

# Foreword

## Ever-Evolving Thoracic Surgery: Chest Is Best



Virginia R. Litle, MD  
Consulting Editor

I am excited to share this compendium of robotic thoracic surgery for *Thoracic Surgery Clinics*. Guest editors Drs Elliot Servais and Peter Smit have invited technical and educational experts to describe particular procedures but also to teach us how to incorporate robotic approaches into our practices and training programs. Drs Lazar and Hwalek start us off with the history of robotic surgery from AESOP to HERMES and then ZEUS, from Greek names to our most familiar Italian name, the da Vinci system by Intuitive Surgical. But who can't wait for the master-slave robotic platform coming down the pipeline from Medtronic, in which the haptic interface challenge will be addressed, and from Auris with the Monarch system for Natural Orifice Robotic Surgery? The future looks brighter than ever with these exciting advances. With such a fast-moving field, safe education of our trainees in this specialized area is paramount, and Dr Mitzman and colleagues at the University of Utah present a straightforward approach to apply in your program. As an

example, they walk us through a detailed way to teach a robotic lobectomy.

The remainder of the issue is essentially an instructional of noncardiac intrathoracic robotic procedures from excision of the first rib, to plication of the diaphragm, and to gastric mobilization for an esophagectomy. We also thank Drs Stanley and Sancheti at Emory for outlining management of complications, particularly during a lobectomy. They offer the reminder that it is not a failure to convert. Safe is smart. Don't be a cowboy. As with the use of laparoscopy for cholecystectomy, it will be important to make sure residents know how to complete an operation by an open approach as well. Simulation programs have focused on managing codes, putting in arterial and central lines, and minimally invasive procedures; however, a simulation component of training should include open procedures as well.

What are take-home messages from the content of this issue? (1) The field of robotic thoracic surgery is rapidly evolving; and (2) The systematic

education of our cardiothoracic residents to a level of autonomy is de rigueur for patient safety and trainee satisfaction. The race to space seems exciting, but what's happening in the operating room is more relevant to us. Robotic surgery started with NASA in the 1990s. History is not repeating itself; it is just continuing.

Thank you to all the contributors and to guest editors Drs Servais and Smit. Please enjoy the content and use it wisely. It is not only a handbook of how-to-do-it, but also a reminder of how

exciting our field is. Chest is definitely best! We hope you enjoy this issue!

Virginia R. Litle, MD  
Section Chief of Thoracic Surgery  
Medical Director of Thoracic Surgery  
Intermountain Healthcare  
5169 So. Cottonwood Street  
Murray, UT 84107, USA

*E-mail address:*  
[vlittle@gmail.com](mailto:vlittle@gmail.com)

Twitter: [@vlitlemd](https://twitter.com/vlitlemd) (V.R. Litle)