Preface

Enhanced recovery after surgery (ERAS) is a multidisciplinary approach for minimizing the stress response to surgery, reducing postoperative organ dysfunction, and improving patient outcomes after surgery (1). The concept of ERAS was introduced by Dr. Henrik Kehlet in 1997 and was originally adopted for colorectal surgery, showing a good surgery outcome by implementing fast-track methods (2,3). Since then, the concept of ERAS has expanded into many surgical subspecialties, such as gastrointestinal surgery, esophagectomy, lung resection, gynecologic surgery, and orthopedic surgery (4,5).

The successful implementation of an ERAS program depends on many factors as it is a multi-professional program which requires a high level cooperation between patients, anesthetists, surgeons, and nurses. Preoperative education for patients has been reported to be beneficial for patient recovery after surgery, and the choice of anesthetic technique directly impacts patient satisfaction (6,7). The surgeon serves as the most significant factor to the success of ERAS as they are responsible for communicating with the patients, performing skilled surgical techniques, and making decisions during the operation. Nurses also play a very important role in the postoperative patient care, although their contribution is sometimes underestimated (8). All members included in the ERAS program should be familiar with the entirety of the ERAS strategy in order to ensure optimal patient care.

Recent publications and research have powerfully demonstrated that the advantages of ERAS include shorter hospital stay, enhanced recovery, and decreased postoperative morbidity, and these findings have led to a more widespread realization about the importance of perioperative patient care. With the aim to provide the most up-to-date findings and systematic reviews on ERAS, we have launched this new book, *Enhanced Recovery After Thoracic Surgery*. The book mainly focuses on the following three sections: enhanced recovery after surgery in thoracic surgery, enhanced recovery after surgery in pulmonary surgery, and enhanced recovery after surgery in oesophagectomy. The thoracic surgery section includes discussions concerning the techniques on preoperative optimization, nursing, anesthesia and analgesia, ambulation, psychological resilience, and physiotherapy. We believe this book will be helpful for the experts in this field as it provides the core contents of ERAS.

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