

Preface



Alessandro Brunelli, MD
Guest Editor

Thoracic surgeons are faced with an increasing population of elderly patients who have underlying multiple comorbidities and who have an increased risk of postoperative morbidity and mortality. In addition, managed care systems demand an increased effort in delivering high standards of quality of care in a context of cost-containment. This challenging scenario can only be coped with by optimizing clinical pathways of care.

In this regard, the preoperative evaluation of candidates for lung resection may serve multiple purposes: minimize the improper exclusion of patients from operation; optimize the perioperative treatment with the aim to reduce postoperative complications; plan a postoperative advanced care management; select, whenever oncologically and technically feasible, the extent of the resection; and obtain a more informed consent from the patient. Furthermore, an accurate preoperative risk-stratification may be used for audit purposes and for a more accurate allocation of institutional resources.

In this issue of *Thoracic Surgery Clinics*, the preoperative evaluation of the lung resection candidate has been put into perspective regarding important issues, such as the declining role of predicted postoperative forced expiratory volume in one second in favor of more global tests of

fitness (exercise tests), the accuracy of split lung function assessment, the importance of preoperative and postoperative cardiopulmonary rehabilitation, the need for postoperative intensive care unit management, current trends in cardiac evaluation and cardiac risk assessment—particularly in light of the increasing number of patients presenting with concomitant coronary artery disease the risk of the ever-increasing multimodality approach to lung cancer patients, the role of limited resections in compromised patients, the residual quality of life after lung resection, the controversial use of risk-models for patients selection, the application of risk-stratification in assisting perioperative fast-tracking, and a glimpse into the future of preoperative functional evaluation.

Experts in the field have contributed to enlighten readers about these often controversial topics, which are so important for the practicing thoracic surgeon.

Alessandro Brunelli, MD
*Division of Thoracic Surgery
Umberto I Regional Hospital
Via Conca I
60020 Torrette
Ancona, Italy*

E-mail address: Alexit_2000@yahoo.com