

Dr. Alessandro Brunelli: passion is my motivation

Received: 23 November 2017; Accepted: 29 November 2017; Published: 10 December 2017.

doi: 10.21037/jovs.2017.12.02

View this article at: <http://dx.doi.org/10.21037/jovs.2017.12.02>

Expert introduction

Dr. Alessandro Brunelli is a Consultant Thoracic Surgeon and Honorary Clinical Associate Professor at the Department of Thoracic Surgery, St. James's University Hospital, in Leeds, UK. He previously worked in Italy, at Ospedali Riuniti Ancona, where he was the vice-Director of the Division of Thoracic Surgery and Head of Section of Minimally Invasive Thoracic Surgery.

Dr. Brunelli has been a visiting physician at several USA centers (Duke University, UCSD, Washington University St. Louis) and in 2010 worked for 6 months at the Division of General Thoracic Surgery, Mayo Clinic, Rochester, Minnesota. Dr. Brunelli is the current Secretary General of the European Society of Thoracic Surgeons, a position covered since 2012 and member of its Executive Committee since 2008. He has been the Director of the ESTS Database from 2008 to 2012 and is member of the Educational Committee and Faculty of the ESTS School of Thoracic Surgery.

He is the author of more than 230 articles published in peer-reviewed impact factored scientific journals with a personal impact factor greater than 850. He is a member of the Editorial Board of the *Annals of Thoracic Surgery*. Dr. Brunelli was the Chair of the European Respiratory Society/European Society of Thoracic Surgeons joint task force appointed to develop guidelines for the selection of patients for lung resection and is the lead author of the Physiologic Chapter of the third edition of the American College of Chest Physicians guidelines for diagnosis and management of Lung Cancer.

He was one of the pioneers of uniportal VATS and VATS anatomic lung resections nationally and internationally.

Editor's notes

The 4th International VATS Symposium was successfully held from October 20th to 21st in London Physician College. Many outstanding thoracic surgeons gathered here to discuss current application, advanced techniques and future development of minimally invasive surgery. During

this meeting, Dr. Alessandro Brunelli made an excellent speech on the topic "Fast Track-enhanced recovery for MITS". It was our great honor to invite Dr. Brunelli to do a short interview after meeting (*Figures 1,2*).

Interview questions and responses

AME: You just gave an excellent presentation about "Fast Track-enhanced recovery for MITS", could you kindly summarize the main points for our readers?

Dr. Brunelli: We presented our experience with the program of enhanced recovery in Leeds. It is the experience with about 600 patients and comparison between pre-ERAS and post or after ERAS introduction. Basically, it is about the first 250 patients receiving VATS lobectomy enrolled in this ERAS program comparing to the other 400 more or less patients. The results we found were somewhat surprising because we didn't find any significant differences between the two groups in terms of complications, mortality, length of stay or readmissions. One of the most probable explanations is that most of the elements of the ERAS program were already part of the standard care in our units, like the use of a single chest drain, the application of a digital drainage system, postoperative pain management and early mobilization. So the conclusion of this study is that we probably need to move forward in our specialty. We thoracic surgeons have applied ERAS principles since many years. We do very well in taking care of our patients in terms of pain, mobilization. So probably what we classically call enhanced care is already standard care for the majority of the thoracic centers. We need to focus more on value of health care, focus on the long-term outcomes of our patients: survival and quality of life.

AME: We learnt that you have rich experience in treating lung cancer by using Minimally Invasive Thoracic Surgery, could you kindly share this experience with our readers? (Any difficulties you've ever met? And how to solve them?)

Dr. Brunelli: I started to apply the minimally invasive



Figure 1 Picture with Dr. Alessandro Brunelli.



Figure 2 Dr. Alessandro Brunelli: passion is my motivation (1). Available online: <http://www.asvide.com/articles/1884>

surgery for treating lung cancer in 2004 when I was practicing in Italy. At that time, our center in Ancona was probably one of the first centers to do VATS lobectomy in Italy. We gradually expanded this experience starting with few cases and building up gradually our practice. Currently, I treat approximately 80% of patients with lung cancer with the keyhole approach. I always used VATS rather than robotic surgery and mostly via a bi-port approach using two small incisions, and occasionally using single-port approach.

The most difficult part at the beginning of my VATS lobectomy experience was to convince my colleagues to adopt the technique. We succeeded by using a team approach, starting to build a guiding team of 2–3 surgeons. Then we gained experience and gradually standardized the technique, mentored the rest of the team. Subsequently all members of the team became independent and able to perform this surgery. It was much easier when I moved to Leeds. All consultants (6 consultants) in Leeds can do minimally invasive surgery with a proportion of lung cancer surgeries of about 70%. It is probably one of the largest-

volume minimally invasive centers in the UK. We have gradually expanded our indications from smaller tumors to larger and more complex ones. But personally speaking, I have clear-cut criteria to select open versus minimally invasive surgery at specific situation.

AME: *How do you view the future of Minimally Invasive Thoracic Surgery? What will be the role of thoracic surgeons? Do you think that they will be replaced by robots one day in future?*

Dr. Brunelli: No, hopefully not. This will mean losing job for our young generation thoracic surgeons! Seriously, I don't think this would ever happen. The technology gradually improved during the last few years as we discussed during this conference. And it will help immensely to treat our patients in the future. Robots will have some points in merging with VATS and become a sort of hybrid technology. However, the surgeon can't be replaced, not just for their technical skills, but most importantly for their brain, judgment and capacity to take clinical decisions. In my opinion, a surgeon is not just the person performing the operation, is also the person in charge to select patients along with chest physicians and oncologists and then follow them up. Therefore, surgeons will always continue to exist in the future contributing to lung cancer management and research.

AME: *If they (the surgeons) would not be replaced, what kind of skills/competences do you think a surgeon should possess to do a successful surgery?*

Dr. Brunelli: The brain is very important. We usually have to think before moving the hands. So a skillful surgeon, along with talent must possess judgment, education, and academic competence. These factors should be the basis for being a good surgeon and a good physician in general. Finally surgeons should be patient-centered. Patients should always be the center for surgeons or physicians' work and any activities. This is the real value of health care.

AME: *What drives you to be an outstanding surgeon? Have you ever think that if you were not a doctor, what would you like to do?*

Dr. Brunelli: What drives me to be an outstanding surgeon is passion, which moves me forward in every step of my professional life. I love to be a doctor, I love to stay with my patients and I love to do research. If you don't have passion

in every profession, you will never be good in that profession.

If I were not a surgeon, I am not sure what I would do. Probably being a writer? I enjoyed very much writing and reading when I was young, but nothing about medicine, rather more like poetry or novels. I can't completely transfer that passion into writing scientific papers (medical papers). Medical writing follows strict rules and restraints. Writing novels or poetries is more free. So probably when I retire, I would like to do some writing using more my fantasy.

Acknowledgements

None.

doi: 10.21037/jovs.2017.12.02

Cite this article as: Zhang T. Dr. Alessandro Brunelli: passion is my motivation. J Vis Surg 2017;3:184.

Footnote

Conflicts of Interest: The author has no conflicts of interest to declare.

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