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**Title:** The feasibility of awake thoracic epidural anesthesia in patients requiring VATS wedge resection

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**Body:** Background:Video-assisted thoracic surgery (VATS) is usually performed with general anesthesia and single lung ventilation. However, performing thoracic surgery under awake anesthesia has several potential advantages including avoidance of airway trauma associated with endotracheal intubation and single lung ventilation. Objectives:The study was aimed to analyze the feasibility, safety, and early results of awake thoracic surgery in patients who underwent videothoracoscopic pulmonary resection. Methods:In 2012, four patients underwent VATS wedge resection via thoracic epidural anesthesia for both diagnostic and therapeutic indications. Results:listed

table 1

n	Sex/age	Preoperative diagnosis	Definite Pathology	Operation time/Anesthesia time(min)	ICU stay(hours)/LOS (day)	VAS Score
1	F/48	ILD	Langerhans Cell Histiocytosis	50/20	3/2	1
2	M/18	Rec. Px	SBP	20/20	5/1	0
3	M/25	Rec. Px	SBP	25/15	4/1	0
4	M/33	ILD	Chronic inflamatur fibrosis	35/25	6/1	1
5	M/33	Rec. Px	Pleural bleb	20/10	4/1	0
6	M/24	Rec. Px	SBP	35/15	3/2	0
7	M/27	ILD	Interstitial fibrosis	30/15	4/1	0
8	M/50	ILD	Bronchiolitis obliterans organizing pneumonia (BOOP)	40/15	4/1	1

9	F/27	Rec. Px	SBP	35/15	4/1	0
10	M/23	Rec. Px	SBP	30/20	4/1	0

Demographic features of patients underwent awake thoracic procedures (ILD: Interstitial lung disease; M: Male; F: Female; Rec: Recurrence; Px: Pneumothorax; SBP: Simple Bullous Cyst; ICU: Intensive care unit; VAS: Visual Analogue Pain Score; LOS: Length of hospital stay)

Conclusions: In our study, awake pulmonary videothoroscopic wedge resection was easily accepted and well tolerated by patients resulted in shorter ICU stay. Large scale randomized controlled studies are needed in order to refine our findings.