

Challenges in VATS lobectomy

Small pulmonary artery vessel challenges

- Shorter, fragile and can tear easily
- Can be difficult to access with a VATS approach

Conventional tool challenges

- Surgical staplers are the gold standard for large pulmonary vasculature, but require more vessel skeletonization and can be difficult to place on smaller and shorter vessels.
- Suturing takes more time and can be challenging in a VATS approach.
- Clips can be displaced and fall off. Loose clips can get in the way of future stapler applications.

Technical challenges

VATS lobectomy can be technically challenging to learn and perform due to difficult access and visibility. These technical challenges can cause:

- Increased risk of PA injury
- Increased surgeon stress
- Increased OR time

Pulmonary artery injury was the cause for 38% of all conversions in a retrospective review of VATS lobectomy procedures¹



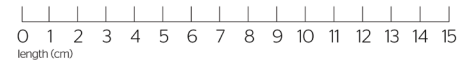
ECHELON FLEX™ Powered Vascular Stapler



ECHELON FLEX™ 45mm Stapler



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¹ Gazala S, Hunt I, Valji A, Stewart K, Bedard ER. A method of assessing reasons for conversion during video-assisted thoracoscopic lobectomy. *Interact Cardiovasc Thorac Surg* 2011;12:962-4. (127024-191105) ² Per IFU seal vessels up to 7mm.