# Editorial for robotic left lower lobectomy

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Comment on: Jin R, Yang S, Guo W, et al. Robotic thoracic surgery: left inferior lobectomy. AME Med J 2017;2:13.

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Dr. Jin and colleagues from Ruijin Hospital have presented a nice review of their technique for left lower lobectomy (1). The authors are to be commended for their further advancement of minimally invasive surgery. We present a few comments. The authors describe using a 12-mm camera which is our preferred camera as well with the Si system. The authors should state early in the manuscript that their technique is on the Si and not the Xi or X system as the latter two upgraded systems afford several significant advantages, some of which include: an 8-m camera, camera hopping, the routine use of firefly and surgeon console independent stapling. When using an Si or Xi or X system the surgeon and team have the opportunity to staple through the most anterior port (which is our preference since the it currently requires a 12-mm port and that is where the ribs are further apart. We also prefer using C02 insufflation the Conair system (previously called the SurgiQuest system). We prefer a thorough compete thoracic lymphadenectomy which was not fully described in this report. The diagrams and pictures of surgical steps are well done. We do not favor, in general the sequence the authors reported of: division of the inferior pulmonary vein

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first followed by bronchus and artery last. Our preferred approach is division of pulmonary artery first followed by division of the inferior vein followed by bronchus last. We don't think that the order matters oncologically, however we have observed early congestion in the lung after division of the vein first. Also for clarity on nomenclature the operation is best labeled a left lower lobectomy and not an inferior lobectomy.

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### Footnote

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

#### References

1. Jin R, Yang S, Guo W, et al. Robotic thoracic surgery: left inferior lobectomy. AME Med J 2017;2:13.