In the long past, there were only traditional surgery and laparoscopy for patients who suffered from thoracic disease requiring surgery. But with the advent of robotic surgery, surgeons could perform complex procedures with higher precision and better control under the help of highly magnified 3D vision, which consequently allows patients to enjoy a smaller incision and faster recovery. The application of robotic systems in surgery is a significant innovation for minimally invasive techniques and it can overcome the limitations of traditional approaches (1). It is because of all these advantages, robotic technology is more and more widely used in major common thoracic surgery (2).

As the Chief Surgeon and Surgical Director of the Department of Oncology at Shanghai Chest Hospital, I am honored to serve as one of the Editors of this new book *Robotic Thoracic Surgery*: *A Collection of Clinical Pearls*. It is well known that Shanghai Chest Hospital is one of the largest thoracic centers in China with the most complete spectrum of diseases and disorders (3). As a key national clinical discipline in China, it offers a full range of services including traditional open surgery, muscle sparing minimally invasive surgery, video-assisted and robotic-assisted thoracoscopic surgery (VATS and RATS) involving the lungs, esophagus, chest wall and the mediastinum (3). The Co-Editors, Prof. Brian E. Louie and Prof. Giuseppe Marulli, are international leading experts in the field of thoracic surgery. We believe that under the guidance of the editors, this book will be a useful literature to thoracic surgeons and other interested readers.

There are many types of robotic thoracic surgery and we focus on thymectomy, esophagectomy and lobectomy in this book. As robotic thymectomy is considered to be a technically sound approach for thymomas, the book elaborates on robotic thymectomy and shares a multi-institutional European experience in the first chapter. In the next chapter, the current status, the benefits and limitations of robotic esophagectomy are put forward. The longest chapter of the book is devoted to pulmonary surgery. Several articles are devoted to the role of robotic lobectomy in the field of thoracic surgery while the remaining articles focus on robotic lobectomy and segmentectomy for lung cancer.

Though robotic surgery has many outstanding features, it has limited application on extremely huge tumors and tumors close to the heart or great vessels. We sincerely hope that the first edition of *Robotic Thoracic Surgery* will improve the thoracic surgeons' concept and practice of robotic surgery and we do expect that the limitations could be overcome in the near future and their solutions could be collected in the second edition by then.

References

1. Marulli G, Comacchio GM, Rea F. Robotic thymectomy. J Vis Surg 2017;3:68.
2. Latif MJ, Park BJ. Robotics in general thoracic surgery procedures. J Vis Surg 2017;3:44.
3. Yao F, Wang R, Guo X, et al. Annual report of Department of Thoracic Surgery at Shanghai Chest Hospital. Shanghai Chest 2018;2:18.

Qingquan Luo, MD, PhD
Surgical Chief of the Department of Oncology,
Shanghai Lung Tumor Clinical Medical Center,
Shanghai Chest Hospital,
Shanghai Jiao Tong University School of Medicine,
Shanghai, China