

Preface to *Uniportal VATS Journey*

“Innovation, tenacity and a master technician are words I would use to describe my friend Diego Gonzalez-Rivas. We met for the first time in Berlin at the ISMICS meeting in 2010. At that time a few pioneers such as Gaetano Rocco had reported initial forays into the world of uniportal VATS, but no-one was using this approach as a standard for lobectomy. The standard approach for VATS lobectomy then was a multiport approach, however the adoption of VATS lobectomy was also still relatively small.

Although not sold at that time, I was impressed by Diego’s tenacity and spirit for innovation that drove him to keep refining this approach. A few months later Diego visited Boston University and gave a splendid lecture to our residents, showing videos that demonstrated not only the successes but the technical pitfalls of this approach.

I was then honored to be part of the faculty for the first course for uniportal lobectomy that he held in La Coruna. What impressed me then, was Diego’s technical skills, but again I was not sold on the technique. What truly were the advantages of a uniportal lobectomy over a well performed multiport lobectomy? Secondly, this seemed to me an operation that perhaps could only be performed by a technically gifted surgeon such as Diego, and not the average thoracic surgeon.

However as Diego continued to publish his outcomes as well as a combination of his infectious enthusiasm and drive, I have seen a tide change in thoracic surgery. Surgeons who previously have been performing open operations have been able to adopt this technique and made it their standard approach. Perhaps it is that the camera views are similar to what is seen with open surgery, so that there is less need to learn to mirror image? Regardless, my initial thoughts that this was an operation limited to a select few have been proven wrong countless times as I see more and more surgeons around the world adopt uniportal lobectomy.

This really came home to me when I visited Shanghai Pulmonary hospital this year, and on an average day of a “mind-boggling” fifty operations saw surgeons performing uniportal resections in several different operating rooms. Never one to rest on his laurels and always looking to innovate, it was fun to watch Diego learn from his Chinese colleagues, as he takes on other challenges such as mastering sub-xiphoid lobectomy.

Although my first question about which is better for the patient (uniportal or multiportal) remains to be answered, these are exciting times for thoracic surgery. Through the efforts of pioneers such as Diego, surgeons around the world, and ultimately our patients will benefit from the increased adoption of minimally invasive lung resection. What comes next remains to be seen...

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