Preface

Evolving and Emerging Technologies in Colon and Rectal Surgery

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A wave of change, innovation, and technology rolls ever onward through medicine and surgery. Some techniques will ride the crest; some will crash and disappear; some will be washed away; and finally others will remain left untouched as anchor points for our profession.

Today most “midcareer” colorectal surgeons straddle great ages in surgery. We remember fiber optic flexible colonoscopy, presurgical admissions for bowel preps, celluloid X-rays, while we look into the pelvis through stereoscopic robotically controlled videochip telescopes and wonder when we will be able to rid ourselves of all the wires and incisions all together and only do surgery through natural orifices. Laparoscopy is no longer new. In a few years, it will have been 30 years since its routine use in abdominal colorectal surgery. Patients now accept it and expect it as the norm. Beginning as a dream from the Defense Advanced Research Projects Agency (DARPA) robotic surgery began as a method to treat critically injured soldiers under combat conditions and has evolved to what can arguably be called the standard for some operations today. Since Dr. Gerhard Buess pioneered transanal endoscopic microsurgery in 1983, before the adaptation of the videochip to surgery, its role has evolved and developed into TAMIS and combined with robotic technology to what is currently applicable to NOTES surgery. Endoscopic techniques themselves have evolved from purely diagnostic tools to therapeutic and in some cases definitive resectional cancer therapies.

Combining evolving endoscopic resection with advanced laparoscopy has given rise to hybrid techniques, combined endoscopic and laparoscopic surgery. We have also included an informative article on magnetic resonance imaging staging in rectal cancer. It was a late submission from the previous issue of *Clinics*, but is also an emerging technology in our specialty.

We were honored to be asked to be guest editors for this edition of *Clinics in Colon and Rectal Surgery*. All of the changes and revolutions aforementioned have occurred since we first stepped foot in medical school.

We chose to pursue the rolling wave of technological change in our profession. We chose topics we feel are of importance as the cutting edge and what will be commonplace in the short-term future. We thank our authors, experts in their fields—riding the front of the wave—for contributing their time, expertise, and insights; and for leading us into the future.

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