

The outpatient procedure is similar to what is described below for the inpatient (VATS) procedure typically done in the operating room.

For this test, you will be given drugs through an intravenous (IV) line to put you in a deep sleep (under general anesthesia). A tube will be put into your throat and hooked up to a breathing machine while the procedure is being done. A small cut is made in the back just below the tip of the shoulder blade between two ribs where the thoracoscope is inserted. Another small cut is made just below the underarm on the same side so the instrument with the cutting tool can be put in. Often, some of the air in the lung on that side may be released so it's easier to see any abnormal areas. Then, any abnormal areas are removed or biopsied with the cutting tool and checked in the lab.

If fluid needs to be removed, a third cut is made in the lower chest wall and a flexible catheter (called a chest tube) is put in so fluid can drain out over a few days. The thoracoscope and cutting tool will then be removed and the cuts closed. Once the procedure is complete, you will be gently woken up and taken off the breathing machine.

The procedure can take between 30 and 90 minutes, but possibly longer, depending on what's being done.

After the test

After the procedure, you will be watched closely to make sure you don't have any problems. As the anesthesia wears off you may be groggy or confused for a few hours. Your mouth and throat will probably be numb for a few hours. You won't be allowed to eat or drink until the numbness wears off. Once the numbness is gone, you may have a sore throat, cough, or hoarseness for the next day or so. You may have pain or numbness in the sites where the cuts were made.

If you had the procedure as an outpatient, you will most likely be able to go home after a few hours, but you will probably need a ride home because of the medicines or anesthesia you received. Many centers will not discharge people to go home in a cab or a ridesharing service, so you might need someone to help you get home. If transportation might be a problem, talk with your health care provider about the policy at your hospital or surgery center for using one of these services. There may be other resources available for getting home, depending on the situation.

Your doctor or nurse should give you specific instructions on what you can and can't do in the hours after the test.

If you had the procedure done under general anesthesia, you will most likely stay in the

hospital a few days. If a chest tube was put in to draw off fluid, it may be removed in a few days after the draining has stopped.

If biopsies were done as part of the procedure, the results will typically be ready within a few days, although some tests on the biopsy samples might take longer. You will need to follow up with your doctor after the procedure to get your results.

Possible complications of thoracoscopy

Thoracoscopy risks include:

- Bleeding
- Pneumonia (infection in the lung)
- Needing to have a thoracotomy, where the chest cavity is opened with a larger cut, because the procedure could not be done with the smaller cut used by thoracoscopy
- Collapse of part of a lung (pneumothorax)
- Infection of the incisions (cuts)

Your doctor will order a chest x-ray after the thoracoscopy to check for pneumothorax (or other lung problems). Some problems might go away on their own, but if they're causing symptoms (such as trouble breathing) they might need to be treated.

Ask for specific instructions on when you might need to call the doctor's office (for problems such as chest pain, trouble breathing, coughing up blood, or a fever that doesn't go away). Be sure you understand when you should call.

Hyperlinks

6. www.cancer.org/cancer/types/esophagus-cancer.html
7. www.cancer.org/cancer/types/thymus-cancer.html

References

Demmy T and Dexter E. Overview of minimally invasive thoracic surgery. UpToDate website. <https://www.uptodate.com/contents/overview-of-minimally-invasive-thoracic-surgery>. Updated April 6, 2017. Accessed October 29, 2018.

Sheski FD. Medical thoracoscopy (pleuroscopy): Equipment, procedure, and complications. UpToDate website. <https://www.uptodate.com/contents/medical-thoracoscopy-pleuroscopy-equipment-procedure-and-complications>. Updated February 15, 2018. Accessed October 29, 2018.

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