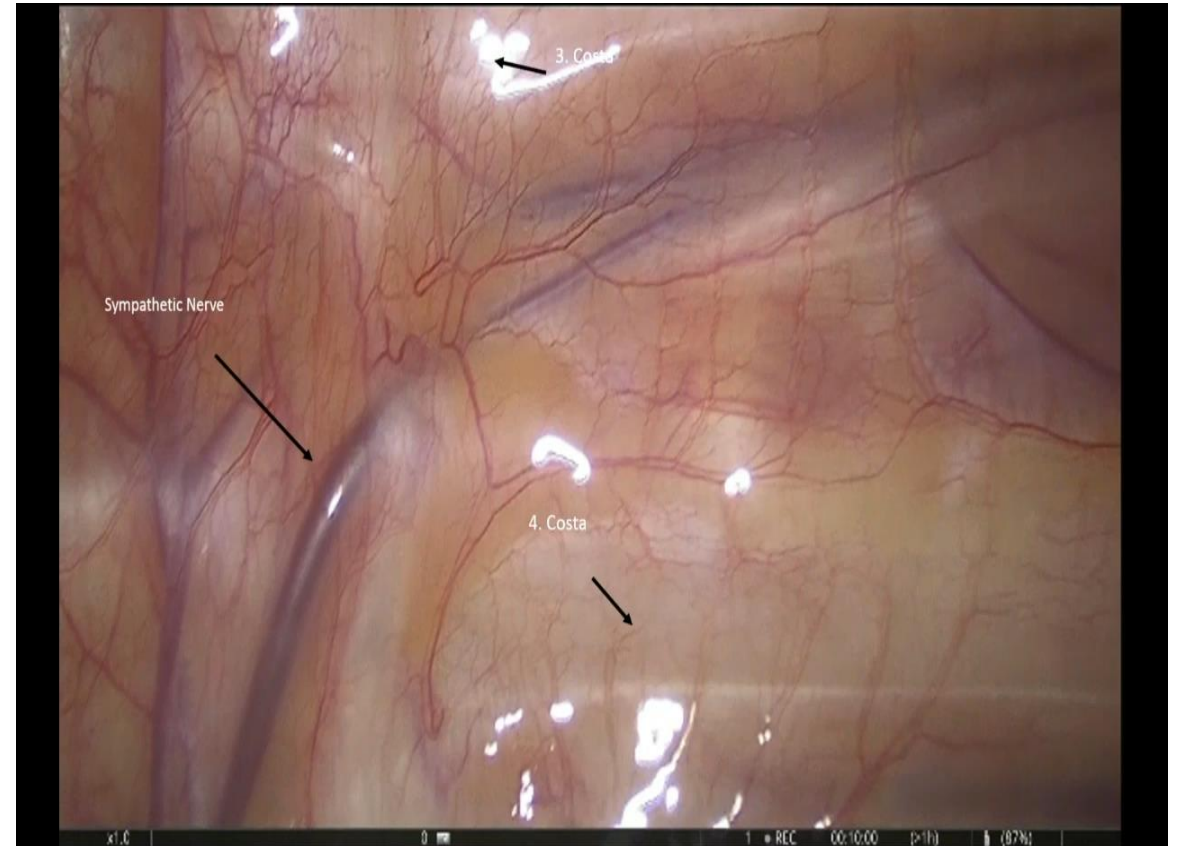
Mustafa Vedat Dogru, Celal Bugra Sezen, Oguz Girgin, Levent Cansever, Celalettin Ibrahim Kocaturk, Muzaffer Metin & Seyyit Ibrahim Dincer

General Thoracic and Cardiovascular Surgery 68, 273–279 (2020) | Cite this article

