Response: Letter to Editor

Lee L. Swanstrom • Christy M. Dunst • Georg Spaun

Received: 26 March 2010 / Accepted: 11 May 2010 / Published online: 25 May 2010
© 2010 The Society for Surgery of the Alimentary Tract

We would like to thank Doctors Assouad and Grunenwald for their kind response and comments on our paper “Future applications of flexible endoscopy in esophageal surgery”.

They accurately point out that there is a rich history of innovation in mediastinoscopy that spans nearly a century. Unfortunately, most of these efforts used rigid instruments and optics which have always limited their application. Nonetheless, we, as do all innovators, function only by “standing on the shoulders of giants” who have gone before. We hope that the new generation of flexible endoscopes being developed will stimulate a renaissance in mediastinal surgery.

We did consider gasless standard approaches but felt that it would be difficult to achieve our goals of accessing the

complete length of the mediastinum without both insufflation and flexible instrumentation. Unfortunately, our porcine animal model is uniquely sensitive to mediastinal or pleural space insufflation even with CO₂. As Dr. Assouad points out, simple needle decompression of the pleural space corrects the problem of capnothorax. If the mediastinal pleura is not violated, care must be taken to keep the insufflation pressures low (<8 mmHg). Fortunately, humans are much more resilient and easily tolerate both capnothorax and mediastinal insufflation.

We like the concept of transcervical thoracoscopy with flexible endoscopes that Drs. Assouad and Grunenwald propose and encourage them to pursue their ideas.

L. L. Swanstrom (✉) • C. M. Dunst • G. Spaun
Legacy Health System,
Portland, OR, USA
e-mail: lswanstrom@aol.com