



Surgery and anesthesia in the thoracic pathways of the new era: a move on to the future

The lucid statement on the principles of efficacy, what we commonly call evidence-based-medicine, has led many to think that, in medicine and surgery, everything is definitively demonstrable and incontrovertibly certain.

The broader epistemic dynamics that identify knowledge not only with true and proven belief but also with “right opinion” come to mind in this regard to avoid skepticism as much as relativism.

In the last thirty years, thoracic surgeons have faced endless debates on the expectations of innovation, or simple variation, of techniques and approaches to our way of working and treating patients. We are still debating the real benefits of minimally invasive surgical techniques in oncology, the advantages of enhanced recovery protocols, the technological limitations, or the differences in performance between robot and surgeon.

Often, amidst blurred images of consensus, we fall back into a varied realm of *modus operandi* and conceptions that diversify treatment pathways among thoracic surgeons in different countries and colleagues working side by side. Thus, Socrates comes to mind with his question to Theaetetus, “what is knowledge itself”. As is well known, the dialogue between the two ends without a satisfactory definition of knowledge being found, despite having tried many options.

Similarly, we thoracic surgeons do not have a single, definitive way to go in our daily reality. We have several options, all valid, all viable in the same way and according to our “right opinion”.

Into a varied picture of possibilities comes the concept of surgery in the non-intubated patient, covered in this special series entitled “Non-Intubated Thoracic Surgery. A Global Perspective”, which we are pleased to introduce and be appreciate in the various areas of thoracic surgery.

The advancement of minimally invasive surgical techniques, as well as the increasing diffusion of new loco-regional analgesia techniques, have opened an exciting and “futuristic” field that raises questions, discussions, doubts, and beliefs. Single-lung ventilation allowing surgeons to operate on a collapsed lung has been considered so far mandatory for most thoracic surgery operations. Nevertheless, the recent increasing demand for less invasive approaches alongside improved safety and effectiveness of surgical procedures resulted in the constant aim for enhanced technology and ameliorated techniques by the thoracic surgeons and the anesthesiologists of our era. In this scenario, non-intubated minimally invasive video-assisted thoracic surgery appeared to rise and stand as the perfect combination of these concepts.

To the question that many will ask, “Is the non-intubated thoracic surgery the most excellent care or an unnecessary surgical challenge?” We leave the answer to the colleagues who have effectively demonstrated to represent excellence in this field.

Enjoy reading.

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