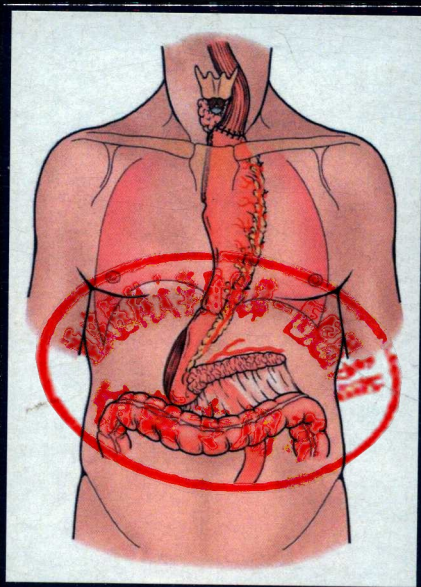


Operative Thoracic Surgery

SIXTH EDITION



Edited by

Larry R. Kaiser • Glyn G. Jamieson
Sarah K. Thompson



CRC Press
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Operative Thoracic Surgery

"For Lindy: who after all these years still is trying to figure out how I do these books"

LK

"For Amelia: my most enthusiastic supporter"

ST

"For Elizabeth (1942-2010)"

GJ

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Preface

It would not be unreasonable to ask why another book, when so much information may be accessed online. Indeed, videos of almost any operative procedure are now easily available. So, the question is begged, why a Sixth Edition of this venerable text, *Operative Thoracic Surgery*? The difference lies in the expertise embedded in each chapter of this book, provided by internationally known, widely geographically dispersed surgeons who literally reveal at least some of their tricks and, in some cases, their secrets. Once you read a chapter you may very well wish to access online videos of a particular procedure, but you will do so armed with the insights provided by the world experts who have contributed to this book. This Sixth Edition is much more than a text since each expert author provides specific technical details of an operative procedure, accompanied by accurate and beautifully drawn illustrations. Much has changed in our field since publication of the Fifth Edition in 2006, evidenced by the addition of new chapters. Minimally invasive approaches have matured and, in many cases, surpassed traditional open approaches. Take, for example, the first chapter formerly entitled, *Thoracic incisions*, which now carries the title, *Modern thoracic approaches: minimally invasive thoracic surgery*. New chapters on robotic

approaches to lobectomy and uniportal video-assisted thoracoscopic surgery have been added, in addition to a chapter on outpatient thoracic surgery. The section on esophageal surgery has been entirely revised with many new authors and a new editor, Sarah Thompson, working with us. New chapters on laparoscopic antireflux surgery and laparoscopic large hiatus hernia repair join other chapters detailing new and improved minimally invasive techniques. We are especially pleased to include a chapter on per oral endoscopic myotomy (POEM) for achalasia, a procedure that has the potential to render obsolete the open or laparoscopic Heller myotomy. This new edition is timely, accurate and up-to-date and should be a welcome addition to the library of both trainees and senior surgeons. Once again our publisher, and in particular Miranda Bromage, has been more than just helpful (indispensable, is the word which comes readily to mind!), and the drawings of Gillian Lee and her team continue to add immeasurably to the written content.

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Thoracic surgery

Modern thoracic approaches: minimally invasive thoracic surgery

M. BLAIR MARSHALL

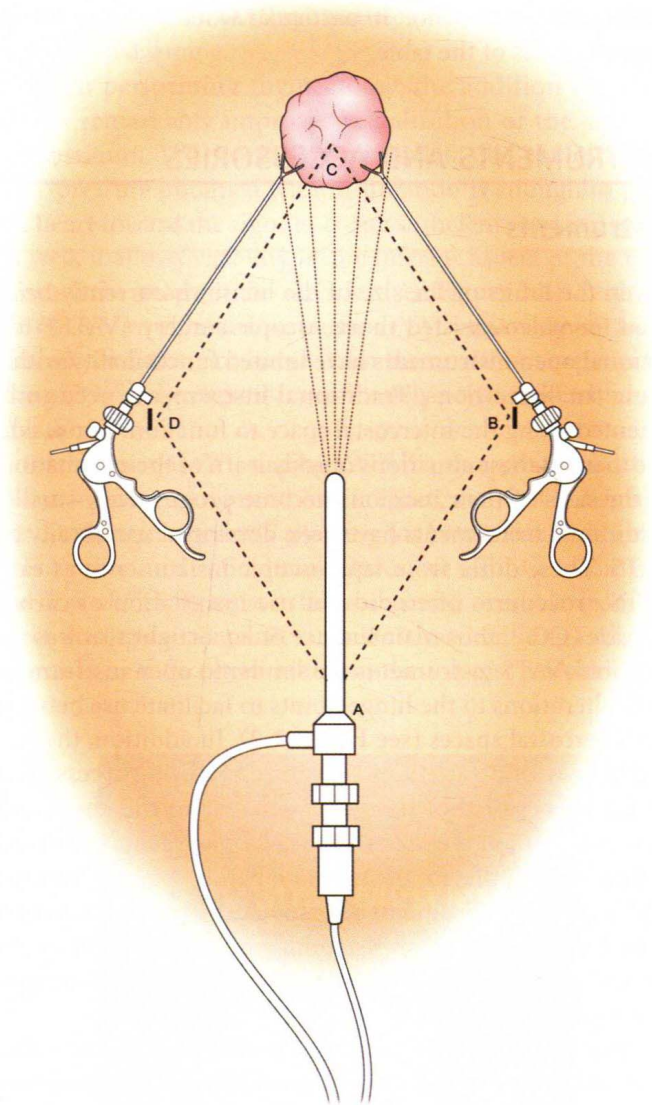
INTRODUCTION

Chapters written on thoracic incisions have historically dealt with the traditional approaches used in the practice of thoracic surgery. These are standard incisions that provide exposure to the common thoracic pathologies. These have changed relatively little in the previous decades and have been written about in previous versions of this text and others; I will not review these approaches here but refer you to the previous versions of this text.

Modern approaches, strategies for less invasive means of managing thoracic pathology have continued to grow over the past two decades, and these ongoing developments will be addressed by this chapter. These will be broken down by anatomic location: pulmonary resections; wedge excision and hilar dissections; and mediastinal approaches, anterior and posterior, including the intraoperative strategies to facilitate working through these smaller incisions. The reasoning for this is that given the limited access through small incisions, operative planning for these less invasive approaches must take into account the location of the pathology; hindrances to access; hindrances for instrumentation; strategies for resection; and reconstruction, when needed. When compared with an open approach, a minimally invasive approach itself may be considered a hindrance; however, the magnified view, ability to use angled cameras to change perspective, as well as the markedly decreased pain and recovery time commonly associated with these approaches more than justify their use.

THORACOSCOPY VERSUS LAPAROSCOPY

Although those who pioneered the field of minimally invasive thoracic surgery did not have general surgical experience in minimally invasive surgery, that is not true of today's trainees. In transitioning from minimally invasive



1.1 Baseball diamond concept for orientation of minimally invasive ports and camera location in relation to pathology.