

NEW SERIES

Minimally invasive surgery updates

APAROSCOPIC and endoscopic techniques are revolutionizing the delivery of surgical care. To keep internists abreast of what these changes mean for their patients, the Journal this month introduces a new series of short articles focusing on these minimally invasive surgical techniques.

These techniques aim to correctly treat the disease process while meticulously adhering to well-established principles of open surgery. Their "keyhole" incisions minimize the trauma of surgical entry, resulting in less postoperative pain, speedier recovery, and superior cosmetic outcomes.

The series will update nonsurgeons on the minimally invasive options that are available in disciplines such as cardiothoracic, colorectal, ear-nose-throat, gynecologic, neurologic, orthopedic, urologic, vascular, and general surgery. Articles will focus on:

- Which patients are candidates for a given minimally invasive procedure
- The basics of what the procedure involves
- What the risks and success rates are

The follow-up care that is needed, particularly from the primary care perspective.

All articles will be written by specialists from The Cleveland Clinic's multidisciplinary Minimally Invasive Surgery Center. The series begins on pages 511-514 of this issue with an overview of the laparoscopic repair of giant paraesophageal hernias.

The only constant in medical care is change—responsible change. The potential for minimizing the morbidity associated with surgical care is at hand. We hope you find this series' updates on this fast-evolving field useful.

INDERBIR S. GILL, MD, MCh **Series Editor Executive Director** Minimally Invasive Surgery Center The Cleveland Clinic