Issue Editor

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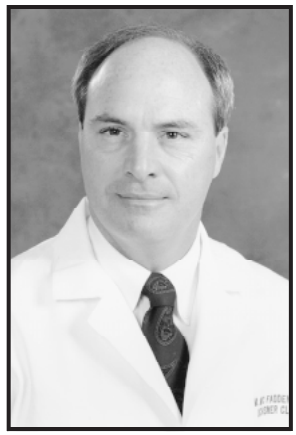

This issue of *The Ochsner Journal* is dedicated to the subject of minimally invasive surgical techniques. Most of us are aware of the significant advances that have occurred in the nonsurgical specialties such as cardiology, gastroenterology, and radiology. In this issue, we present a variety of minimally invasive techniques currently performed by Ochsner surgical and subsurgical specialists. Many of these procedures have been eagerly embraced and some have even supplanted open operations as the procedure of choice for selected conditions.

Dr. John Ochsner begins the issue with an excellent overview of the history of minimally invasive surgical procedures, in particular as it relates to the development of thoracoscopic and laparoscopic surgery at the Ochsner Clinic. A compelling point of Dr. Ochsner's overview is the precautionary note he makes to surgeons that the adoption of new "minimally invasive techniques" must be tempered with what is in the best interest of the patient.

Drs. Lepore, Yoselevitz, Sternbergh, and Money provide an excellent review of the rapidly developing minimally invasive techniques in vascular surgery. They indicate that in selected patients, the use of endovascular grafts for the management of infrarenal abdominal aortic aneurysms has shown tremendous promise.

Similarly, the review by Drs. Richardson, Carter, Fuhrman, Bolton, and Bowen concerning minimally invasive abdominal surgery indicates that laparoscopic approaches to gastroesophageal reflux disease, achalasia, groin hernia, and adrenal gland diseases are gaining favor, while the laparoscopic approach to gallbladder and common bile duct diseases has essentially supplanted open surgery in most cases.

An innovative approach to minimally invasive parathyroid surgery, presented by Ochsner surgeons Fuhrman and Bolton, combines a minimally invasive surgical approach and the utilization of enhanced parathyroid uptake of radioactive sestamibi imaging with an intraoperative gamma counter to assist localization. This less invasive approach has demonstrated excellent results with shorter operative times.

Dr. Van Meter and I explore minimally invasive surgical procedures as they pertain to heart and thoracic conditions. We have been particularly interested in procedures that would minimize patient discomfort and speed recovery and return to full activity while avoiding the sequelae of thoracotomy, sternotomy, and even cardiopulmonary bypass.

Arthroscopic procedures, many of which have benefited athletes and "weekend warriors" alike as an alternative to standard open joint surgeries, are discussed by orthopedist Dr. Treuting. The current clinical applications and benefits of arthroscopy for selected joint diseases are summarized. Dr. Kellum provides an excellent review of the LASIK procedure, which deals with a current approach to correct refractive disorders and its role in reducing dependency upon eyeglasses and contacts. Dr. Hake presents a relatively new endoscopic approach to the plantar fasciotomy for chronic fasciitis and reviews his podiatry experience.

Technical advances in surgery have accelerated over the last decade due to the significant improvements in fiberoptic technology and precision instrumentation. During this period, surgeons have attempted to define what minimally invasive procedures can be accomplished in their respective fields. The challenge we face in the next decade or so is to define which procedures should be adopted based on safety, patient acceptance and results, and cost. We all realize that we owe a great debt to those in clinical medicine, research, and technology who have contributed to these advances and shared their work for the betterment of patients