Mini Review Article

Interest of spirometry in thoracic pre-incision : Article designed and developed by DR M Bentrad pulmonologist Algeria May 2021

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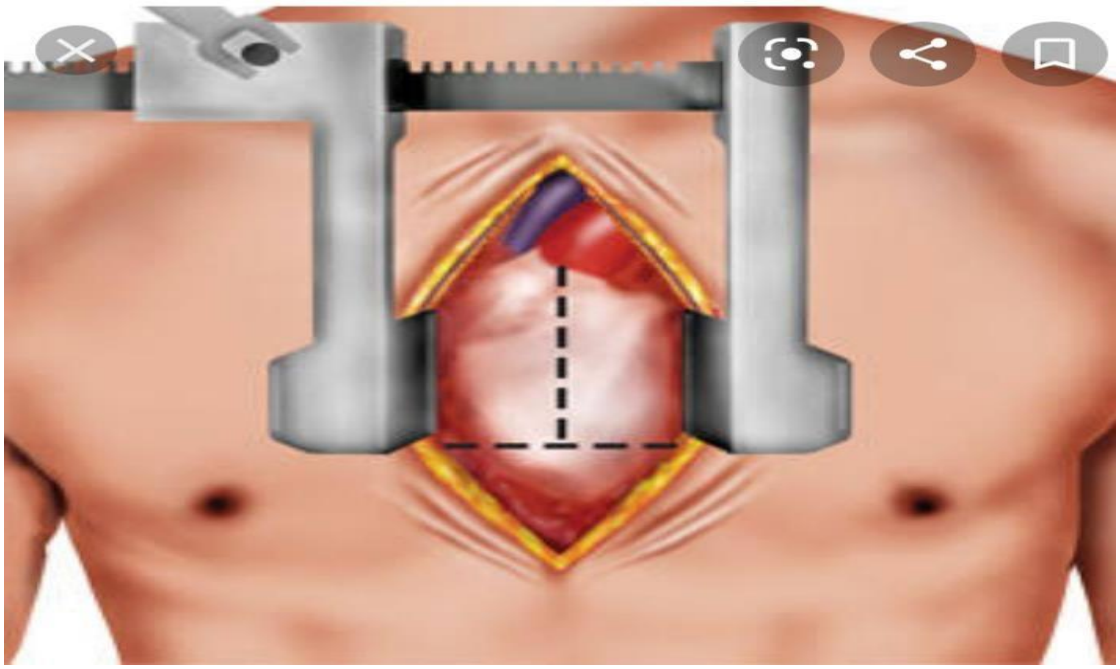
A classic preoperative assessment in cardio vascular and thoracic surgery often uses spirometry to assess thé lung's capacity to provide normal hematosis during a thoracic incision.

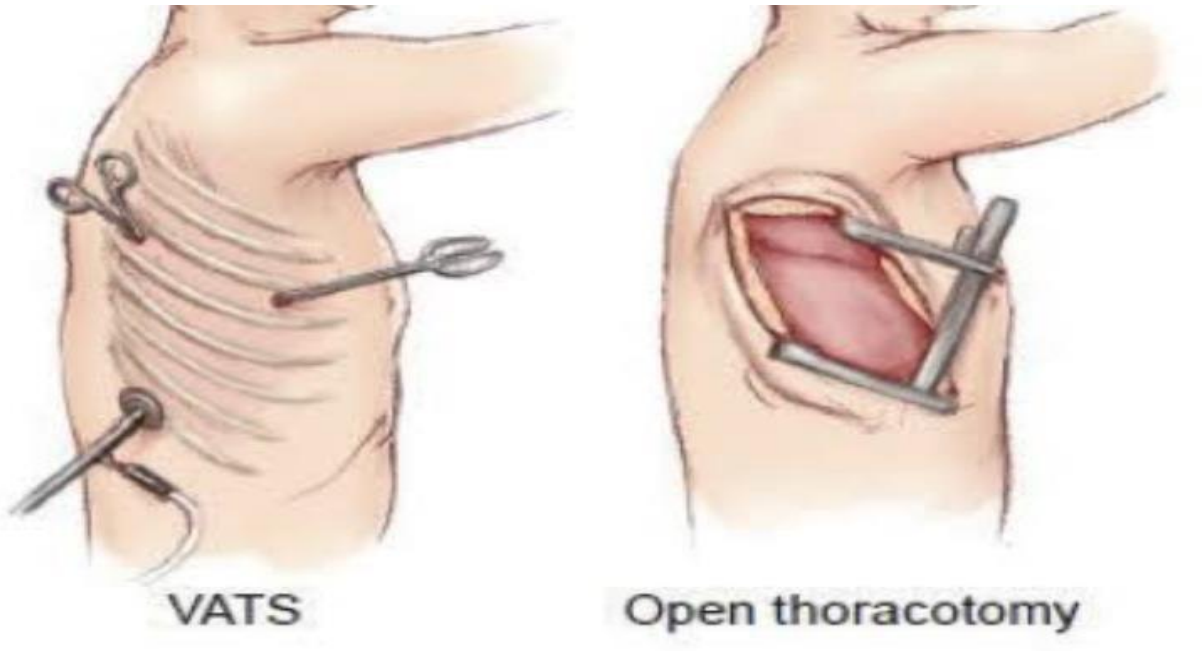
In fact, during a median sternotomy the lung loses 30 % of its CV by drop in intrathoracic pressure and deflection of the mechanism for maintaining the compliance if the lung.

The chest wall (secondary to the incision), it emerges that this loss must be compensated by an increase in the oxygen pressure governed by mechanical ventilation in per and post incision. FEV1, VC and 25-75 % distal flow rates are the most often used evaluation parameters their deflection beyond 50 % against indicates any median thoracotomy otherwise a lateral thoracotomy us often indicated after correction and adjustment of volumes and flow rates by appropriate medical treatment correlated intra operatively with mechanical ventilation adjusting the loss of pulmonary compliance ensuring satisfactory oxygenation.



The feasibility if such a thoracic incision prompts routine pre- and post-operative spirometric control in order to ensure good ventilatory recovery…

In conclusion the practice of spirometry in thoracic and cardio vascular surgery as a pre- and post-operative assessment has become a routine of great importance for good quality surgery.



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