



## VIDEO-ASSISTED MEDIASTINOSCOPIC LYMPHADENECTOMY (VAMLA)

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This year's video presentation will concentrate shortly on new trends in indication and longer on new technical aspects in the realm of VAMLA, that have developed during the three years since our last meeting 2018.

### Indication

- VAMLA is not only the ultimate nodal staging tool but also part of curative therapy. This minimal invasive method of systematic nodal dissection can improve the too often mediocre radicality of nodal dissection during VATS-lobectomy, thus it is still relevant in the age of PET-CT and EBUS.
- Additionally, VAMLA provides bilateral lymphadenectomy what potentially improves survival at least in left sided tumors if not in general as suggested in the BML-1 and the ongoing BML-2 study.
- Shortage of medical staff favors VAMLA over thoracoscopic lymphadenectomy, as these 30 to 60 minutes of nodal dissection can be performed by one surgeon with, whereas VAT-Lymphadenectomy requires two surgeons and one-lung ventilation.
- Shorter one-lung ventilation is also advantageous in pulmonary fibrosis or otherwise compromised lungs.

### Technique

- We have transferred the no-touch-technique from VATS-lymphadenectomy to VAMLA using a combination of Ligasure and suction instead of grasper and monopolar-suction-cautery as dissection devices with the aim to better protect the recurrent laryngeal nerve, achieve better hemostasis and thus a cleaner operation field.
- Performing VAMLA immediately before the lobectomy on the same day in suitable cases, eases the lobectomy and avoids the difficulties of post VAMLA scarring.
- It might become a problem to buy necessary instrument as industry became reluctant to produce low numbers of rarely ordered instrument due to the costs of EU-certification. We should consider today how to deal with that tomorrow.
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An unedited video demonstrating our actual technique in a medium difficult case is accessible on youtube:

<https://youtu.be/DR2wx6FwEIA>