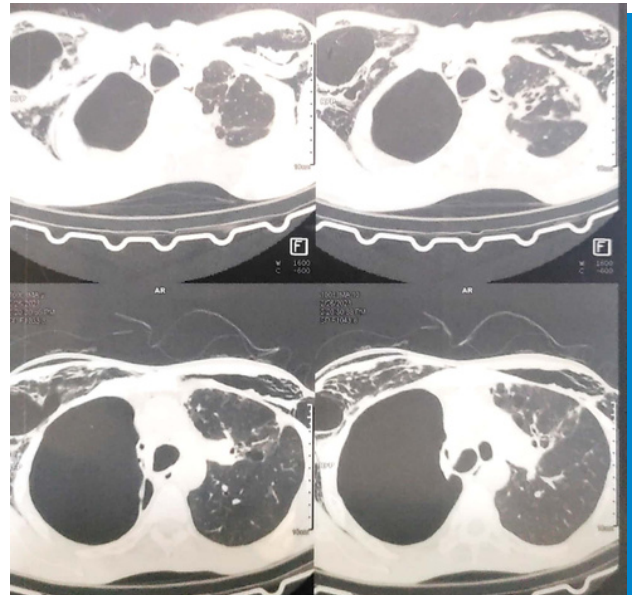




The Curious Case of **Pneumonectomy**

A 52 years old gentleman was shifted to our ICU with swelling all over the body. The swelling was due to air leak from the the right lung. He had a past history of tuberculosis causing significant destruction of the right lung.

He was operated twice, but continued to have symptoms even after surgery and was not able to do his daily routine activities due to breathlessness. He also had a loss of appetite causing significant weight loss which had weakened his immunity and made him prone to recurrent infections. As the diseased lung did not contribute to his breathing and patient was symptomatic, it was decided to surgically remove the entire right lung.



He was taken to the OT after necessary consents.

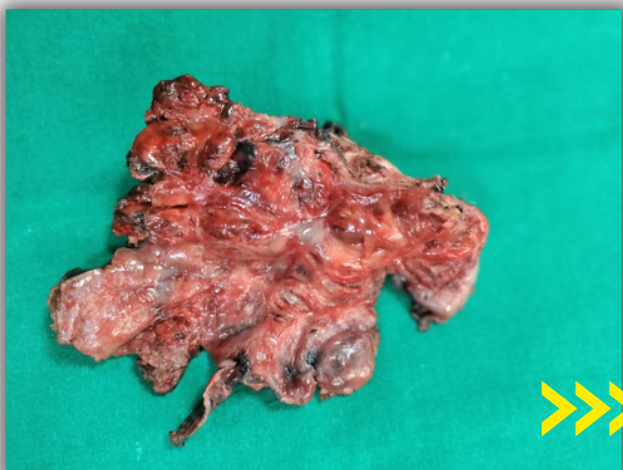
The entire lung was removed through a posterolateral thoracotomy.

Lung hilum was fused and fibrotic, making dissection of blood vessels very challenging. Main pulmonary artery and veins were carefully dissected to avoid major bleeding.

He tolerated the anaesthesia really well and the entire procedure was completed without any post operative complications. He was fully conscious and breathing on his own without mechanical assistance within hours of the surgery.

His chest drains were removed on 9th day and he was discharged on 10th day of surgery. He was able to perform his daily routine activities and was eating well at the time of discharge.

THE SURGERY WAS PARTICULARLY COMPLICATED DUE TO HIS POOR NUTRITIONAL STATUS, PREVIOUS TWO SURGERIES, INABILITY OF THE BODY TO HANDLE THE SURGICAL STRESS, HIGH RISK OF POST OPERATIVE COMPLICATIONS AND ADHESIONS WITHIN HIS CHEST.



**DESTROYED/DISEASED
RIGHT LUNG**



The entire lung was removed through a posterolateral thoracotomy. Lung hilum was fused and fibrotic, making dissection of blood vessels very challenging. Main pulmonary artery and veins were carefully dissected to avoid major bleeding. He tolerated the surgery and anaesthesia really well and the entire procedure was completed without any post operative complications.

- Dr. Amit Patil
Thoracic Surgeon at Jupiter Hospital, Pune.



He had reduced appetite causing significant weight loss which had weakened his immunity and made him prone to recurrent infections. As the diseased lung was not contributing to his breathing and he was symptomatic, it was decided to surgically remove the entire lung. The surgery was particularly complicated due to his poor nutritional status, previous two surgeries, inability of the body to handle the surgical stress, high risk for post op complications and adhesions within his chest.

- Dr. Sushrut Gunpule
Consultant Pulmonologist at Jupiter Hospital, Pune.



He was desaturating in supine position, so positioning on OT table was challenging. He was also oxygen dependent. Due to surgical emphysema, it was difficult to find a window for 2-D echo.

- Dr. Anmol Maindarkar
Anaesthetist at Jupiter Hospital, Pune.

