



# What Is a Mediastinoscopy?



## TRANSCRIPT & FIGURES

Another question we often get is, "what is mediastinoscopy?"

Mediastinoscopy is a very old procedure, it was invented in the early '50s by Dr. Carlens in Sweden and it is a very accurate method for us to assess whether or not the tumors have spread outside of the lung into the lymph nodes in the middle part of the chest, as I usually tell them, along the sternum or the windpipe, under the sternum.

Mediastinoscopy requires general anesthesia but it's an outpatient procedure, it takes about 15 minutes to do with a small incision in the neck – I reassure them that the incision is closed with a running plastic surgery stitch so it's usually, in a week or two, not even visible. The mediastinoscopy is painless but it does allow us to get tissue on all of the lymph nodes on the same side as the tumor, as well as the other side of the trachea from the tumor. This really is important in staging the patient. We have sort of a red line in surgery – if a patient has involvement of lymph nodes on the contralateral side, or the other side, that usually means that they are out of bounds for surgery. If they have lots of lymph nodes involved in the mediastinum, that usually means they're out of bounds for surgery and so for us it's a very important decision point in their surgical questioning.

Now there are two points that can happen – mediastinoscopy can be done by itself, which a lot of surgeons do, where the patient comes in and goes home the same day, or it could be done as a stage procedure, which we often do to save time. The patient is put to sleep, they have the mediastinoscopy, we get the pathology to look at the results immediately, and then go right on to the resection if the mediastinoscopy is negative. That tends to be the practice of most academic surgeons; the only ones that I do in a separate setting are the

ones that have very large lymph nodes that we're quite concerned that they may be positive, and therefore we may do those in a separate setting.

The risks for mediastinoscopy are quite low. We published a series of 3,000 that we did and had a 0.02% chance of dying within 30 days, and a 1 in 500 chance of a complication, so it's very safe and a good procedure.

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