Preface

In my life, all my efforts were, are and will be inspired by the passion for surgery and the devotion to university institutions.

—Tommaso Claudio Mineo (1945-2018)

In March 2001, at the old Sant'Eugenio Hospital in Rome, Professor Mineo and I performed our first awake thoracic operation for a peripheral pulmonary nodule on an 82-year-old man. He was a heavy smoker with severe chronic obstructive pulmonary disease and diabetes. The operation was preceded by thorough preparation to dispel skepticism among colleagues and to obtain official permission from our internal review board. Nothing would have been possible without the frequent consultation with the group of anesthesiologists directed by Professor Alessandro Fabrizio Sabato (1944-2016), pioneer of therapy of the pain in Italy, and assisted by his pupil, Mario Dauri, presently director of the Anesthesiology Department at Tor Vergata Polyclinic University. They helped us consider the feasibility of the procedure and the management of all potential side effects. Thanks to God, the operation was straightforward; the recovery was rapid, and all parties were satisfied: patient, surgeons, referring physicians, and administration as well. We were so satisfied with the procedure that we captured the event with a photograph (Fig. 1).

Fig. 1. Professor Mineo (left) and Professor Ambrogi (right) after their first nonintubated operation in 2001.

Professor Mineo had known Dr Eric Carlens, the creator of the double lumen tube, during his time in Stockholm in the 1970s. He learned directly from him the use of this tube and acknowledged the noteworthy advantages of this technique. The introduction of one-lung ventilation through selective intubation was welcomed as a brilliant solution to safely perform thoracic surgery with a deflated lung. Indeed, for decades, transthoracic procedures have been exclusively conducted under this anesthesiologic approach. However, the numerous drawbacks of this technique pushed surgeons to research new and less-invasive alternatives.

The advent of video-assisted procedures and the most recent successful development of the uniportal approach have significantly reduced hospital stay, morbidity, mortality, and postoperative pain with better cosmesis while conserving the same efficacy of the widest open accesses. This surgical revolution and the introduction of new anesthesiologic drugs and operative tools led to further minimization of the anesthesiologic impact of the procedure with the development of nonintubated surgery.

The first objective of this anesthesiologic/surgical modality is the reduction of all postoperative complications due to classic intubated general anesthesia operations, promoting a quicker and more durable recovery. As the second objective, this technique allows the recruitment of a subset of patients with comorbidity otherwise excluded from surgery. The third objective is the reduction of operative expenses and hospital-stay costs inducing a progressive interest among health system institutions.

Nonintubated awake thoracic surgery is becoming more reputable and attractive. At present, a significant number of surgical procedures are performed at an increasing rate in institutions throughout the world. So far, after 20 years of experience, is it possible to affirm that thoracic operations under nonintubated anesthesia are as complete and safe as those under general anesthesia and one-lung ventilation? To better answer this question, I involved many colleagues and friends, each one having a high level of expertise in this field, in this project. All of them are renowned scientists devoted to this particular approach. This issue of *Thoracic Surgery Clinics* would not have been possible without their cooperation and friendship. Thanks to these contributions, we will increase awareness of this amazing approach.

Finally, I would address this issue to surgical residents and young surgeons. I well know that they are most interested in this innovative field, and for this reason, a specific article in this issue is dedicated to them.

There is a final point that I feel is very important to mention. On December 2, 2018, Professor Tommaso Claudio Mineo, coeditor of this issue, passed away after a short illness. He was also a cultured and eclectic man, as well as a Roman Catholic Christian devoted to the Virgin Mary, to Whom he dedicated numerous books.

Until his last moments, even on his deathbed, Professor Mineo was speaking with his pupils about science, academy, and religion. He asked me to finish the issue that he conceived and would have carried out by himself had he been able to.

Now, I am very proud to say that, thanks to all the contributors' efforts, we completed the issue.

This is the best way to honor your memory, my dear Professor. Thank you so much again.

Vincenzo Ambrogi, MD, PhD
Department of Surgical Sciences
Tor Vergata University
Rome, Italy

Division of Thoracic Surgery
Tor Vergata University Policlinic
Policlinico Tor Vergata University
Viale Oxford 81
Rome 00133, Italy

E-mail address:
ambrogi@med.uniroma2.it