



## Introduction: airway surgery—pushing the limits

Sleeve resections of the tracheobronchial tree are performed to avoid pneumonectomy and to achieve a complete resection in centrally located lung tumors. In 1947, Sir Clement Price Thomas performed the first right upper lobe sleeve lobectomy for adenoma (1). He also reported about a case series of 36 sleeve lobectomies including a sleeve resection of the left main bronchus with upper lobe and sleeve of pulmonary artery in 1959 (2). Allison performed the first sleeve lobectomy for lung cancer in 1952 (3). In 1957, Barclay *et al.* reported the first resection of the bifurcation (4). Two years later, Gibbon performed the first sleeve pneumonectomy (5). Formerly, sleeve resections were performed only by the worldwide leaders in the field of thoracic surgery.

It was not a surgery for everybody by that time!

Nowadays, sleeve lobectomy has become a routine procedure at least in open thoracic surgery. Sleeve lobectomy has been established in residency and fellowship programs even if it is still a very demanding surgical procedure.

Stagnation is regression!

Especially, video-assisted and robotic-assisted tracheobronchial surgeries are very demanding and complex surgeries nowadays. These surgeries are performed by a minority in our specialty.

In my personal view, it is not a surgery for everybody today!

However, it may become a routine procedure in the future. We have to push the limits. As demanded by Hippocrates 400 B.C., we have to share our expertise and knowledge with others. Leaders in the field of tracheobronchial surgery are sharing their tremendous expertise with us in various review articles. I hope you will enjoy the present special issue with various very valuable contributions on that topic of airway surgery.

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