

How could anyone define timely the choice to edit a book about open thoracic surgery in this day and age? A time when minimally invasive is the dogma, ERAS is the path and nano the tool to future surgical practice. A time when VATS is a philosophical approach more than a surgical technique and robotic is rapidly gaining favor for the touch precision and the unprecedented field visualization. A time when open surgery is often not even considered the basic step in the learning curve towards minimally invasive surgery and an entire generation of surgeons is about to be raised handling a thoracoscope as interns. Indeed, trends do not always depict the real situation of the worldwide thoracic surgical practice. Open thoracotomy still represents a most valuable approach which is used in a high percentage of major pulmonary resection. In the vast majority of cases, this is not the old fashioned “coast to coast” thoracotomy but, probably as a direct result of the VATS saga, has become first muscle sparing, then video-assisted in an attempt at reducing invasiveness, and, eventually, hybrid. As a result, we hardly see the 10 to 14-day average length of stay in the hospital in our current practice and most patients are dismissed within a week of the open thoracotomy. While definitive data on the oncologic value of either thoracotomy or VATS aren't available—but we are entitled not to hold our breath expecting breaking news - we know that the reduced morbidity of the latter may make a difference in the speed and the completeness of patient recovery within the first month after surgery. This alone is a good enough reason for the practice of VATS surgery being increasingly considered a fundamental step in improving the quality metrics of thoracic surgery. Nevertheless, entangled in our—most of the times—arbitrary and personal evaluation of minimal invasiveness, we forget that what is of utmost importance lies in the accuracy of the surgical technique inside the chest and the ability of performing a thorough lymphadenectomy when a lobectomy for cancer is necessary. Dr Scarci needs to be commended for having made an excellent effort at bringing the attention of thoracic surgeons back again on the open approach. While VATS is the approach of the adulthood of thoracic surgical curricula, open surgery is similar to parents for thoracic surgeons: extremely helpful while growing up, now visited only when needed, but good to know they are always there.

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