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**WHICH TYPE OF VIDEO-ASSISTED THORACOSCOPIC SURGERY LOBECTOMY SHOULD BE THE FIRST TO BE TAUGHT?**

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**Objectives:** We sought to evaluate the technical features of the five types of VATS lobectomies, and to identify the ones that could be considered the first VATS lobectomy to start the training course.

**Methods:** The first 60 VATS lobectomies performed in our Centre were enrolled in the study, and were classified in 5 groups: right upper lobectomy (RUL, group A), middle lobectomy (ML, group B), right lower lobectomy (RLL, group C), left upper lobectomy (LUL, group D), left lower lobectomy (LLL, group E). Bilobectomies and pneumonectomies were excluded from the study because, according to the agreement, should be performed in an advanced phase of experience. We evaluated surgical time, intraoperative blood loss, conversion rate, postoperative drain time and postoperative length of stay, intra and

postoperative complication rate. A numerical difficulty score (1 to 10) was created, based on specific parameters reflecting the difficulty and the time spent to prepare vascular and bronchial hilum elements of each lobectomy.

**Results:** We performed 25 RUL, 11 RLL, 7 ML, 10 LUL, 7 LLL. No statistical differences were observed for all parameters but the difficulty score. It showed a significative higher values for inferior branches pulmonary artery preparation bilaterally, followed by middle lobe bronchus and left upper lobe bronchus preparation. The lowest score was observed for RUL hilum elements.

**Conclusions:** Lower lobectomy has been widely considered the easiest open lobectomy. Diffusion of VATS lobectomy was for a long time delayed because it was considered a technically demanding procedure at high risk of intraoperative disasters. Our study shows that, unlike to open lobectomy experience, RUL is the easiest to be performed by VATS approach. Therefore we think that it should be the first lobectomy to begin the training of young thoracic surgeons.

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