

# Professor Rodney J. Landreneau: an uneasy development of VATS over the past 25 years

Received: 21 July 2017; Accepted: 07 August 2017; Published: 20 September 2017. doi: 10.21037/vats.2017.08.03

View this article at: http://dx.doi.org/10.21037/vats.2017.08.03

#### **Editor's Note**

The 4th International Uniportal VATS Course-Live Surgery and Wetlab came to an end in Berlin on 4th March 2017. During the course, we were glad having an interview with Professor Rodney J. Landreneau, Director of Esophageal and Lung Institute of University in Pittsburgh.

Prof. Landreneau was the pioneer of minimally invasive lung surgery in the early 1990s. He performed the world's first minimally invasive lung resection at University of Pittsburgh Medical Center.

As mentioned by Prof. Landreneau, there were no specific surgical instruments to assist surgeons in video-assited thoracoscopic surgery (VATS) in the early 1990s. Without sufficient trials, experience or knowledge, someone questioned the idea of VATS. By the painstaking efforts of many peers and colleagues, we now have 3D imaging technique and delicate instruments to help. Prof. Landreneau reckoned that we should objectively review and accept new techniques that are reasonable and legal.

When being asked what would be the future in thoracic surgery after VATS, Prof. Landreneau firmly said "Human surgeons will never be out!"

For more details, please enjoy the interview video (Figure 1).

### **Interview questions**

- (I) Looking back on its developing path, VATS has developed from the stage of being criticized to being widely applied today. Does this change your attitude towards new techniques occurred in thoracic surgery?
- (II) When did you do your first minimally invasive thoracic surgery? What are the major factors that have driven you to do the first minimally invasive thoracic surgery?
- (III) What do you think will be the next evolution of thoracic surgery after VATS?
- (IV) When you look back on your career as a thoracic surgeon and director of department, what is the proudest thing?



**Figure 1** Professor Rodney J. Landreneau: an uneasy development of VATS over the past 25 years (1).

Available online: http://www.asvide.com/articles/1722

# About Professor Rodney J. Landreneau's minimally invasive thoracic surgical background

Thoracic oncology and the reduction of the trauma of thoracic surgery for my patients has been a lifelong goal. This began with the unfortunate demise of the first lobectomy patient that I assisted in surgical resection of his disease through a large, painful thoracotomy while a surgical resident. His death from postoperative pneumonia devastated me.

The development of abdominal minimally invasive surgery by our general surgical/ gynecological colleagues in the late 1980's, inspired me to consider these approaches for patients with thoracic surgical problems.

Using early video optics and instrumentation, we performed the first thoracoscopic lung resection for lung cancer (by segmentectomy) in the world for lung cancer. Our team also performed the first minimally invasive, thoracoscopic resection of a thymoma and a posterior mediastinal tumor.

At the University of Pittsburgh, we also established

the first minimally invasive esophageal program in North America and we were one of the first teams overall to utilize minimally invasive surgical approaches to acid reflux disease and motor disorders of the esophagus. We were also the first surgical group to perform minimally invasive esophagectomy in the western Hemisphere.

We continue to explore all aspects of minimally invasive thoracic surgery, particularly the "Uniportal" approach to all thoracic surgical problems.

## **Acknowledgments**

Funding: None.

### **Footnote**

Provenance and Peer Review: This article was commissioned by the Editorial Office, Video-Assisted Thoracic Surgery. The article did not undergo external peer review.

Conflicts of Interest: Both authors have completed the ICMJE uniform disclosure form (available at http://dx.doi. org/10.21037/vats.2017.08.03). The authors report that they are full-time employees of AME publishing company (publisher of the journal).

doi: 10.21037/vats.2017.08.03

Cite this article as: He CX, Lun C. Professor Rodney J. Landreneau: an uneasy development of VATS over the past 25 years. Video-assist Thorac Surg 2017;2:64.

Ethical Statement: The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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