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## Commentary: The tale of technology: Extending the boundaries of thoracic surgery

Scott J. Swanson, MD

The case report by Iriarte and colleagues in this issue of *Techniques* describes a right-sided approach using robotic technology and a small left-sided endobronchial tube to resect a small proximal left main stem low-grade tumor.<sup>1</sup> This is well described, and the accompanying video is clear. There is no question that technology is making difficult surgery more feasible and safer, and the authors present an example of just such a situation. One must emphasize that these cases are very difficult to do whether using advanced minimally invasive technology or an open approach. It is imperative that the surgeon be very familiar with the disease process, the steps of the operation, the potential pitfalls, and how to manage them in real time. It must be emphasized that the principles of the operation should never be compromised by the approach chosen. For example, if during a video-assisted thoracoscopic surgery or robotic sleeve resection, as in this case, where the endobronchial tube is left in place, the surgeon cannot visualize or place the sutures perfectly or if the resection of the tumor might be compromised, one must have an intraoperative plan to manage this. It might be intermittent ventilation with the tube pulled back and cross-table ventilation, as the authors suggest, or converting



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### CENTRAL MESSAGE

Technology, when used correctly, helps extend the boundary of thoracic surgery.

to an extracorporeal membrane oxygenation plan, which was also mentioned. The authors are to be congratulated on this case. We need to keep advancing techniques in terms of safety and extending the boundaries of what is resectable using new technology. In this way, we can fulfill our surgical mission, which is to cure or treat more people with the least morbidity and mortality possible.

### Reference

1. Iriarte F, Abbas AE, Petrov R, Bakhos CT, Su S. Right transthoracic approach for robotic left main stem bronchus sleeve resection. *J Thorac Cardiovasc Surg Tech.* 2021;10:572-4.

From the Division of Thoracic and Cardiac Surgery, Department of Surgery, Brigham & Women's Hospital, Boston, Mass.

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Address for reprints: Scott J. Swanson, MD, Division of Thoracic and Cardiac Surgery, Department of Surgery, Brigham & Women's Hospital, 75 Francis St, Boston, MA 02115 (E-mail: [sjswanson@bwh.harvard.edu](mailto:sjswanson@bwh.harvard.edu)).

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