

Preface

An Update in Surgeon-Performed Ultrasound



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Guest Editor

In recent years, ultrasound has become a generally accepted component of the surgeon's armamentarium. Diagnostic and interventional surgeon-performed ultrasound has become routine in the clinic, operating room, and hospital wards; this is particularly true in breast, trauma, vascular, and intraoperative areas. In fact, the acceptance of surgical ultrasound has matured to the point that "advanced" ultrasound training courses are now appearing at societal meetings to meet the growing demand beyond "basic" surgical ultrasound.

Although some of this growth has been fueled by recent technical advances in ultrasound and related equipment, credit for much of the expansion must go to the surgeons themselves. The recent explosion in indications for breast ultrasound serves as a representative example of similar increases in other areas of surgical ultrasound. Breast ultrasound has been available in its modern (ie, high-quality, high-resolution) form for nearly two decades. Surgeons have used this technology for slightly more than 10 years, with general surgical acceptance of quite recent vintage. For more than its first decade of availability, breast ultrasound use was limited primarily to differentiation of the solid-versus-cystic nature of mammographically identified breast lesions. However, coincident with its widespread use in the surgical community over the last several years, indications have grown to include numerous other diagnostic, interventional, and even therapeutic uses. Such exponential growth has likewise been seen in surgeon-performed ultrasound

of the head/neck, vascular system, and abdomen, and in the forms of laparoscopic, endoluminal, and intraoperative ultrasound, in addition to standard external examinations.

Based on the dramatic increase in surgical ultrasound capability, this issue of the *Surgical Clinics of North America* has brought together a uniquely qualified group of surgeons to discuss many of the updates in surgeon-performed ultrasound available since Dr. Grace Rozycki and colleagues first presented such information in 1998. I want to express my sincere appreciation to the contributors featured in this issue. I also wish to acknowledge their ongoing interest in further expanding the availability of surgical ultrasound through their regular activities as ultrasound instructors. I greatly appreciate the honor given to me by Catherine Bewick in selecting me as the Guest Editor of this issue. My sincere thanks as well to the staff at Elsevier and to Barbara Padgett at the Medical College of Ohio for their assistance in bringing this issue to publication.

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