In this issue of the Annals of Cardiothoracic Surgery, we would like to demonstrate how we perform video-assisted thoracoscopic lobectomies via a standardized three-port anterior approach, a surgical strategy that is routinely performed at the Rigshospitalet in Copenhagen. Four video clips are included in this Masters of Cardiothoracic Surgery section.

The first video clip demonstrates patient positioning and incisions made for the anterior approach (video 1). Video 2 highlights several special aspects in a right upper VATS lobectomy, including control of the pulmonary vein, sequential divisions of the arterial branches, anterior fissure and right upper lobe bronchus and mediastinal lymph node dissection (video 2). The second surgical case describes the techniques for a left upper VATS lobectomy (video 3) following the similar basic principles as illustrated in the previous video clip. Finally, a case of left lower VATS lobectomy is demonstrated (video 4). It is our hope to provide viewers with a video-atlas of our techniques in a step-by-step manner. The major advantages of the standardized anterior approach include: (I) the surgeon and the mini-thoracotomy are placed directly over the hilum and the major pulmonary vessels, which facilitates the clamping of major vessels in case of major bleeding; (II) no need of changing the surgeons’ position or the place of the incision, if a conversion is required; (III) the first structures to be transected are the major vessels; (IV) the same approach to all lobes makes it easy to reproduce and learn; (V) the lung tissue only pushed backwards gently with peanuts and never grasped with forceps and therefore not torn apart; and (VI) easy to teach as the surgeon and the assisting surgeon stand on the same side and use the same monitor. This facilitates a fluid learning process.

We have a VATS lobectomy program that deals with the majority of our institution’s pulmonary resections. All operations are performed with a standardized three-port anterior approach independent of the procedure and the lobe being operated on.

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