

Introductory preface for special series “Minimally Invasive Procedures for Gastroesophageal Reflux Disease”

It is a distinct honor to serve as one of the guest editors for a series of articles on minimally invasive procedures for gastroesophageal reflux disease (GERD), and to share this role with my colleague and former fellow Geoffrey P. Kohn. The surgical management of GERD was the focus of a 2-year fellowship I completed 1997–1999 at Emory University in Atlanta under the instruction of Drs. John G. Hunter and C. Daniel Smith. In that environment, I learned the importance of preoperative testing, careful patient selection and meticulous surgical technique. We saw how minimally invasive methods compared favourably to open procedures, and that patients had more rapid recovery and higher level of satisfaction.

When I transitioned from fellowship to my position as an academic surgeon at the University of North Carolina (UNC), I sought to re-create the environment my mentors had provided. At UNC, I have been blessed by many collaborators in gastroenterology and surgery who have helped to develop our busy practice in minimally invasive foregut surgery. In this environment, we have been able to maintain a fellowship for over 20 years that allows ongoing dissemination of the lessons initially shared by my mentors, as well as an environment for ongoing intellectual inquiry in this fascinating field of medicine.

The series contains nine review articles written by international experts in the field. The authors have captured the current state of minimally invasive GERD management, which we feel will be of great value to the readers of *Annals of Esophagus*. Certainly, the field will continue to evolve, as medical and interventional therapies are always improving. There is no doubt that future updates will be necessary. It is for this reason that we train the next generation.

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