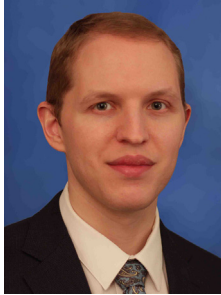


Preface

Robotic Thoracic Surgery: Current Practices and Emerging Technologies



Elliot L. Servais, MD



Peter J. Smit, MD, MS

Editors

Robotic-assisted surgery has been a boon toward expanding the ability to offer thoracic patients the benefits of minimally invasive procedures, including shorter hospital stays, less pain, and quicker recovery. As a recent review of the Society of Thoracic Surgeons General Thoracic Surgery Database showed, use of the robotic platform has rapidly grown over the last decade for lung and esophageal resections with a corresponding decrease in traditional open approaches.¹ Robotics has not only facilitated growth in the number of patients undergoing minimally invasive thoracic surgery but also expanded the types of operations amenable to a safe and effective minimally invasive approach. Moreover, as an emerging and rapidly growing technology, more surgical trainees and thoracic surgeons are seeking out opportunities and resources to learn robotic surgery. The expertise, honed with time and experience and developed through open and video thoracoscopy, has been successfully

translated to the current robotic platform, which offers the added benefits of enhanced visualization, wristed instrumentation, self-assistance, and improved navigation within the body. Robotic thoracic surgery consistently has shown excellent clinical and oncologic outcomes, which are at worst equivalent to traditional open and thoracoscopic operations.

To provide a thorough review of current practices for robotic thoracic surgery, we invited experts in the field from across the country to contribute and share their experiences. The first four articles are essential reading for any robotic thoracic surgeon, including the history of robotics for thoracic surgery, how to develop a robotic program, managing complications, and resident training. The remaining articles focus on all areas of the thoracic cavity, including first rib resection, tracheobronchomalacia, lung resections, esophagectomy, mediastinal mass resection, diaphragm plication, and finally, robotic bronchoscopy. These

topics were chosen to highlight the most common procedures being done today by thoracic surgeons and to provide surgeons at any level of training a comprehensive review of the role robotics currently has in our field.

We appreciate the opportunity to serve as editors for this issue of *Thoracic Surgery Clinics* both to learn from our colleagues and to share best practices that will continue to advance the field of robotics for the betterment of our patients.

Elliot L. Servais, MD
Division of Thoracic Surgery
Lahey Hospital & Medical Center
41 Mall Road
Burlington, MA 01805, USA

Peter J. Smit, MD, MS
Intermountain Medical Center
5169 South Cottonwood Street, Suite 640
Murray, UT 84107, USA

E-mail addresses:

Elliot.Servais@lahey.org (E.L. Servais)
Peter.Smit@imail.org (P.J. Smit)

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