

## Appendix B. Editorial comment

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The authors wrote a philosophical article about non-intubated thoracic surgery (NITS) techniques in this issue of CTS. Let's remember when VATS was first introduced for lung cancer. When VATS operations were first introduced at congresses and meetings, some questioned its feasibility. A lot of surgeons said, "Is this possible? Lung cancer surgery is open, why do we need closed surgery?". Those who made these comments at that time were not wrong, because preoperative imaging methods (PET-CT, thorax CT) were not used sufficiently. As a result, preoperative metastatic lymph nodes and metastatic nodules in the lung parenchyma could not be adequately detected, thus the staging of the disease was inaccurate. In open surgery, even the smallest nodules can be palpated and evaluated with peroperative frozen section.

Another justifiable reason is that both the inadequacy of surgical instruments and the technology and variety of staplers used in minimally invasive surgery are not as good as they are today. As a result, the risk of perioperative complications will be high in forced surgeries performed with inadequate instruments and devices. Why put patients at this risk?

Now let's look at today, VATS is easily applied in almost every clinic, even in some clinics all operations are performed with minimally invasive surgery. This is because the preoperative staging methods are almost perfect, and the surgical instruments and staplers are being improved with new features every day. In addition, the surgeons, especially young surgeons, are improving their skills and abilities in minimally invasive surgery every day by using technology.

This is how NITS will be in the future and NITS is just a "brick" as the authors state. With the continuous advancement of technology and artificial intelligence, the potential innovations and developments in this field are boundless.

**Keywords:** non-intubated thoracic surgery, pulmonary resections, lobectomy

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