239 Accesses | 6 Citations | Metrics

Table 3 Comparison of postoperative quality of life and surgical level

Variables	T2–4 [n (%)]	T3–4 [n (%)]	T3 [n (%)]	p value
<i>Postoperative quality of life</i>				
Very low	3 (100)	0	0	<0.001
Low	5 (83.3)	1 (16.7)	0	
Fair	17 (60.7)	3 (10.7)	8 (28.6)	
High	13 (52)	10 (40)	2 (8)	
Very high	24 (23.3)	32 (31.1)	47 (45.6)	

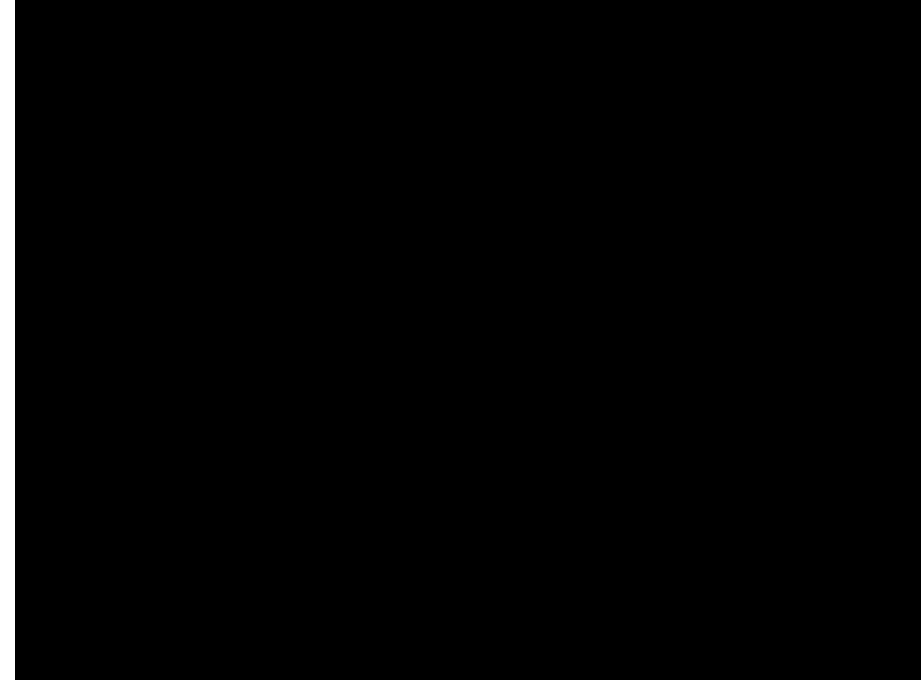
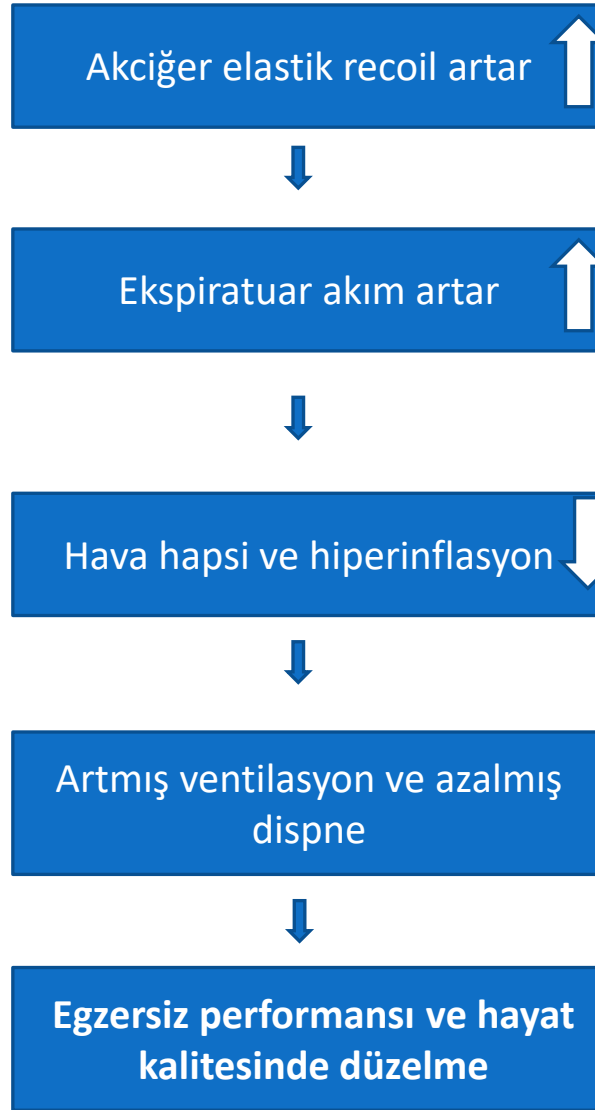


