Preface

As the new editor of Operative Techniques in Thoracic and Cardiovascular Surgery, I take this opportunity to welcome old and new readers. This journal, in this editor's humble opinion, has been a superb companion piece to the other publications of the American Association for Thoracic Surgery: The Journal of Thoracic and Cardiovascular Surgery, Seminars in Thoracic and Cardiovascular Surgery, and the Pediatric Cardiac Surgery Annual.

Cardiac and thoracic surgery is what we cardiothoracic surgeons do. Any education tool that enhances our ability to refine techniques and allows us to progress to the next level in surgical skills and technology is very positive for the specialty. Our first editor, Dr. James Cox, has done a superb job in organizing and publishing a high level of technical expertise of world class stature, and it will be my job to continue to amplify and enhance the journal for the readership.

In calendar year 2004, we are publishing focused technical issues, one per quarter, each of which will be essentially a mini-symposium. This first issue discusses the new technology of surgery for atrial dysrhythmias. Subsequently, we will publish issues on minimally invasive thoracic surgery, complicated congenital heart surgery, and a final one on hypertrophic obstructive cardiomyopathy.

Beginning in 2005, we plan to revamp the format somewhat and have a concurrent serialization of the three subspecialties of cardiothoracic surgery: adult cardiac surgery, pediatric cardiac surgery, and general thoracic surgery. We believe this approach will enhance the content, improve circulation, augment marketing capabilities, and prove attractive to all subspecialties all the time. As this year unfolds, we will roll out our subsequent plans. In the meantime, enjoy each issue.

Please let us hear from you: your likes and dislikes and with what you agree or disagree. Appropriate letters to the editor will be published, and we seek an interchange of ideas on the technical aspects of cardiothoracic surgery, the essence of what we do.

I am indebted to my three Associate Editors—Drs. Jonas, Patterson, and Sundt, one for each of the subspecialties of our specialty, who have been invaluable in selecting the right experts to complete each issue.

> Lawrence H. Cohn Editor