

Illustrated Anatomical Segmentectomy For Lung Cancer

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Advances in CT have enabled us to detect small lung cancers, which has changed the lung cancer surgery from lobectomy to a lesser lobar resection such as a segmentectomy or wedge resection. While wedge resection is a simple procedure, it has a higher risk of local recurrence of cancer than a lobectomy. On the other hand, segmentectomy is a well known curative surgery for small lung cancers. However, it is difficult to perform accurately because of its anatomical complexity, which makes surgeons hesitant to use it. The book "Illustrated Anatomical Segmentectomy for Lung Cancer" provides readers a detailed explanation of segmentectomy with numerous easy-to-understand color

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illustrations showing the precise segmental anatomies for each pattern of the procedure. To better illustrate an accurate anatomical segmentectomy, the text shows details of anatomy during segmentectomy. This can involve up to 25 patterns, each of which is shown in roughly 10 illustrations.

It is my greatest honor to be asked to write this foreword for the first edition of the Atlas of Endoscopic Major Pulmonary Resections by Dr Dominique Gossot. I have known Dr Gossot for over 15 years and have worked with him for many workshops and thoracic meetings. He is a pioneer in video-assisted thoracic surgery, and one of the most innovative thoracic surgeons I have known. Minimally invasive surgery has set a new standard of care for all surgical disciplines. Video-assisted thoracic surgery (VATS) offers a much kinder approach to the management of a wide variety of surgical conditions compared with conventional thoracotomy for these patients. Anatomical or major lung resections are a complex set of procedures commonly performed by thoracic surgeons. The adoption of the VATS approach for these procedures has received increasing acceptance by the thoracic surgical community, our pulmonologist and oncology colleagues, as well as the patients over the past two decades. There is now a growing body of evidence in the literature showing that the VATS approach is safe, oncologically sound, and associated with much lower morbidity compared with its conventional counterparts in the management of early lung cancers and benign conditions. Although there have been other books and atlases on VATS, this volume distinguishes itself in two respects.

This edited volume, "Update in Respiratory Diseases", is a collection of reviewed and relevant research chapters that offer a comprehensive overview of recent developments in the field of respiratory diseases. The book comprises single chapters authored by various researchers and edited by an expert active in the respiratory diseases field. All chapters are separate but are united under a common research topic. This publication aims at providing a thorough overview of the latest research efforts by international authors on respiratory diseases and opening new possible research paths for further novel developments.

The first version of this atlas was released as video-assisted major pulmonary resections were just emerging as a valid alternative to conventional techniques. In this second edition, many different techniques have been described, depending on the use or non-use of an accessory mini-thoracotomy and on the use or non-use of endoscopic instrumentation and video display. One of these techniques is the totally endoscopic approach, in which only endoscopic instruments and monitor control are used. This is the technique that will be described in this atlas. The purpose of this atlas is to describe each endoscopic pulmonary lobectomy and segmentectomy step by step, relying on brief technical notes and high-quality still pictures which are orientated and labeled to make them as comprehensible as possible. Each chapter is introduced by an anatomical background which is illustrated by three-dimensional reconstructions. Technical «tricks» and specific dangers are mentioned by pictograms. The technical descriptions of this atlas are based on the author's technique, which can be different from other video-assisted approaches. Our intent is that surgeons embarking in video-assisted major pulmonary resections-whatever the approach they use-can find helpful hints and take their bearings in this totally new vision of pulmonary and mediastinal anatomy. Compared to the previous version, all chapters have been rewritten, taking into account the progresses of the technique and the technology and some new chapters have been added. Most steps of the procedures are now illustrated, not only with pictures, but also with a video clip.