LVRS AMAÇ?

Terminal Hava Yolu
Distalinde Anormal
Genişleme



Fibrozis olmadan
alveoler destruksiyon



GOLD REHBERİ 2020

IYI ADAY

Fiziksel durum

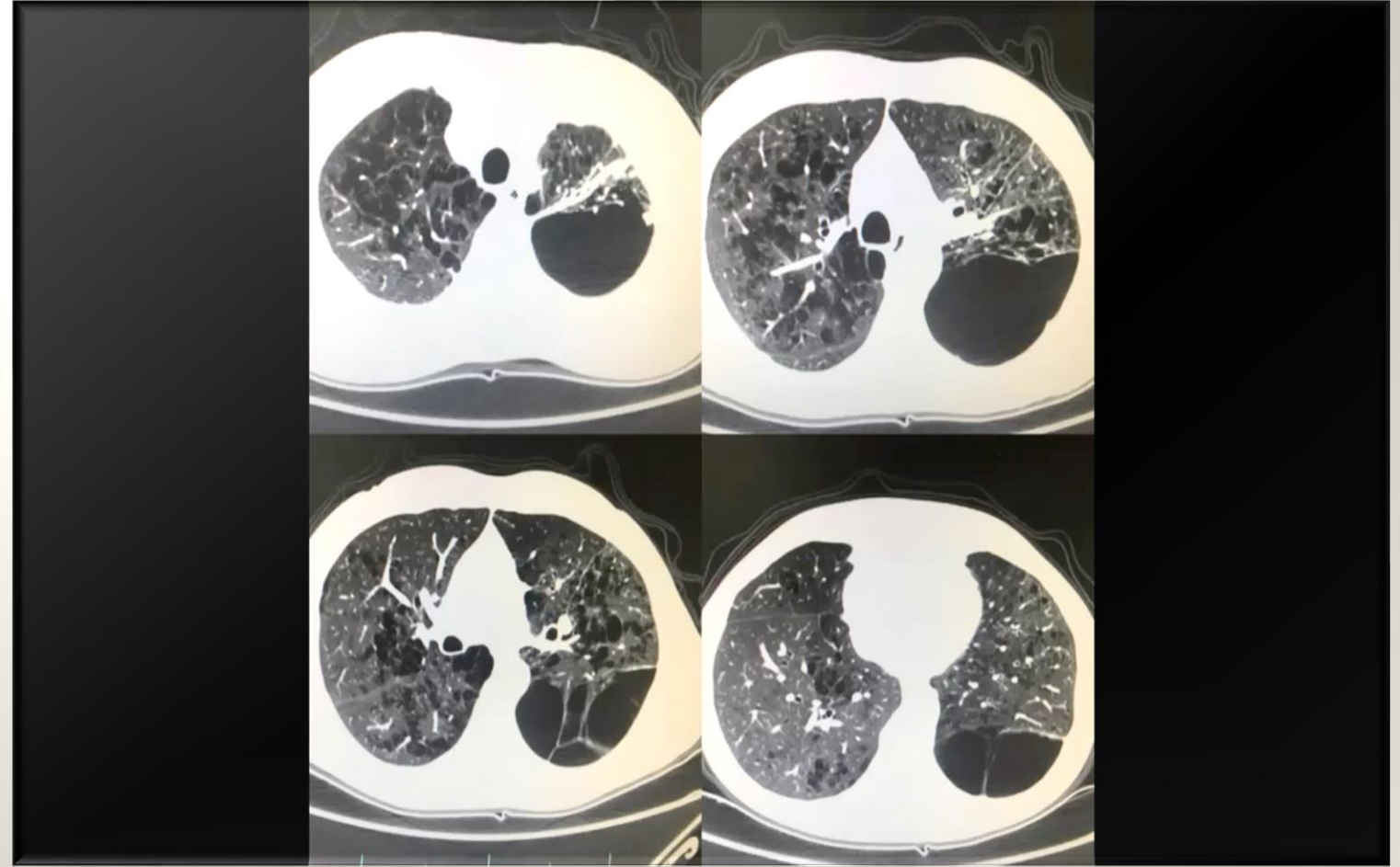
<75 yaş
Sigara bırakma >6 ay
Prednizolon <10 mg/gün
Yandaş hastalık yok
İyi nütrisyonel durum
İyi motivasyon

