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REASONS NOT TO PERFORM UNIPORTAL VATS

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The advent of Video-Assisted Thoracic Surgery (VATS) was undoubtedly the most significant event in Thoracic Surgery in this generation. However, it has taken over two decades of painstaking accumulation of clinical data and experience to finally convince the sceptics and doubters. Thanks to the volumes of evidence now accrued, VATS is no longer seen only as an ‘alternative’ to open thoracotomy, but as a generally preferred surgical approach for most thoracic procedures.

In the meantime, thoracic surgeons have been awaiting the next big breakthrough in this specialty. Currently, the most exciting claimant to that title may be the Uniportal VATS approach. Advocates point to its many potential advantages, including less morbidity for patients and better ergonomics for surgeons. However, as with any new technique in surgery, Uniportal VATS has a multitude of critics as well. They suggest that this approach possibly compromises both safety and oncological efficacy. The debate can at times become heated.

But who is right?

The only way to determine this in modern surgical practice is to look for evidence. A careful look at the currently available literature yields some intriguing findings. There are promises of benefit, but also glaring gaps in current knowledge. At the present time, it is difficult to formulate a compelling argument in favor of universal adoption of Uniportal VATS and it behooves advocates to pay serious, objective attention to reasons why critics say it should *not* be performed in everyone.

Nonetheless, that should not be viewed as a defeat by Uniportal supporters, but as a challenge to generate more data. Looking back at the 20 years of hard-earned experience with conventional VATS, there are now very clear precedents showing how a new surgical approach must be studied, validated, and nurtured. Only dedicated clinical research can determine if Uniportal VATS will sink or swim, but at least conventional VATS has provided a roadmap of where such research should be headed.