

Preface

# Esophageal Surgery



Rodney J. Landreneau, MD  
*Guest Editor*

In this issue of the *Surgical Clinics of North America*, we explore the realm of surgery for diseases of the esophagus. Probably more than most areas of surgery, opinions range and controversy abound regarding the most appropriate management of esophageal problems.

The introduction of powerful antisecretory medications, which are possibly overprescribed for extended periods, and new endoscopic methods of “correcting” gastroesophageal reflux disease may change the nature of the patient population that is seen by esophageal surgeons. Accordingly, surgeons interested in the management of esophageal problems must keep pace with these developments and strive to improve the results of appropriate surgical treatment.

I feel fortunate to have been able to bring together the written opinions of an extremely experienced group of esophageal surgeons. I also believe that the combined independent, insightful accounts of the various problems surrounding the management of esophageal problems provided by the authorship are uniquely assimilated in this issue.

The surgical management of a variety of benign esophageal problems ranging from complex gastroesophageal reflux disease to primary motor disorders of the esophagus is discussed in this issue. In addition, special attention to the objective evaluation of the results of these surgical interventions is compared with that of medical management of these conditions. The various approaches to management of paraesophageal herniation and esophageal shortening are examined, as are the reconstructive options available to manage these problems. A detailed description of

the situations in which jejunal and colonic substitutes for establishing alimentary continuity following esophageal resection are considered and the technical nuances regarding the performance of these reconstructions is provided.

This issue also contains an extensive review of the management trends for the treatment of esophageal carcinoma. The emerging concepts of molecular biologic prognostication and potential interventions are presented along with the present staging strategies for carcinoma of the esophagus. These efforts are understandably important as the use of multimodality therapy for carcinoma of the esophagus is examined elsewhere in this issue.

The various surgical strategies available for esophageal resection of esophageal carcinoma are also detailed, and the potential benefits and limitations of each surgical approach are thus made available. Finally, advances in techniques for palliation of esophageal carcinoma are provided, as is an appraisal of the quality of life following surgical treatment for carcinoma of the esophagus.

In gratitude to the contributors of this issue, it is my sincere hope that the information provided may encourage introspection and spark the inquisitive nature of present and future generations of esophageal surgeons striving to improve the treatment of patients who have esophageal disease.

Rodney J. Landreneau, MD

*University of Pittsburgh*

*Pittsburgh, Pennsylvania*

*Comprehensive Lung Center*

*UPMC Shadyside*

*Shadyside Medical Center*

*5200 Centre Avenue, Suite 715*

*Pittsburgh, PA 15232, USA*

*E-mail address: [landreneaurj@upmc.edu](mailto:landreneaurj@upmc.edu)*