TRANSTHORACIC ESOPHAGECTOMY WITHOUT POSTOPERATIVE ICU STAY DURING COVID-19 PANDEMIC: FEASIBILITY AND RESULTS.

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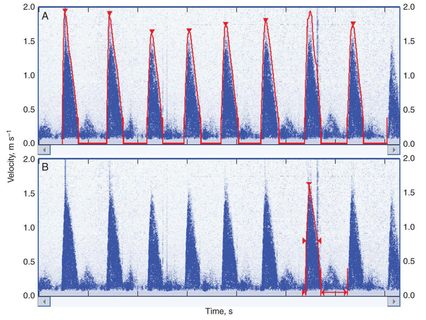
Background

The Covid-19 pandemic has led to significant reduction of elective surgery, with oncologic patients shifted to dedicated HUBs. In this scenario, the hypothesis of managing the post-operative course of selected patients without ICU support has emerged.

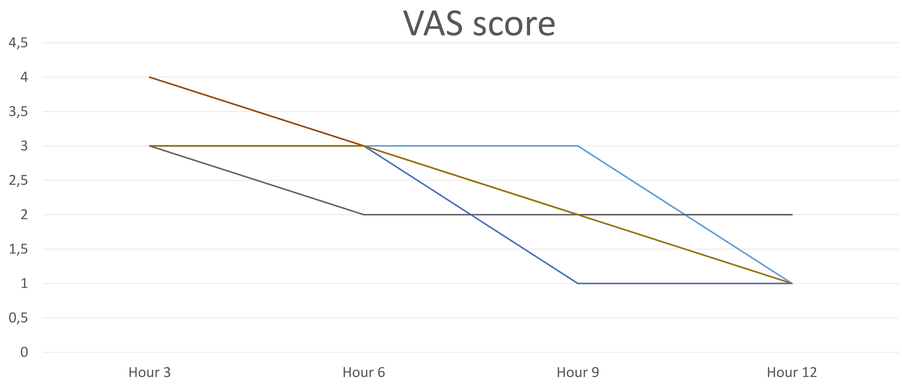
Materials and methods

Ten consecutive ASA 1-2 patients undergoing hybrid Ivor-Lewis esophagectomy (mean age 67 ± 5,8 yrs, mean duration of surgery 313 ± 26 min) were extubated in the OR and transferred to a dedicated ward. Analgesic control was provided by pre-emptive TAP (Transverse Abdominal Plane) and SAP (Serratus Anterior Plane) blocks and a perifascial catether for Naropine 0,2% infusion placed in the thoracotomy wound below the anterior serratus muscle. The patient was taken in charge by a dedicated nurse and a surgical resident. A non-invasive doppler USCOM 1A (Uscom Ltd, Sydney, Australia) which evaluates cardiac output, systemic vascular resistance, and patient's response to fluids and drugs infusion was used. The probe was placed immediately above the sternal notch every 3 hours.









Results

Mean duration of monitoring was 24,4 hours. Vital signs remained stable in 100% of cases, as well as diuresis (>50ml/h) and pain control (VAS <4). No patients required transferred to the ICU. USCOM changed the therapeutic approach in 6 patients: increased fluid infusion rate and diuretics were necessary in 4 and 2 patients, respectively. Post-operative morbility was 20% (1 delayed gastric conduit emptying and 1 pneumothorax, both treated conservatively). All patients were discharged home by postoperative day 9.

Conclusion

Post-operative ICU stay can be safely avoided in selected oncologic patients undergoing transthoracic esophagectomy. Pre-emptive analgesia, rigorous surgical technique, and availability of a multidisciplinary team and non-invasive monitoring equipment are essential prerequisites for ensuring optimal outcomes.