The 7th Zhongshan Thoracic Minimally Invasive Forum was held in Zhongshan Hospital, Fudan University, Shanghai on May 5–7, 2016. Many experts specializing in thoracic surgery and thoracoscopy attended this forum to share and exchange experience with others. Prof. Hiroyuki Oizumi from Yamagata University Faculty of Medicine is one of the invited speakers and he gave a speech on “Thoracoscopic anatomical lung segmentectomy achieved by 3D CT simulation”. During the speech, he showed some videos to tell audience how to better read 3D CT images. The editorial office of Journal of Visualized Surgery (JOVS) had a great honor to do an interview with him after his speech (Figure 1).

Since Prof. Oizumi gave a speech about 3D CT simulation in the forum, the interview focused on his experience and thoughts about this technique. Prof. Oizumi told us that 3D CT simulation is very progressing in Japan, especially for thoracoscopic anatomic lung segmentectomy, and almost every hospital is able to use this technique. But they may use different softwares to implement 3D CT simulation.

Although 3D CT simulation is promising and easy for physicians to use, Prof. Oizumi thought that this technique still needs improvement. Currently, it takes much time to achieve the 3D CT bronchus image. Prof. Oizumi hoped that this time could be shortened in the future (Figure 2).

Expert introduction

Prof. Hiroyuki Oizumi graduated Yamagata University (Yamagata, Japan) in 1983, receiving his PhD degree in 1992. He received training in general surgery, cardiovascular surgery and thoracic surgery at Yamagata University Hospital and its affiliated hospitals.

Currently he is the associate professor of the Department of Cardiovascular, Thoracic and Pediatric Surgery (The Second Department of Surgery) in Yamagata University Faculty of Medicine, the professor of the Division of General Thoracic Surgery in Yamagata University Hospital and the vice-chairman of the Endoscopic Surgery Center working at Yamagata University Hospital.

He initiated VATS lobectomies since 1994 but the candidates were limited. Since 2002 he gradually increased the number of VATS lobectomy or segmentectomy after the improvement of imaging technology about endoscopic surgery. Since 2004 his VATS lobectomy or segmentectomy evolved into the port access thoracoscopic procedure.

He enabled the thoracoscopic anatomical segmentectomy procedure to apply all segments including the lateral basal segment of the lower lob; that is the most difficult part for thoracoscopic maneuver. Also he developed a posterior...
approach for anatomical resections of the posterior basal segmentectomies and introduced a method into pediatric anatomical lung segmentectomies. Therefore he is the pioneer surgeon in the world performing thoracoscopic anatomical segmentectomies and he has published several papers describing this procedure and the results in the most important medical journals of thoracic surgery.

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None.

Footnote

Conflicts of Interest: The author has no conflicts of interest to declare.

References


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