Foreword

Surgical Technology International, Volume 31, December 2017

Dear Professor Zoltan Szabo, Editor-in-Chief
Dear Thomas Laszlo, Publisher

It is a great honor and privilege to be invited to write this foreword and to participate in the celebration of Surgical Technology International, a venerable publication that has been serving the surgical community for more than 25 years. Indeed it is a unique and splendid academic text in this enormous field.

The task involved in the continuous updating of this publication by the Editor-in-Chief, all the Editorial Advisor Board Members, and Publisher, is not to be underestimated. In General Surgery I can appreciate the depth of this endeavor considering how knowledge and technology quickly changes and improves everyday on a daily basis.

The same wonderful creativity you have demonstrated as a writer and Editor-in-Chief for each of the original volumes, now numbering more than 30 issues on new technology and techniques in surgery, is a passion we share. Your facility is impressive in moving freely among the various specialties as General Surgery, Cardiovascular, Advanced Wound Healing, Gynecology, Urology, Bariatric, Hernia Repair, Orthopaedics, Spine and Neurosurgery. It is my wish to extend this passion to new members of our beautiful family of surgeons, introducing them to Surgical Technology International and teaching them the secrets of the art of Surgery.

Without doubt it is a very pleasant duty.

I had the opportunity to review the study by John Rose on the world’s global volume of surgery. The map included (Table 1), along with its statistical evidence of the geographical contrasts, was striking. One country’s surgical volume and breadth is staggering, while another country’s is nearly void.

The suggestion has been and remains that around in the globe a multitude of surgeons must carry on their valuable efforts in humanitarian cooperation. But we need a more diffuse and systematic social consciousness. Surgical societies and organizations, universities, the journals must be involved in an extensive, well-established cultural, moral, ethical, political and technological engagement. A general consensus is needed involving our young surgeons in this collaborative effort. This may and should be the future of a true, positive globalization in surgery.

Dear Professor Szabo and all the editors of Surgical Technology International, we likely have much in common. We may represent the same generation--definitely the same sense of duty and role, and the same educational background from our masters. They were extraordinary surgeons and they showed us, day by day, the nature of our obligation. The list is long but can never be overstated: (1) to consider the prime interest of the patient first and foremost; (2) to commit oneself to challenging cases; (3) not to ever hesitate in answering a request for help; (4) never to say “Tomorrow” when Today is possible; (5) to participate in the continuous improvement of techniques and technologies, (6) to audit research, and finally to (7) disseminate these advancements through writing.

Our masters demonstrated the basic lessons of accessibility and update which are the essential traits of the surgeon, characteristics which must be transmitted to the all future generations of surgeons. Our generation has had the good fortune and the extraordinary, exciting, and unique task of transmitting to young surgeons such fundamental values from tradition. Even more vital has been the endeavor of leading them into the new world of the great changes in surgery in technology: minimally invasive techniques (including NOTES), robotically-assisted technologies, and transplantation advancements.

The task the culture of multidisciplinary cooperation is unending, as it is the only one which leads all patients to the most appropriate clinical decision.

With great esteem,

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