Outpatient Surgery For TOS Is Safe And Effective: Technical Details, Precautions, And Requirements

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Disclosure

• None

Hospital Inpatients

• 95% discharged post-op on day 1
• 5% discharged post-op days 2-7
• Delayed discharged due to complications or for pain control – mostly pain control
Complications

- Hemotoma – 1
- Phrenic nerve palsy – 1
- Pneumothorax – 1
- Seroma / Lymphocele – 1

Overall complication rate ~ 1%

Keys to Safe and Effective Outpatient TOS Surgery

- Proper patient selection
- Avoiding complications
- Avoiding and treating nausea
- Controlling Pain

Proper Patient Selection

- ASA 1 - 3
- Not on chronic multiple pain medications
- Psychologically healthy
- Good home support system
- Set pre-op expectations
Avoiding complications

- Pneumothorax
- Injury to phrenic nerve, vagus nerve and brachial Plexus
- Hematoma
- Seroma/Lymphocele
Avoiding and treating nausea

• Intraoperative and routine postoperative Zofran
• Early PO intake
• Additional anti-emetic as needed

Controlling Pain

• Intraoperative and postoperative Toradol
• Incision site marcian with epinephrine
• Liberal narcotics post-op

Conclusion

• Outpatient surgery for TOS can be safe and effective in a select group of patients, especially for scalenectomy and pectoralis minor tendon release, and for some first rib resection.