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The first edition of *Robotic Surgery* was written only a decade after the introduction of robotic technology. It was the first comprehensive robotic surgery reference and represented the early pioneering look ahead to the future of surgery. Building upon its success, this successor edition serves as a complete multi-specialty sourcebook for robotic surgery. It seeks to explore an in-depth look into surgical robotics and remote technologies leading to the goal of achieving the benefits of traditional surgery with the least disruption to the normal functions of the human body. Written by experts in the field, chapters cover the fundamental principles of robotic surgery and provide clear instruction on their clinical application and long term results. Most notably, one chapter on "The Blueprint for the Establishment of a Successful Robotic Surgery Program: Lessons from Admiral Hymen R. Rickover and the Nuclear Navy" outlines the many valuable lessons from the transformative change which was brought about by the introduction of nuclear technology into the conventional navy with Safety as the singular goal of the change process. Robotics represents a monumental triumph of surgical technology. Undoubtedly, the safety of the patient will be the ultimate determinant of its success. The second edition of *Robotic Surgery* aims to erase the artificial boundaries of specialization based on regional anatomy and serves as a comprehensive multispecialty reference for all robot surgeons. It allows them to contemplate crossing boundaries which are historically defined by traditional open surgery.

This issue of *Thoracic Surgery Clinics*, Guest Edited by Drs. Jean Deslauriers, F.G. Pearson, and Farid Shamji, is devoted to surgery and chemotherapy for lung cancer. This issue was written as a tribute to Dr. Robert J. Ginsberg, and will include articles on: Contemporary results of surgical resection of NSCLC after induction therapy; Prediction of operative morbidity and mortality before operation; Limited resection for small diameter tumors; Management of tumors involving the chest wall, including Pancoast tumors and tumors invading the spine; Role of surgery in patients with clinical N2 disease; Reconstruction of the bronchus and pulmonary artery; Current status of systematic lymph node dissection versus lymph node sampling; Intraoperative nodal staging: Role of sentinel node technology; Stereotactic body radiation therapy (SBRT) in early stage tumors; Palliative resection; Adjuvant chemotherapy after pulmonary resection for lung cancer; Targeted therapy and new anti-cancer drugs in advanced disease; Biologic approaches to drug selection and targeted therapies; Cost effective methods for follow-up after lung cancer surgery; Quality of life after pulmonary resection; and Principles of palliative care.

This book provides a guide to the anatomy and the surgical techniques required in thoracic and cardiothoracic surgery. It discusses the advantages and disadvantages of certain surgical procedures in relation to the lymphatic system, thyroid gland, chest wall and parathyroid glands, as well as pulmonary endarterectomy. Further, it addresses intraoperative and postoperative complications, and explores newer fields like microthymectomy, microlobectomy, and pain management for thoracic surgery patients. Providing an update on the latest advances in thoracic surgery, it appeals to general, thoracic, cardiothoracic, and cardiovascular surgeons. It also offers trainees insights into the foundation of the techniques and the relevant anatomy.

Comprehensive, yet concise, *3D Printing for the Radiologist* presents an overview of three-dimensional printing at the point of care. Focusing on opportunities and challenges in radiology practice, this up-to-date reference covers computer-aided design principles, quality assurance, training, and guidance for integrating 3D printing across radiology subspecialties. Practicing and trainee radiologists, surgeons, researchers, and imaging specialists will find this an indispensable resource for furthering their understanding of the current state and future outlooks for

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3D printing in clinical medicine. Covers a wide range of topics, including basic principles of 3D printing, quality assurance, regulatory perspectives, and practical implementation in medical training and practice. Addresses the challenges associated with 3D printing integration in clinical settings, such as reimbursement, regulatory issues, and training. Features concise chapters from a team of multidisciplinary chapter authors, including practicing radiologists, researchers, and engineers. Consolidates today's available information on this timely topic into a single, convenient, resource.

This book offers a comprehensive, up-to-date overview of optimal postoperative care in patients who have undergone thoracic surgery and discusses challenging issues that are of interest not only in the context of thoracic surgery but also more generally within the fields of anesthesia, intensive care, and pain medicine. The coverage ranges, for example, from use of non-invasive ventilation, extracorporeal membrane oxygenation, and new monitoring devices to fluid management, pain control, and treatment of arrhythmias. A key feature of the book is the exceptionally attractive list of authors, who represent the most authoritative experts on the topics that they address. The approach is appropriately multidisciplinary, acknowledging that in many centers thoracic anesthesiologists are responsible for care during the postoperative period. This book is exceptional in being devoted solely to postoperative care in thoracic surgery, even though the difficulties involved in thoracic operations sometimes exceed those of cardiac surgery, especially in the postoperative period.

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