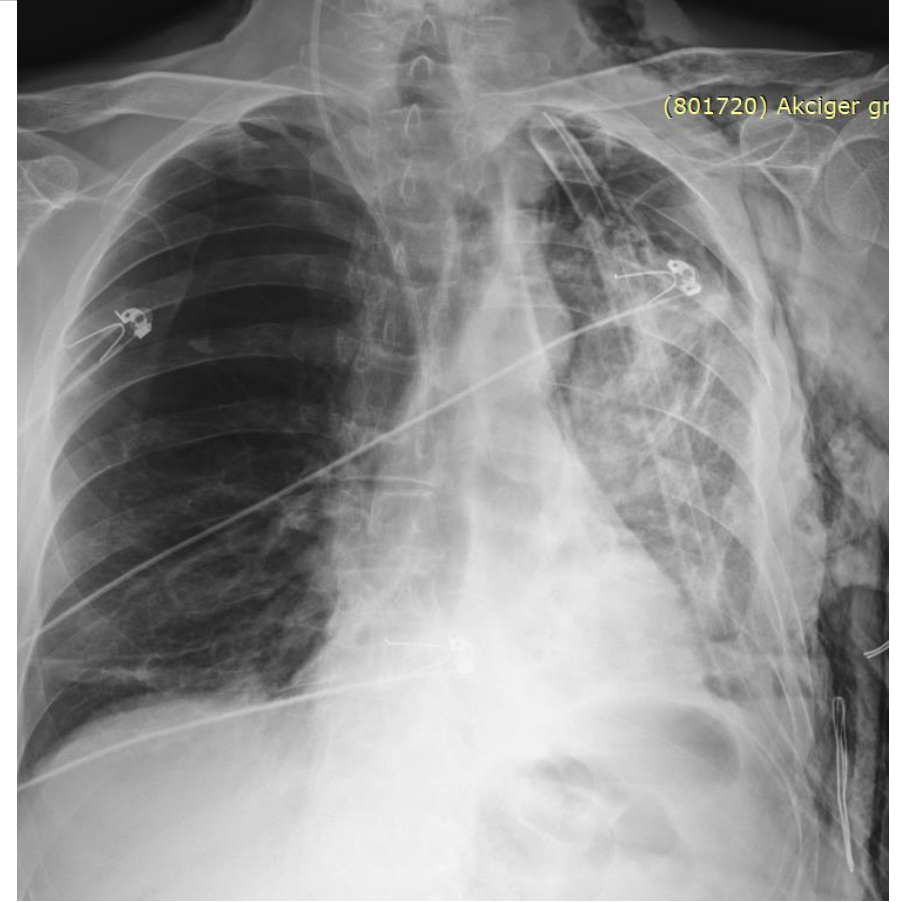
Radyoloji

X-ray de hiperinflasyon
Heterojen amfizem
Üst lob baskın amfizem

Fonksiyon durum

