

Minimally invasive, as the name suggests, refers to a surgical wound that is smaller than that produced by a conventional surgery, an ideal that has been the goal of surgeons. Surgery has always advanced in the direction of a mission to maintain and restore the physiological functions of the human body. All surgeons are well aware that when a surgery is performed to treat a disease, the surgical wound itself should be smaller than that from the disease, so as to meet the principle of beneficence, and on this basis, further reducing the surgical wound will benefit patients more. In the late twentieth century, along with the introduction of endoscopy, the concept of minimally invasive surgery was rapidly established and widely disseminated, and soon it became feasible and practicable. After nearly 30 years of development, thoracic surgery has already entered an era of "video-assisted thoracoscopic surgery (VATS)", and minimally invasive thoracic surgical techniques have increasingly become mature.

Meanwhile, modern technology and industrial development have also led to innovations in surgical methods, contributing to the R&D of some new minimally invasive techniques. In the early twenty-first century, Intuitive Surgical, Inc. successfully released the da Vinci robotic surgical system. As "one of the top ten greatest inventions in the past 50 years", this system has thoroughly liberated the surgeons from the operating table. It provides clearer, enlarged field of vision and more accurate and flexible operations, which greatly improves the effectiveness and safety of surgical treatment for chest diseases. If minimally invasive surgery is a successful model of the integration of photoelectric technology, biological engineering, material science, and many other modern high-tech achievements with the traditional surgical operations, it is safe to say that robotic surgery is a gifted invention that combines modern remote information technology and intelligent engineering technology with minimally invasive surgical techniques. The former reduces the wound caused by surgical interventions, while the latter represents a revolution in surgical mode and idea!

This *Robotic Thoracic Surgery: Ruijin Hospital Experience*, covering almost all current mainstream operations for thoracic diseases, summarizes the successful robotic operations in hundreds of patients in the Department of Thoracic Surgery of Ruijin Hospital. As an illustrated guide, it is highly informative and practical. Limited by the amount of surgical equipment, robotic thoracic surgery has not yet been fully popularized in China, however, we can foresee its accelerated development in the coming decade. Teaching and learning as a bi-directional activity. I believe this book will serve as a reference and guidance for colleagues in the field of minimally invasive thoracic surgery, especially those who are interested in robotic thoracic surgery. I sincerely hope that thoracic surgery in China will reach a new high under the joint efforts of all Chinese and international peers.

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