

Professor Hyun Koo Kim: a great master of single port video-assisted thoracoscopic surgery

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Dr. Kim (*Figure 1*) is the Associate Professor of Department of Thoracic and Cardiovascular Surgery in Korea University Medical Center. He obtained the PhD. in Medical Science in 2004. He has gained Korean License of Medical Doctor (in 1996), the Korean Board Certification of Thoracic and Cardiovascular Surgery (in 2001) and Korean Board Certification of Critical Care Medicine (in 2009). Dr. Kim is the Director of Korean Society for Nanomedicine and member of lots of professional affiliations, such as Korean Thoracic and Cardiovascular Surgery, Korean Cancer Association, European Association of Cardiothoracic Surgery, International Association for the Study of Lung Cancer, World Molecular Imaging Society (Intraoperative image-guided surgery group), etc. Dr. Kim's research interest focuses on the thoracic surgery. He has about 30 publications in SCI as first author or corresponding author. He has won the 2012 Merit award of Asian Clinical Oncology Society, and couples of times of Best presentation article in his research field. Dr. Kim has earned the 2012 National Research Foundation of Korea (NRF) grant funded by the Korea government (MEST) and 2012 Korean Health Technology R&D Project, Ministry of Health & Welfare.

JTD: The 3rd Asian Single Port VATS Symposium & Live Surgery 2015 held in Hong Kong is of great success. As one of the presidents of this symposium, what is your opinion of this conference? With the purpose of "Refining the future of minimal invasive thoracic surgery", what do you think we have achieved in this special conference?

Prof. Kim: The single port VATS is still evolving and needs a lot of development in clinical evidence, surgeon's technique, proper instruments, and so on. This conference had more advanced information of single port VATS



Figure 1 Professor Hyun Koo Kim.

technology in every field.

JTD: Based on your own experience, what do you think are the most challenging part in doing the single port thoracic surgery? And how do you solve those problems when they first occurred. What role does the instrument progress play in the development of single port thoracic surgery?

Prof. Kim: Dissecting the anthracotic lymph nodes (LNs) around segmental pulmonary arteries is most challenging part. We need to dissect this lymph node with more elaborate instruments in these cases. But, it is not easy to find the elaborate instrument for thoracoscopic use for each surgeon. With the advancement of technology in the field of surgical instruments, we can have more chance to personalize our instruments.

JTD: You have done a marvelous live surgery in this conference, how do you find this form of communication? As we notice that you also discuss with Dr. Diego while doing the surgery, would you like to share this special experience with our readers?

Prof. Kim: I stand at the patient's right side and incise on the operator's side in the axillary line. Accordingly, if the tumor is located in the right lung, the surgeon stands posterior to the patient, and the incision is made at the posterior axillary line, although Dr. Gonzalez stands in front of the patient and make the incision at the anterior axillary line during single-incision VATS. A wound protector is always applied to the incision, although Dr. Gonzalez doesn't. And, I primarily used 5-mm tailored short length endoscopic instruments, but Dr. Gonzalez preferred long and curved double joint instruments, which have a larger diameter. In spite of these different approaches, the surgical procedure is similar. Therefore, each surgeon is supposed to develop the single port VATS technique with modifying their original VATS techniques.

JTD: There are no clinical evidence shows that the single port has obvious advantage over other minimal invasive thoracic surgery? What is your opinion about this?

Prof. Kim: We didn't have enough data to prove the advantage over standard VATS procedure until now in deed. However, it is obvious that only one intercostal space is affected during the single port VATS procedure, otherwise

almost the other VATS procedures influence more than two intercostal spaces. It is quite sure to provide chance to have the less severity of intercostal neuralgia after surgery. And, only one small incision can give the patients positive thought to get through their disease.

JTD: Single port surgery requires not only technical expertise and skills, but also the ability to keep calm when facing something unexpected according to Dr. Diego. What do you think surgeons should equip themselves to be a qualified surgeon for single port thoracic surgery?

Prof. Kim: Yes, of course. Surgeons should be self-confident for their technique, however they should keep in mind that the thorough practice and preparation for this new technique take precedence over all the others.

JTD: Thank you very much!

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Footnote

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

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