



Minimal-access surgery

I read with much interest the letter from S. C. Cunningham titled “Minimally accurate nomenclature” [1]. I do agree that, generally speaking, there is some confusion surrounding terms such as “minimally invasive,” “endoscopic,” and “video-assisted,” among others, but it is my opinion that “minimal access surgery” is a definition we have to keep.

We are not “minimally invasive surgeons” but, simply, surgeons who are expert in using different accesses to performing surgery; namely, the endoscopic, the video-assisted, and, for cavities, the laparoscopic and thoracoscopic approaches. These different accesses are “minimally invasive” when compared with open surgery. The term defines the route of the access itself, not the “working space” that the surgeon is able to develop, with gas (CO₂ insufflation) or without gas (gasless). We must accept that the right semantic has to

be built, step-by-step, with any innovation, as minimally invasive surgery is.

Reference

1. Cunningham SC (2006) Minimally accurate nomenclature. Surg Endosc 20: 998

F. Rulli

Dipartimento di Chirurgia
Università di Roma “Tor Vergata”
Viale Oxford 81
00133, Rome, Italy

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