A big dance in two steps

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The article by Chan and colleagues¹ in this issue of the *Journal* reports 3 cases of staged cardiac and pulmonary resection of complex cardiac tumors. Cardiac resection under cardiopulmonary bypass was followed days later by pneumonectomy. The staged approach obviates uncontrollable bleeding associated with postbypass coagulopathy and resection of the dense pleural adhesions that may accompany these lesions.

Complex pathologic entities involving more than one organ system (in the reported cases, the heart and a lung) often pose challenges even beyond those inherent in what are essentially 2 operations. The question therefore arises, should the surgeon attempt the “big dance,” doing both operations as parts of a single big procedure, or does prudence dictate a smaller, 2-step approach. The small series of patients presented here suggests that in this situation it is preferable to do the 2 operations as 2 operations.

The basic principle underlying the 2-step approach advocated here is the beneficial disconnection of the coagulopathic complications of cardiopulmonary bypass from the risk of bleeding associated with an enlarged operative field and the possible presence of dense adhesions. Both these factors increase the possibility of potentially life-threatening postoperative hemorrhage.

How to do the Two-Step.

Central Message

Staged cardiac and pulmonary resection of complex cardiac tumors obviates uncontrollable bleeding caused by postbypass coagulopathy and the dense pleural adhesions that may accompany these lesions.

See Article page 285.

Avoiding this complication and that adverse potential outcome arguably is worth the exposure to 2 sessions of anesthesia and the likely longer stays in the intensive care unit and the hospital.

When it comes to this dance, the twist here favors the 2-step approach.

Reference

1. Chan EY, Reul RM, Kim MP, Reardon MJ. The “Texas Two-Step” procedure. *J Thorac Cardiovasc Surg*. 2018;155:285-7.