



Robotic thoracic surgery: ivor lewis approach

Endoscopic and minimally invasive surgery has revolutionized the interventions for all surgical esophageal disorders. Most surgical trainees in United States graduate with minimal open esophageal surgery experience, especially for elective benign conditions. Transoral stapled Diverticulotomy or Peroral Endoscopic Myotomy (Z-Poem) for Zenker's Diverticulum, VATS/laparoscopic/robotic diverticulectomy for mid or distal esophageal diverticulum, Peroral endoscopic myotomy or robotic Heller Myotomy for achalasia, endoscopic or minimally invasive options for GERD and hiatal hernia have transformed the way modern esophageal surgery is performed. Similarly, minimally invasive or robotic assisted esophagectomy (MIE or RAMIE) is replacing the traditional open esophageal resection. The global rise in the adoption of endoscopic and minimally invasive techniques for esophageal surgery has led to increasing acceptance of these interventions for esophageal conditions which has translated into better patient outcomes. Historically, these procedures were associated with unacceptable morbidities and were performed reluctantly for benign conditions.

In this focused series of the *Shanghai Chest*, world leaders in minimally invasive esophageal surgery have provided an update on these common esophageal procedures to elucidate the indications and techniques for the readers.

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