

History is full of “disruptive technologies” that promise to revolutionize the way we live. And yet, history then goes on to demonstrate that these rarely—if ever—do that.

As I fly from one continent to the next to lecture and teach, I often marvel at the wonder of modern air travel. The advent of commercial flight was meant to replace transportation by land and sea, and yet today the bulk of intercontinental logistics is still done by rail and by ships. Whenever I shop, I can choose to pay a range of cards, or a variety of electronic ‘cashless’ payment systems - yet how many people have given up carrying cold hard cash in their pockets? Similarly, mp3 has not fully replaced vinyl records, nor email the postman.

Thoracic surgery has similarly faced the push of technology throughout its history. When video-assisted thoracic surgery (VATS) arrived on the scene in the 1990s, many were already predicting that open thoracotomy would follow the dinosaurs into extinction. Why would anyone want a large painful wound when the same operation could be done using a minimally invasive approach? However, the reality is that today the majority of chest operations around the world are still being done using traditional open approaches.

There are several potential reasons for this. Centres around the world have variously described: lack of resources to develop VATS; lack of opportunities to train in VATS; lack of any financial, academic, career incentives to develop VATS; lack of patients perceived to be amenable to VATS; and so on.

There are many arguments why these ‘reasons’ may not actually be valid, and why they can be overcome. But whatever the reason, open surgery has persisted as the most commonly used thoracic surgical approach. As such, the field of open thoracic surgery has been constantly evolved and improved upon by its many practitioners around the globe. It would be facile to dismiss open surgery as ‘backward’ or ‘out of date’. Advances in surgical technology and techniques are not limited to VATS, and many developments have advanced the practice of open surgery just as well.

The book therefore comes at a most pertinent time. For years, the focus in thoracic surgery has been so skewed towards minimally invasive approaches that open approaches have been relatively neglected. This book provides a timely review of the latest knowledge and insights into open chest surgery. It covers all major operations and describes the classic techniques with the latest updates and modifications. Chapters have been written by experts in the field and represent the state of the art.

For surgeons practising open thoracic surgery, this book is an invaluable resource and the most up-to-date reference currently available. For proponents of VATS, this book is similarly indispensable as a manual of what can and should be done when thoracoscopic approaches are not feasible or conversion is necessary. For all thoracic surgeons, this book is a most relevant reconfirmation that the best basic principles of thoracic surgery will always remain regardless of new-fangled technologies and revolutions.

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