

Thoracoscopy

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A rigid endoscope is introduced through an incision placed - between the ribs to gain access to the thorax. In the majority of cases, specialist anaesthetic support is required to ensure isolation of the lung on the side of surgery , enabling the patient to be ventilated only on the non-operative side. This is achieved through the use of right- or left-sided double - lumen endotracheal tubes that comprise both a bronchial and a tracheal lumen. Usually there is no requirement for gas insu ffl ation as the operating space is held open by the rigidity of the thoracic cavity . In specific cases, such as mediastinal tumour resection and diaphragmatic surgery , gas insu ffl ation at low pressure (5–8 /uni00A0 mmHg) may be applied. Further infor - mation on the general principles of thoracoscopy are found in Chapter 60 . Thoracoscopy

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