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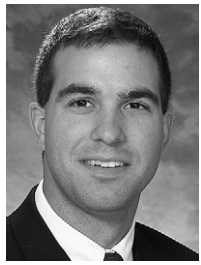
Preface



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Guest Editors

In the 20 years since the first laparoscopic cholecystectomy, we have witnessed an incredible paradigm shift in the surgical treatment of disease. Within 3 short years, laparoscopic cholecystectomy has become commonplace and the preferred approach. Through the ''evolution of the laparoscopic revolution'' (discussed in the article by Ellison), we have learned many lessons as a result of this experience. The laparoscopic revolution has occurred during a time of tremendous and rapid technologic progress. At the time of the first cholecystectomy, no one had heard of the Internet, cell phones were the size of a brick, and instruments for advanced laparoscopy simply did not exist. Today, robotic technology can enable a surgeon to remove the gallbladder from a patient across the ocean. Gallbladders can be extracted from a patient's mouth with virtually no scars (see the article by Melvin). We may not be far from a day when miniature surgical robots can be deployed into the peritoneal cavity to facilitate or even perform surgery through a natural orifice (as presented in the article by Oleynikov). Antireflux surgery has evolved from open, to laparoscopic, and now to endoscopic and endoluminal therapy (as discussed in the article by Smith).

In this modern era of health care, and looking into the future, we will be forced to consider how far to ride this ''tidal wave'' of technology and progress. Is it reasonable to violate a vital organ to take out a gallbladder in order to avoid three to four tiny scars? At what cost? At what morbidity? Who should be doing these procedures: surgeons or gastroenterologists? Who should pay for them? Can we as a society afford to pay for this kind

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of technology? Is a robotic Nissen fundoplication really better than a laparoscopic Nissen fundoplication? Is a laparoscopic hernia repair really better than an open hernia repair? The last 20 years of progress in minimally invasive surgery have created as many unanswered questions and dilemmas as have been solved. One thing is for certain: compared to today, the face of General Surgery is likely to look as different in 2028 as it did back in 1988, when that first gallbladder was squeezed out of a tiny laparoscopic port site.

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