FEV1 <%40
TLC >%120
RV >%150
DLCO >%20
6 DYT >140 m



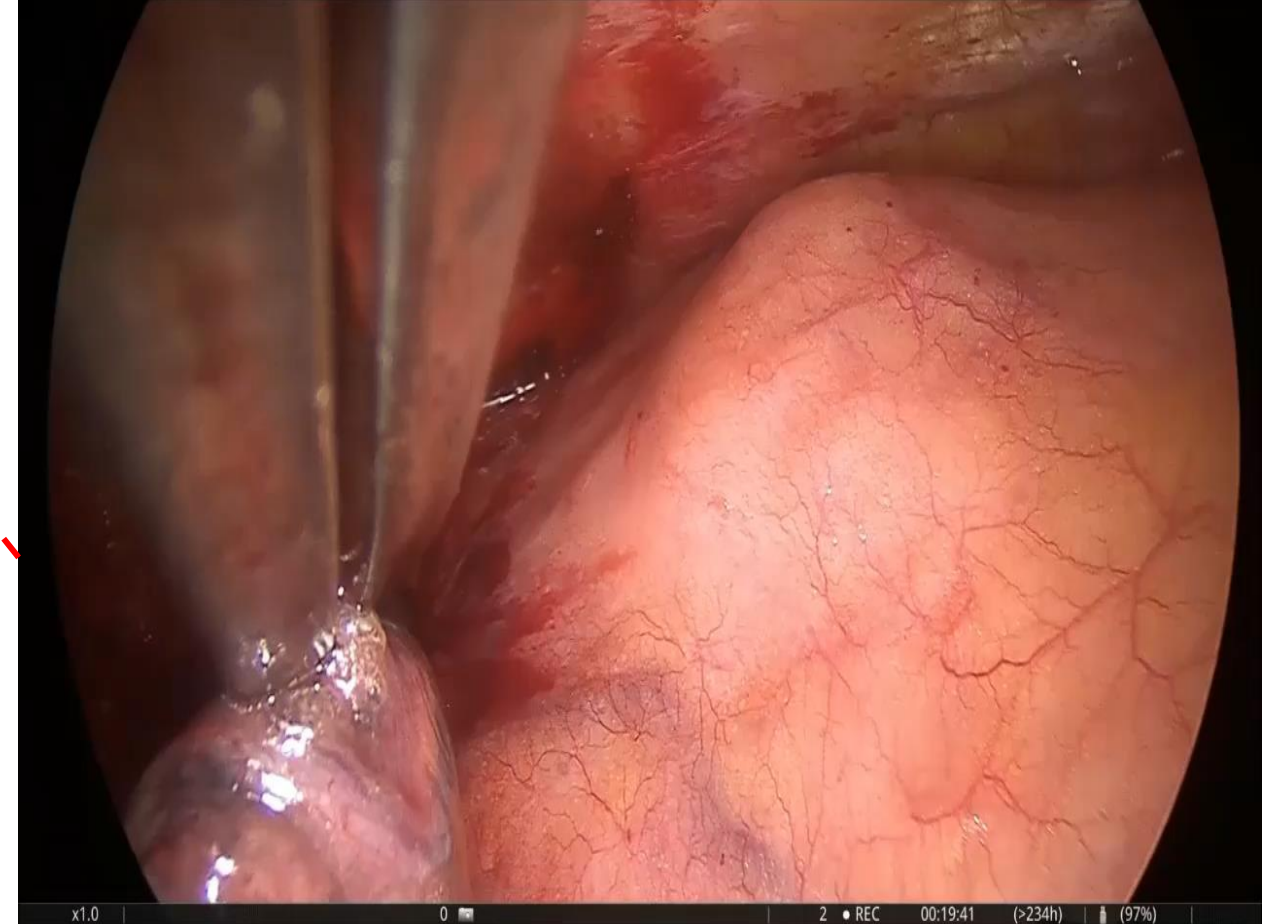
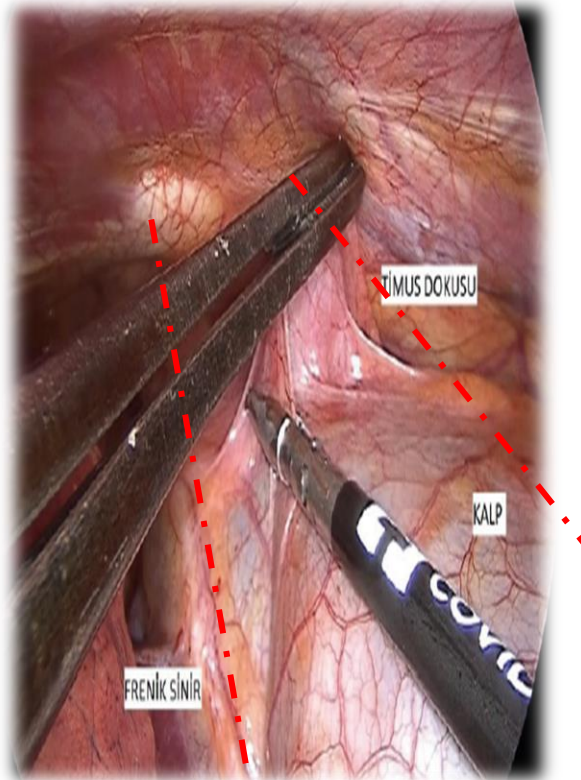


