

**General Thoracic Surgery Database, version 2.06**  
**Approaches Defined**



APPROACH	
Thoracoscopy	<b>(also known as Video Assisted Thoracoscopic Surgery-VATS)</b> -a minimally invasive approach which utilizes two or more “ports” or small incisions in the chest. These openings are used to place instruments into the chest—video camera and other instruments for grasping, cutting, or stapling. Thoracoscopic surgery may be used for diagnostic BIOPSY purposes, pleurodesis, staging procedures, or partial/total lung resection.
Thoracotomy	an incision made between two ribs to gain access to the thoracic cage for exploration or definitive surgical therapy. It is the equivalent of a laparotomy for the abdominal cavity. The location and extent of the incision is dependent on the specific operation to be performed. Different types are lateral thoracotomy, posterolateral thoracotomy, anterior thoracotomy, and muscle-sparing (lateral) thoracotomy.
Thoracoabdominal	a large incision which provides exposure to both the upper abdominal cavity and the thorax. This incision starts in the upper abdomen and sweeps up in a crescent shape into the thorax and between ribs. It is therefore a combination of an abdominal and thoracotomy incision. The exact location of the incision is dependent upon the type of procedure to be performed.
Median sternotomy	the most widely used thoracic incision as most cardiac procedures are performed with this approach. The sternum is cut in half lengthwise with an oscillating power saw from the suprasternal notch to the xiphoid process. The suprasternal notch is the indentation at the top of the sternum and the xiphoid process is the small piece of cartilage which makes up the bottom part of the sternum. At the end of the operation, the sternum placed back together with wires. These wires can be easily seen on chest radiographs or CT scans.
Partial sternotomy	this incision is like a sternotomy but only a portion of the sternum is cut in a vertical fashion. An example is where the upper portion of the sternum is cut to access the thymus for a thymectomy.
Transverse sternotomy	Transverse sternotomy is an approach that is considered when the surgeon needs access to both the heart and lungs. The incision begins mid axillary in the 4 <sup>th</sup> or 5 <sup>th</sup> intercostals space and continues across the chest (transversely) following the line of the 4 <sup>th</sup> or 5 <sup>th</sup> rib, through the sternum to the opposing mid axillary line.
Laparotomy	A laparotomy is a surgical incision into the abdominal cavity. This operation is performed to examine the abdominal organs and aid diagnosis. In many cases, the problem - once identified - can be fixed during the laparotomy. In other cases, another operation is required. Another name for laparotomy is abdominal exploration. A laparotomy is performed under general anaesthesia. The surgeon makes a large, single cut through the skin and muscle of the abdomen, so that the underlying organs can be clearly viewed.
Laparoscopy	Laparoscopy (or peritoneoscopy) is a medical procedure used to examine the interior of the abdominal or pelvic cavity using a slender tube (laparoscope) inserted through a small incision. The laparoscope

	contains fibre-optic camera heads or surgical heads (or both). It is used as a means of examining the internal organs for diagnosis of disease processes.
Cervical	An oblique incision of the neck that begins at the sternal notch and continues along the anterior border of the sternocleido mastoid muscle.
Subxyphoid	Vertical incision over the lower sternum and xyphoid process with or without removal of the xyphoid to gain access to the pericardium or lower mediastinum.