

Preface

*“Those who say it cannot be done should not interrupt those who are already doing it.”
(Famous proverb often attributed to George Bernard Shaw)*

In Thoracic Surgery, futile interruptions are common. Those who insist on using two chest drains after a lung resection have failed to interrupt those who have only been using one – or even none – for many years. Those advocating lymph node sampling only for lung cancer have failed to interrupt those who have demonstrated the safety and advantages of systematic nodal dissection. More recently, those who assert the supremacy of lobectomy for lung cancer have failed to interrupt those showing emerging evidence for the efficacy of sublobar resection in selected patients.

Perhaps the greatest futile interruption in our specialty has been the attempt to quash the usurping of the once-mighty open thoracotomy by the brash upstart Video-Assisted Thoracic Surgery (VATS). For many surgeons who have made their careers on the use of the thoracotomy, the VATS revolution that erupted in the last decade of the 20th Century was a nasty shock. The minimally invasive approach overturned many deeply-held paradigms about how thoracic surgery should be performed. Unsurprisingly, there was a maelstrom of fierce criticism thrown at VATS by many conservative voices. It took many years of dedicated and innovative clinical research to generate the data proving the value of VATS. Nowadays, conventional multi-port VATS has become a major element in our specialty, and is even recognized as the *preferred* surgical approach for a great variety of thoracic disease – including early stage lung cancer.

Today, a new battle has now arrived as conservative forces seek to ‘interrupt’ the latest change to the status quo: Uniportal VATS.

If the change from the hefty physical injury of thoracotomy to the reduced trauma of VATS is good, then it seems logical that a further minimization of surgical access using a Uniportal approach should be even better. This novel evolution of the VATS technique using only a single port has become the most talked-about subject in Thoracic Surgery today. Over the last decade or so, it has rapidly developed from a niche approach for minor procedures, to a sound alternative approach for major lung cancer resections, to even complex operations such as sleeve resections.

However, following tradition, the upstart is not universally welcome by followers of the old master. Not only has Uniportal VATS been viewed with scepticism by proponents of open thoracotomy, but it has also been questioned by some practitioners of multi-port VATS. It is perhaps ironic that those performing conventional VATS today are voicing the same doubts against Uniportal VATS that they themselves previously faced from disciples of open thoracotomy. Whatever the motivation behind their voices of caution, the upshot is that such voices force Uniportal surgeons to provide objective, sound clinical data to dispel the doubts over the approach – and this is fair to both patients and the specialty. To overcome the attempted interruption, advocates of Uniportal VATS will need to undergo the same trials as the pioneers of conventional multi-port VATS two decades ago: demonstrating the safety, feasibility, efficacy, and advantages of their single port method through the accumulation of hard clinical data.

This book does not contain that definitive data that will establish the role of Uniportal VATS in Thoracic Surgery. This approach is simply far too new. There is not enough data yet – at the time of this writing – to say that Uniportal VATS “*should* be performed”.

Instead, this book is an emphatic statement that Uniportal VATS “*can* be performed” – and that it can be performed safely!

In the pages of this book, the world’s leading experts in the Uniportal VATS approach share their wealth of experience. Its contents range from philosophical considerations on the development and theoretical advantages of using a single port, to highly practical instructions on how to perform the technique. The use of Uniportal VATS from minor procedures, to essential lung cancer surgery, to difficult operations and beyond are covered. Moreover, it assembles a montage of experience with this technique from all corners of the globe – demonstrating that the Uniportal approach is not a flash-in-the-pan phenomenon only possible in the hands of a few magically skilled surgeons, but a teachable and reproducible method that can

be mastered by thoracic surgeons around the world.

This book aims to provide readers with the basic knowledge and skills to start learning the Uniportal VATS approach. Reading and understanding the authors' experience should help readers to plan safe, systematic surgery for their patients. By collating the know-how of the current leading Uniportal experts in one volume, this book also serves to set a benchmark for what Uniportal VATS should be – a standard to which future practitioners should meet or surpass.

Finally, it is hoped that this book will entice more thoracic surgeons to learn and practice the Uniportal approach. When there are many already safely 'doing it', those who say 'it cannot be done' may finally have to quit interrupting!

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