TİMEKTOMİ ACİL BİR OPERASYON DEĞİLDİR!

Anterior Mediasten Cerrahisi

➤ Hazırlık

- M. Gravis Hastalığı hakkında bilgi
- Cerrah-Nöroloji-Anestezi iş birliği



Standard Terms, Definitions, and Policies
for Minimally Invasive Resection of Thymoma

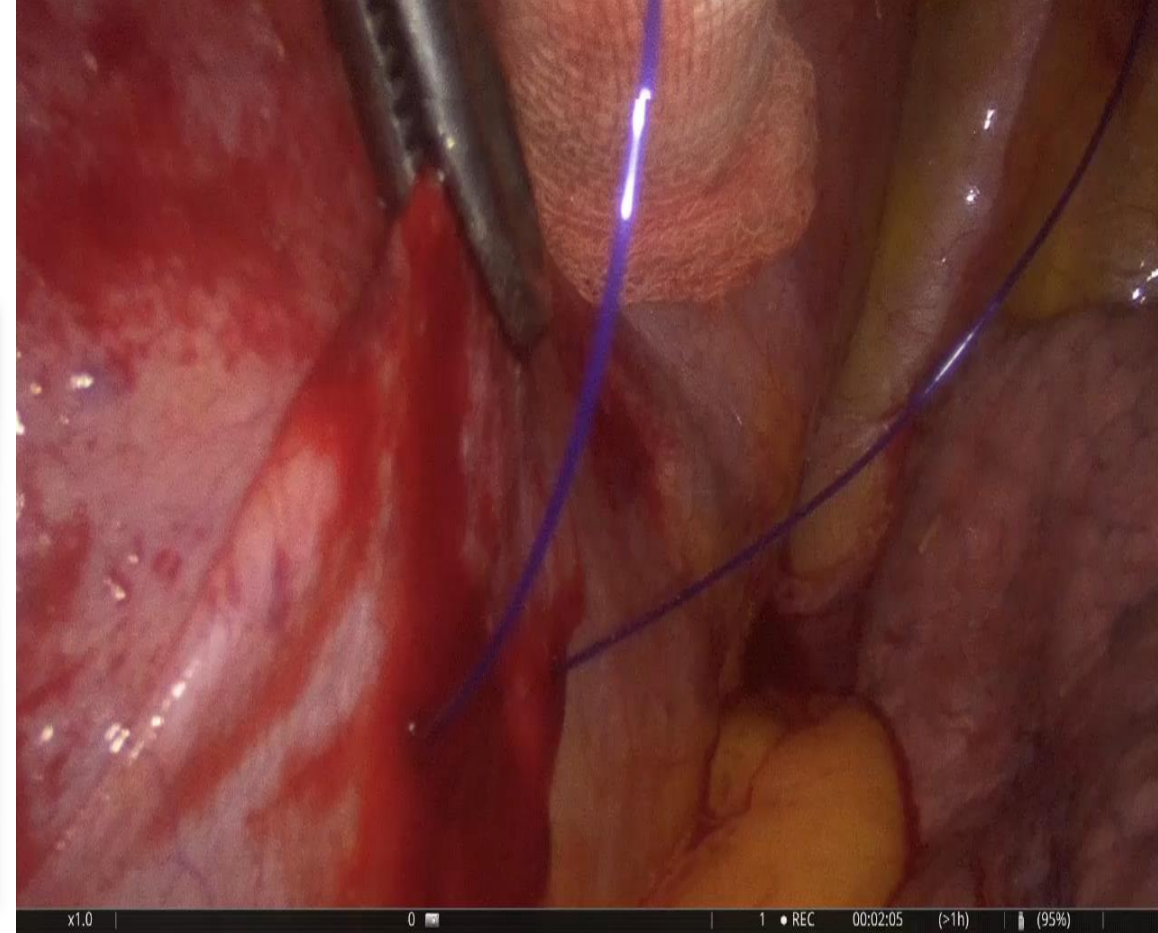
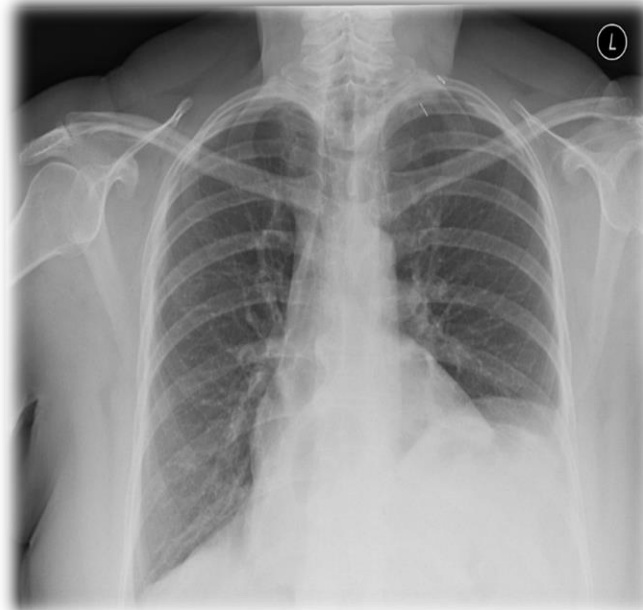
Alper Tokar, MD,* Joshua Sonett, MD,† Marcin Zielinski, MD,‡ Federico Rea, MD,§
Victor Tomulescu, MD,|| and Frank C. Detterbeck, MD¶

Diaphragma Eventrasyonları

Frenik sinir paralizisi durumlarında (travmatik, cerrahiye sekonder) diafragma eventrasyonu gelişmektedir.

Amaç

- Atelektazi, lobar konsolidasyon gibi problemler düzeltmek
- Solunum kapasitesi arttırılmaktadır.

