

Sleeve resection of the tracheobronchial tree and vessels of the pulmonary artery are surgical procedures that involve removing a portion of the bronchus or trachea as well as portion of the pulmonary artery that is affected by a tumor or other abnormality, while preserving the surrounding lung tissue.

It is interesting to note that sleeve resections were originally developed as a means of avoiding pneumonectomy in patients with impaired cardio-pulmonary reserves. However, it was later discovered that pneumonectomy itself can lead to significant morbidity and mortality. Therefore, lung-sparing procedures, such as sleeve resections, have become the preferred treatment option for patients even in the absence of impaired cardiopulmonary reserves.

It is fascinating to see how far sleeve resections of the tracheobronchial tree have come since their inception. From being a surgery only for a select few, it has now become a routine procedure in open thoracic surgery. However, with the emergence of video-assisted and robotic-assisted surgeries, sleeve resections continue to be a demanding and complex surgical procedure.

It is important to note that sleeve resections require significant technical expertise and careful patient selection. While these procedures can provide excellent outcomes, they also carry the risk of significant complications, including anastomotic leaks and airway stenosis. Therefore, it is essential that these procedures be performed by experienced surgeons in specialized centers.

Overall, sleeve resections have revolutionized the treatment of centrally located lung tumors and have become a critical component of modern thoracic surgery. With ongoing advancements in surgical techniques and technology, we can expect to see further improvements in outcomes and increased utilization of this valuable procedure in the years to come.

As thoracic surgeons, it is important for us to continue pushing the limits and expanding our knowledge and expertise in this field. Sharing our knowledge and expertise with others is critical to advancing the field of tracheobronchial surgery, as demanded by Hippocrates 400 B.C.

This book on airway surgery is a testament to the ongoing advancements and contributions made by leaders in the field. It is an exciting time for tracheobronchial surgery, and I look forward to seeing where future advancements will take us.



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