

Analysis of Pleuroscopias Under Sedation of Hospital-School Thoracic Surgery

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Objective

To present revision of patients submitted to medical pleuroscopia, without general anesthesia or Monolung ventilation, in the period from February 2013 to December 2016 in the basic Hospital of the Faculty of Medicine of So Jos do Rio Preto. The analysis in question is demonstrative to prove the safety of the procedure, with a low rate of complications, and the post-operative evolution within the expected.

Method

It was evaluated the average time of the procedure under sedation, with patient monitored with cardioscopio and pulse ox, having nasal catheter or oxygen mask installed, and should maintain the vital signs (systolic and diastolic pressure, frequency Cardiac and oxygen saturation) within pre-established values as insurance before it is necessary to adopt changes in sedation and need for conversion to general anesthesia and advanced airway. Patients were stratified according to their clinical condition and Performance status By the classification ECOG (Eastern Cooperative Oncology Group) and the indications for the surgery. Postoperative complications were evaluated (including the need for orotracheal intubation, infection and sepsis, deaths), need for hospitalization in ICU (intensive care unit) and time to stay with the chest drain.

Results

48 procedures were totaled in the period that obeyed the protocol established by the thoracic surgery team and anesthesiology. Among the complications, a patient needed IOT; In addition, three other patients went to ICU at least in the first post-operative, due to the risk of need for IOT, there were 4 deaths, of varying causes, not only linked to the Procedure. Established the parameters of the safe vital signs to maintain stable sedation, there was no significant correlation between the groups with the worst clinical conditions (ECOG 3 and 4) to present more instability during the procedure, which we think the Procedure may be safe regardless of this factor, although they require further studies in this regard.

Conclusions

Based on our experience in the procedure, it proved to be safe and doable, with a low number of complications, without altering in a negative way or prolonging the postoperative evolution, regardless of the patient's clinical profile or the activities performed during the Pleuroscopia.

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