

Creating a book on sleeve lobectomy is, I think, a great idea and I congratulate the editorial office of AME publishing group to this precious result.

In the past we were used to read books with chapters, written by different authors who worked hard to collect evidence on one topic and at the day the book was published, new evidence was already available. Furthermore original tables, diagrams and figures were not available. So collecting original publications to create a comprehensive book on a highly focused topic has great advantages: the evidence is up to date, the evidence is original and does not depend on the interpretation of a second author and the evidence can directly be used to prepare specialist lectures of high quality. I like it very much!

Pulmonary sleeve resection is one of the challenges in thoracic surgery training programs. Clear margins, even cut edges, balanced distance of stiches, use of monofilament thread, equally distributed tension and equalizing of different lumen sizes are aspects of the perfect anastomosis. This is a high claim and difficult to reach in open surgery but is even more challenging in minimally invasive surgery. A great help is a direct view or 3D view, a mobile wrist joint or wristed instruments and the possibility of using at least 2 or 3 instruments. This makes robotic-assisted thoracic surgery (RATS) the ideal platform to perform the perfect anastomosis. As demonstrated in this book, the oncologic outcome at the anastomosis site is perfect after RATS sleeve resection.

Unfortunately not every thoracic surgery unit has access to a robot and only a small number of trainees can be qualified at the console. From a teaching point of view, open or video-assisted thoracoscopic surgery (VATS) sleeve resections are still the cornerstone of current practice. Although there is no randomized trial providing evidence that minimally invasive sleeve resections are non-inferior to open surgery, there are many retrospective studies and systematic reviews and even meta-analyses in this book that underline that outcomes may be similar.

This book is also a perfect reference to find quick answers to very special questions about sleeve resections as it covers almost every aspect of the topic: historical development of sleeve resections, inclusion or exclusion criteria, risk factors, precise description of the procedures, tips and tricks as well as instructions for complication management.

It is a great honor for me to write a preface to this successful compilation of excellent publications on pulmonary sleeve resections and I wish all the readers pleasure and gain knowledge with this reading.



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