

Preface



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Guest Editor

There is little doubt that minimally invasive thoracic surgery (MITS), concealed behind a multitude of acronyms, has attracted the interest of more than one generation of thoracic surgeons for the last 15 years.

The habitués of the myriad of lectures and meetings organized on this topic still get entangled in endless discussions about terminology, indications, and techniques—futile discussions only on the surface. In fact, each of these views represents the surgeon's interpretation of a vague concept that is skillfully shaped to fit the individual or institutional clinical practice according to a personalized magic recipe. Any attempts at establishing guidelines seem to clash against insurmountable adverse factors, which range from personal predisposition to ethical considerations, and, last but not least, to the availability of financial resources. The introduction of robotic assisted thoracic surgery has added an element of confusion to an already dazed theoretic environment.

That is why, when exiting a meeting on MITS, the general feeling is usually that a consensus has been reached. However, this consensus is often on a “no consensus” approach to the residues of the “Big Bang” of video assisted thoracic surgery — call it VATS, VAT, RATS, MIS, or, in line with one of the most recent technologic hits, simply Hybrid. The net result is that surgeons leave the lecture hall convinced that their interpretation

of MITS is the perfect fit, the most comfortable one.

Nowadays, the variegated approach to reduced surgical invasiveness has reached an impasse. The more experienced surgeons struggle to tame the shrew of innovation, whereas the younger colleagues—caught between the increasing pressure from the media and the patients, the recently introduced working-time directives, and the marketing strategies of health care providers—find it hard to characterize their clinical practice and increasingly demand extracurricular training in minimally invasive surgery.

This issue of the *Thoracic Surgery Clinics* tries to distinguish between the myth and the reality of MITS by clarifying whether there is solid evidence for a wider adoption of minimally invasive procedures based on rigorous technical criteria. Though further technical refinements are in sight, the time has probably come to outline a comprehensive MITS framework for the education and the clinical practice of all thoracic surgeons.

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