

Preface

The era of tubeless thoracoscopic surgery has come!

The introduction of one lung isolation devices (double lumen endobronchial tube or endobronchial blocker) and successful management of one lung ventilation have enriched the rapid growth of modern thoracic surgery. For decades, thoracic surgeons request a fully collapsed lung to operate upon, especially in the era of minimally invasive thoracoscopic surgery. To achieve a sounding operating environment, we are trained and getting used to regard the intubated general anesthesia as a prerequisite in thoracic surgery. Complications resulting from tracheal intubation are not negligible; however, we usually simply deem that are the prices for a surgery.

Things has changed. Cumulating reports had again and again proved that a variety of thoracic procedures could be safely and effectively performed in patients without endotracheal intubation, including management of pleural diseases, minor and major pulmonary resections, and excisions for mediastinal tumors. With effective loco-regional anesthesia combined with or without targeted sedation (i.e. tubeless, non-intubated, or awake video-assisted thoracic surgery), thoracic patients are no longer have to face risks of intubated general anesthesia. In addition, patient-centered outcomes are improved to facilitate an enhanced recovery after surgery.

This monograph is a timely collection of cutting-edge experiences of tubeless video-assisted thoracic surgery performed in a global fashion. Through the inspiration of the articles, readers can have a clear idea regarding the initiation and implementation, as well as the current indications and future perspectives of this novel technique. I am grateful to our authors who have shared their expertise and contributed diverse and comprehensive knowledge for this excellent monograph. With refined anesthetic technologies and thoracoscopic instruments, it is time to consider the application of tubeless video-assisted thoracic surgery in our daily practice.

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