

In the field of thoracic surgery, experience is a very important skill. We tend to stick to traditions based on experience. One of these is the use of chest drains after thoracic surgery. Chest drains are used to drain air and fluid. For many years it was a tradition to place two chest drains after thoracotomy and lobectomy. One apical to drain air and one basal to drain fluid. When video assisted thoracoscopic surgery (VATS) evolved many surgeons continued the use of two chest drains, despite the fluid output was less than seen in open surgery. Based on randomized controlled studies we learned that one chest drain was enough for most patients. Later we learned that a chest drain may not even be needed at all patients. Trials on patients with good lung function and uneventful surgery show that chest drains can be avoided in these selected patients. The development of enhanced recovery after surgery (ERAS) further drove the concept of avoiding unnecessary interventions, catheters or drains after surgery to reduce pain and infections. Further the avoidance of catheters and tubes promotes early mobilization and thereby an increase in lung function and prevention of thromboembolic complications. Innovative surgeons drive progress and nowadays even complex procedures can be performed non-intubated without any tubes at all. In this book *Tubeless Video-Assisted Thoracic Surgery*, the most innovative and accomplished thoracic surgeons internationally provide the readers with the most up to date and innovative “state of the art” in tubeless thoracic surgery.



René Horsleben Petersen, MD, PhD
Professor of Cardiothoracic Surgery,
Department of Cardiothoracic Surgery,
Copenhagen University Hospital, Rigshospitalet,
Copenhagen, Denmark