

Considering the contents of this textbook about Video-Assisted Thoracic Surgery, we could not believe these techniques were born only 20 years ago in the head and hands of a few pioneers. Indeed, most of the chapters deal with very advanced procedures, most of them being hardly conceivable just a few years ago.

The first part of this book comprises many articles about technical aspects of lobectomies and segmentectomies. The full range of approaches is covered, from the popular anterior approach described by the Copenhagen team to the posterior one, initially described in Edinburg, and to single port surgery whose interest is rising, especially in China. As none of these various approaches have proved to be superior to the others, the reader will benefit from all these different technical descriptions and choose his/her own way. Although lobectomy remains the best surgical treatment for non small cell lung cancer, at least in terms of survival, there is a growing interest for sublobar resections. The reason is that we do operate more and more elderly patients, or patients with a limited pulmonary function and/or presenting with a second carcinoma several years after a lobectomy. In addition, with the development of lung cancer screening programs, more and more ground glass opacities and small nodules will be detected. As the morbidity of thoracoscopic segmentectomies is low, compared to an open approach, these techniques will compete not only with lobectomies but with non surgical treatments such as SBRT or radiofrequency. Eventually, at the end of the first section, 3 different chapters demonstrate that an appropriate lymph node dissection can be performed thoracoscopically, showing once again that VATS major pulmonary resections are oncologically sound.

The second section reports advanced procedures who are only mastered by a few experts, such as sleeve or double sleeve lobectomies. But there is no doubt that - thanks to experience and technological advances - these techniques will be accepted in a near future.

In the third section, the issue of robotically assisted thoracic surgery is treated. At this time, it is still hard to know whether the robot is a competitor for VATS or a helpful tool in the arsenal of minimally invasive thoracic surgery. The robot is anyway a challenger for conventional VATS, pushing thoracic surgeons to increase the accuracy and safety of their procedures and to foresee new technical solutions.

Finally, all these challenging techniques have their complications, some of them being dramatic and even life threatening, as recently reported by a european survey. Knowing these complications, especially the vascular ones, is essential to prevent them and anticipate their management. Complications also raise the issue of teaching and of the learning curve which are tackled in this book.

In total, thanks to the efforts of Drs Jinxing He, Diego Gonzalez-Rivas and Alan D. L. Sihoe, all surgeons wishing embarking in this new era of thoracic surgery, will find a lot of information in this book.

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