Thoracic Surgery at OHVI

The thoracic surgeons at PeaceHealth Sacred Heart’s Oregon Heart & Vascular Institute (OHVI) treat benign and malignant disease of the chest including lung cancer, chest infections (empyema), mediastinal tumors and tumors of the chest, ribs, and sternum. Patients are offered state-of-the-art care utilizing a multidisciplinary, patient-centered approach.

MINIMALLY INVASIVE APPROACHES

Patients with thoracic or pulmonary problems can access the full range of surgical procedures, including minimally invasive techniques, such as Video-Assisted Thoracoscopic (VATS) lobectomy. This approach involves inserting a small videoscope (5–10 mm in diameter) and specialized small surgical instruments into the chest to perform operations such as removal of a lobe of the lung or treatment of chest infections. Operations are tailored to the individual patient, and may include any degree of resection, including segmentectomy, lobectomy or even pneumonectomy.

Minimally invasive approaches such as VATS are used whenever possible, instead of traditional thoracotomies typically used for cancer surgery in the chest. Robotic-assisted approaches to treat thoracic disease are being used more often on appropriate patients. The majority of cancer surgeries at OHVI are performed using minimally invasive techniques. Minimally invasive surgery is less painful, with equivalent results in properly selected patients.

Lung cancer patients also have access to stereotactic body radiation therapy for intrathoracic lesions. This therapy has been shown to improve survival rates for patients with inoperable early-stage lung cancer.

Robotic-Assisted Thoracic Surgery

Thoracic surgeon Paul Koh, MD, is medical director of the first robotic-assisted thoracic surgery program in the state. Dr. Koh has deep experience with robotic-assisted cardiac procedures, and is now offering the same benefits to appropriate thoracic patients.

Benefits

- Greater access, especially in the lung, than with laparoscopic instrumentation
- Improved ability to access tissue plane due to wristed instrumentation
- 3D visualization of vital structures improves accuracy in dissection and suturing
- Equipment enables surgeon to take on more challenging cases
Case Study

Subject: A 25-year-old patient presented with incidentally discovered 6-cm anterior mediastinal mass.

Diagnosis: Imaging and percutaneous CT-guided biopsy were consistent with cystic lesion. Differential diagnosis included thymic cyst, pericardial cyst, foregut congenital cyst, teratoma, and, less likely, a cystic low-grade malignancy. Patient was offered radiographic surveillance, but wanted definitive diagnosis and therapy. She was offered minimally invasive resection of the mass.

Treatment: Using the da Vinci™ Si Surgical System at Oregon Heart & Vascular Institute, thoracic surgeon Paul Koh, MD, mobilized the mass from the underlying pericardium and completely excised it, along with the right lower pole of the thymus from which it arose. The phrenic nerve was carefully preserved.

Outcome: The patient was discharged the next day. The final pathologic diagnosis revealed a benign thymic cyst, with no evidence of atypia. She has had an uneventful recovery and has resumed all of her normal activities, including full-time employment as a barista.