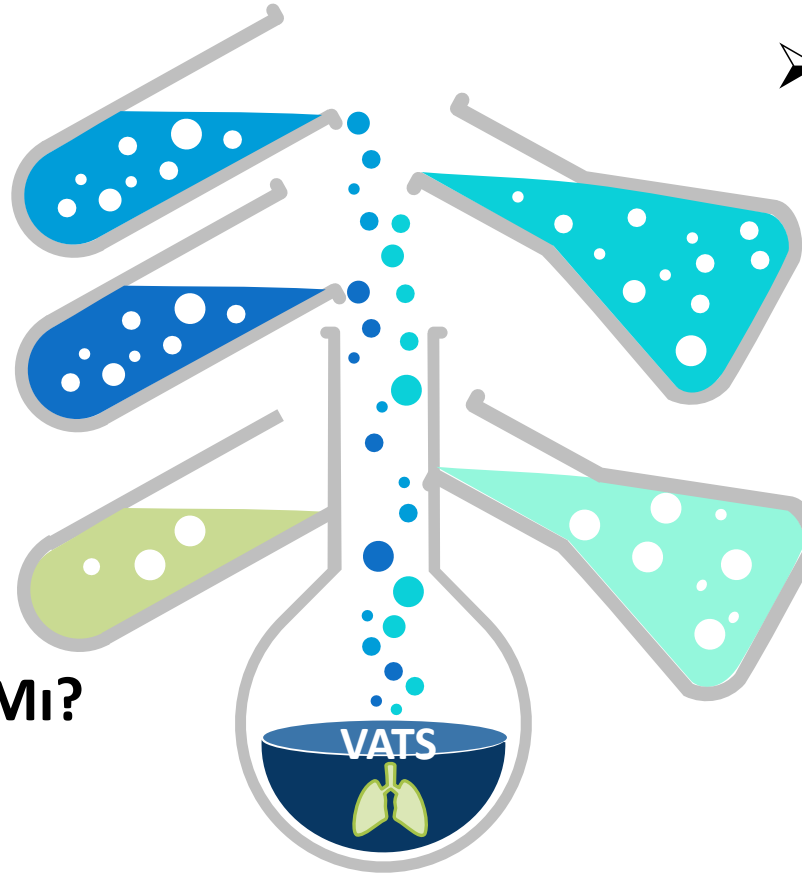


VATS Eğitimi ?

➤ Kaç Rezeksiyon Gerekli?

➤ Uniportal Başlanmalı Mı?

➤ Asistan Düzeyinde Yapılır Mı?



➤ Mentor Bir Hocaya

İhtiyaç Var Mı?


➤ Kaç Port ile Başlanmalı?


Torasik Cerrahi Akademi

2023-24

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SAGLIK BİLİMLERİ ÜNİVERSİTESİ
YEDİKULE EĞİTİM VE ARAŞTIRMA HASTANESİ

HİBRİT PLATFORM
10 KASIM 2023



PROGRAM

Düzenleme Kurulu
Prof. Dr. Sedat Altın,
Prof. Dr. Muzaffer Metin,
Doç. Dr. Celal Buğra Sezen

	09:10-09:30	09:30-12:00	12:00-13:00	13:00-16:00
Uydu Sempozyumu	1. Masa Webcast Canlı Yayın Moderatör	Uniportal VATS Rezeksiyon Prof. Dr. İsmail Mahmut Doç. Dr. Celal Buğra Sezen Prof. Dr. İlğaz Doğusoy		1. Masa Webcast Canlı Yayın Moderatör
	2. Masa Webcast Canlı Yayın Moderatör	VATS Sleeve Pnömonektomi Prof. Dr. Muzaffer Metin Doç. Dr. Atilla Pekçotaktar Prof. Dr. Onur Genç		2. Masa Webcast Canlı Yayın Moderatör
	3. Masa Moderatör	Uniportal VATS Segmentektomi Doç. Dr. Mustafa Vedat Doğru Uz. Dr. Teyrat Özalp Prof. Dr. Recep Demirhan		3. Masa Moderatör
	4. Masa Moderatör	VATS Lobektomi Doç. Dr. Özkan Saydam Uz. Dr. Gamze Tanrikulu Prof. Dr. Berker Özkan		4. Masa Moderatör
	5. Masa Moderatör	Pektus Cerrahisi Prof. Dr. Korkut Bostancı Prof. Dr. Aslı Gül Akgöl Prof. Dr. Yücel Akkap		5. Masa Moderatör
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Dikkatiniz İçin Teşekkürler

