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Nota di contenuto	PPart I General Statement -- 1 Nomenclature -- 2 General Knack of Segmentectomy -- 3 Prognosis after segmentectomy -- 4 Pulmonary function after segmentectomy -- Part II Segmentectomy of the Right Upper Lobe -- 5 Right upper lobe -- 6 Right S1 segmentectomy -- 7 Right S2 segmentectomy. Pulmonary vein is central and apical vein type -- 8 Right S2 segmentectomy. Pulmonary vein is an apical vein type -- 9 Right S3 segmentectomy -- 10 Right S3 segmentectomy, finally converted to lobectomy due to insufficient surgical margin -- 11 Right S1+S2 double segmentectomy by only using stapler -- 12 Right S1+S2 double segmentectomy by using electrocautery -- 13 Right S1+S3 double segmentectomy for inflammatory mass -- 14 Right S1+S2a segmentectomy with dividing interlobar fissure -- 15 Right S1+S3a segmentectomy without exposing V2 -- 16 Right S1+S3a segmentectomy with exposing V2 -- 17 Right S1+S2a segmentectomy without dividing interlobar fissure -- 18 Right S2+S1a segmentectomy -- 19 Right S2+S3a segmentectomy -- 20 S1b+S3a segmentectomy -- 21 Right S2b +S3a double sub-segmentectomy -- 22 Right S3a sub-segmentectomy for metastatic lung cancer -- 23 Right S3a sub-segmentectomy for primary lung cancer -- 24 Right S3b sub-segmentectomy -- 25 Right S3bi sub-sub-segmentectomy -- 26 Completion lobectomy of right upper lobe for margin recurrence after S1+S3 segmentectomy -- Part III Segmentectomy of the Right Lower Lobe -- 27 Segmentectomy in the right lower lobe -- 28 Right S6

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Sommario/riassunto

This book explains more than 30 types of segmentectomy with plentiful figures to explain the intraoperative findings and anatomy of the lung. It also provides videos to help readers recognize the tricks and techniques that are not explained in still images. The book is organized into four parts following the anatomy of the lung; right upper lobe, right lower lobe, left upper lobe, and left lower lobe. Each chapter goes into detail on each segment and offers the latest devices and procedures. Although segmentectomy is known as curative surgery for early-stage small lung cancers, not many surgeons can perform with accuracy due to its anatomical complexity. Therefore, the purpose of Anatomical Segmentectomy for Lung Cancer is to share the knowledge and experiences of performing the surgeries and to further enhance the techniques by creating a foundation for building on to this knowledge. It is a valuable resource for thoracic surgeons interested in curative surgery for small lung cancers and for those who wish to stay up to date on the latest techniques.