

- Indications for a lung lobectomy include primary lung tumors, lung lobe torsions, lung lobe abscesses, ruptured bullae, and severely infected and consolidated lobes not responsive to medical management.
- Most lung lobectomies are performed through a fifth intercostal thoracotomy.
- A lobectomy can be performed by ligating the vein, artery and bronchus but here we use a thoracoabdominal (TA) stapling device that deploys three rows of staples across the lobe or the vein, artery and bronchus.
- Primary lung tumors are most commonly diagnosed in middle-aged dogs. Although they have a high metastatic potential (most commonly to other lobes or to lymph nodes), many dogs live a good quality of life for over a year after lobectomy. The average survival is 13 months. Those with smaller masses, bronchoalveolar carcinomas, well differentiated tumors and lack of visible metastasis at the time of surgery typically live longer.
- Lung lobe torsions are uncommon but occur in both dogs and cats. Removal of the affected lobe is curative but recurrence with other lobes is possible.
- Pneumothorax caused by a ruptured bulla is typically treated for 2-3 days with continuous chest drainage before pursuing lung lobectomy. CT can help determine if a bulla is present and which lung is affected.
- A chest tube is placed during surgery and used to evacuate the pneumothorax post-operatively. Most animals recover surprisingly quickly from this procedure.

Surgery	Description
<i>Intercostal thoracotomy and lung lobectomy</i>	Includes consult, anesthesia, surgery, hospital stay. Does not include preoperative bloodwork or radiographs.

