Minimally Invasive Cancer Management
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Minimally Invasive Cancer Management

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With great love and admiration, I dedicate this book to the many wonderful students and surgical residents with whom I have worked and shared knowledge. To my loving family, Donna, Stephanie, and Adam, I recognize the time purloined to accomplish these tasks.

Rick Greene, M.D.

To my wife, Briana, and children, Kellen and Davis, with all my love and gratitude for their constant support and indulgent understanding of my absences to pursue these academic endeavors. To my parents, Davis and Althea Heniford, for teaching me by example what it means and what it takes to do your best.

Todd Heniford, M.D.
Foreword

This extraordinarily well organized monograph represents a successful effort to encompass and amalgamate two rapidly advancing fields. The first is the long delayed maturation of surgical oncology as an independent discipline, which is reflected by the vigor of its society and by appropriate recognition, both by other oncologic specialties, and more importantly, by the surgical world as a whole. Furthermore, there has been a literally logarithmic increase in both the availability and appropriateness of minimally invasive methods for the perfection of diagnosis and treatment of many diseases, but especially neoplastic ones. This book represents a marriage of remarkable advances and imaging precision with the refinement of a whole variety of minimally invasive techniques.

There remain major concerns and issues vis-à-vis dissemination of cancer and implantation by especially the pneumoperitoneum used so much as part of minimal access abdominal surgery. It is difficult to define the full extent of these concerns, and whether they are simply mechanically, or indeed, immunologically mediated. In any case, the issue of the port site implantation needs to remain in the front rank of concerns by the growing numbers of surgical oncologists who practice well developed minimal access work.

The exciting advances in the pages that follow, however, must not distort the fundamental priorities of the surgical approach to cancer. The first is to be reminded that surgery is the ultimate curative endeavor, with far and away the largest proportion of patients with cancer cured by surgical means than all others combined. Furthermore, surgeons always need to be reminded that the palliative approach to cancer requires the most mature and precise judgment, and it is both quality and quantity of life that factor into the outcome of that ultimate equation. It is perhaps with that latter admonition that one need always be reminded that more traditional open techniques are always both ethical and judgmental fall-back positions of acceptable merit, when attempting minimal access palliation.

Over the past four decades, there has been a huge waxing and waning of surgical influence in the care of the cancer patient. This book is a further step toward strengthening the surgeon’s role. Clearly at the end of World War II, the surgical care of the patient with neoplastic disease involved both definitive diagnosis and virtually the only treatment that was available, with
the exception of radiation therapy for gynecological cancer. For a number of reasons for which many of us may be blamed, the surgeon’s role in this important disease process shrunk precipitously with the advent of sophisticated radiation therapy, the alleged wonders of multi-modality treatment schemes, and sequential in-combination chemotherapy. It was only within the last few years of the century that the ethical and important role of surgeons in the overall management of the cancer patient began to be appreciated again. This is both a political and ethical issue, and requires that surgeons stand up most of all for their patients, and to a lesser degree, for their discipline, in practicing and reinforcing the primary role of the surgeon in cancer care. The marriage described in this tome takes that to a new and more significant level, and will serve the patients of the future, as well as it will its readers.

Hiram C. Polk, Jr., M.D.
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Preface

The management of cancer continues to present challenges to the surgeon, especially in this era of heightened technology created by the introduction of minimal access approaches to the intraluminal, intrathoracic, and intra-abdominal compartments. As newer technology abounds through ultrasound, energy systems, robotics, and continued reduction in size of instrumentation, the application for the cancer patient appears to be unlimited. It is with this sense of excitement that we undertook the task of bringing together information to create a monograph that would serve as a repository for cognitive and technical information relating to these approaches in our patients with cancer. Despite the newer modes of conveying information through the Internet and other types of cybertechnology, our colleagues at Springer recognized the importance of having a traditional monograph serve as a vehicle for conveying this information. In selecting our authors, we attempted to invite those who have had the experience, vision, and creativity not only to enhance the technology but also to effectively record their successes on paper.

The editorship of a textbook is a labor of love. This labor was made more pleasurable by the unfailing continued assistance and creative force shown by Laura Gillan and Terry Kornak, our senior editor and supervising production editor, respectively, at Springer. At every turn, Laura and Terry supported our direction and served as cheerleaders to assure that our efforts would be timely as well as useful to our surgical and oncology colleagues. We also appreciate the work of Cara Anselmo and, later, Carol Wang, who served as able assistants to Ms. Gillan.

Finally, we give full kudos to our families from whom we purloined additional time to ensure the success of this effort. We dedicate this book to our wives and children because of their understanding of our great desire to add to the betterment of our patients through our clinical and academic pursuits.

Frederick L. Greene, M.D.
B. Todd Heniford, M.D.
August 2000
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