



Prof. Abe Fingerhut: the East needs to show the West not only how they do things but why

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Editor's note

In a meeting room of Ruijin Hospital in Shanghai, we met Prof. Fingerhut for the first time (*Figure 1*).

“What a serious gentleman!” I thought.

He inquired about the issues related to the *Annals of Laparoscopic and Endoscopic Surgery (ALES)* journal. For the problems we have met, he carefully gave us a few valued suggestions based on his knowledge and experience one by one.

Prof. Fingerhut is nearly 80 years old but still energetic. When we asked why he could keep full of energy and enthusiasm, he said, “*My physical age is (almost) 80, but I try to keep my mental age younger.*”

“What a lovely gentleman!” I thought.

Thanks to the 4th Annual East Meets West—A Medical and Surgical Symposium, we got the opportunity to meet Prof. Fingerhut. He told us that he was also pleased to have the chance to learn how the surgeons from China deal with the hot topics of today, such as complete mesocolic excision, the SPADE operation for gastric carcinoma, how the surgeons are dealing with transanal surgery in as an example transanal total mesorectal excision (taTME). He was excited to come China and communicate with Chinese medical professionals.

With regard to some specific issues in minimally invasive surgery, we invited Prof. Fingerhut to share his comments.

Expert's introduction

Dr. Fingerhut, born in 1939 in New Brunswick New Jersey, USA, received his BA in organic chemistry from the University of Pennsylvania in 1961 and his medical degree from the University of Paris in 1971. He worked in several Parisian hospitals (under the tutelage of renown surgeons such as A Toupet and M Mercadier) before becoming assistant, then chief of service in the Centre Hospitalier Intercommunal of Poissy, France in 1987, position he held until 2006. He was named Associate Professor of Surgery.

Department of Surgery Louisiana State University Medical Center. New Orleans, Louisiana, USA in 1993, Professor of the Collège des Médecins des Hôpitaux de Paris in 2000, and holds three Professor DSc (hon) degrees (Medical University of Graz, Austria, University of China, Tai Chung Taiwan and University of Bucharest, Romania).

He is author or co-author of >700 articles or book chapters in peer-reviewed journals and major textbooks and has participated as speaker, chairman, or organizer in more than 950 National and International meetings. As assistant secretary of the French Association for Clinical Research, he was co-author or contributed to the publication of more than 140 controlled or prospective trials run in France in the last 21 years.

He is or has been on the Editorial board of 22 French and international journals. He teaches laparoscopic surgery in connection with the EAES (European Association for Endoscopic Surgery) [past president (2011–2013)], emergency surgery in connection with the European Society of Trauma and Emergency Surgery (ESTES) (past president 2011–2012), medical writing (in French and in English) for over 30 years and Definitive Surgery Trauma Care (DSTC) courses (founding member) of the International Association for Trauma and Surgical Intensive Care (IATSIC) (past president 1995–1997). He was President of the 14th World Endoscopy Surgery meeting held in Paris June 25–28, 2014. His current research involves the potential role of indocyanine green fluorescent techniques in the prevention of bile-duct injury during laparoscopic cholecystectomy and intraoperative detection of vascular insufficiency for gastrointestinal operations with anastomoses.

Interview

ALES: *Can you briefly introduce the current status of minimally invasive surgery (MIS) in Austria? In which field is MIS most widely used?*

Prof. Fingerhut: The main operations performed

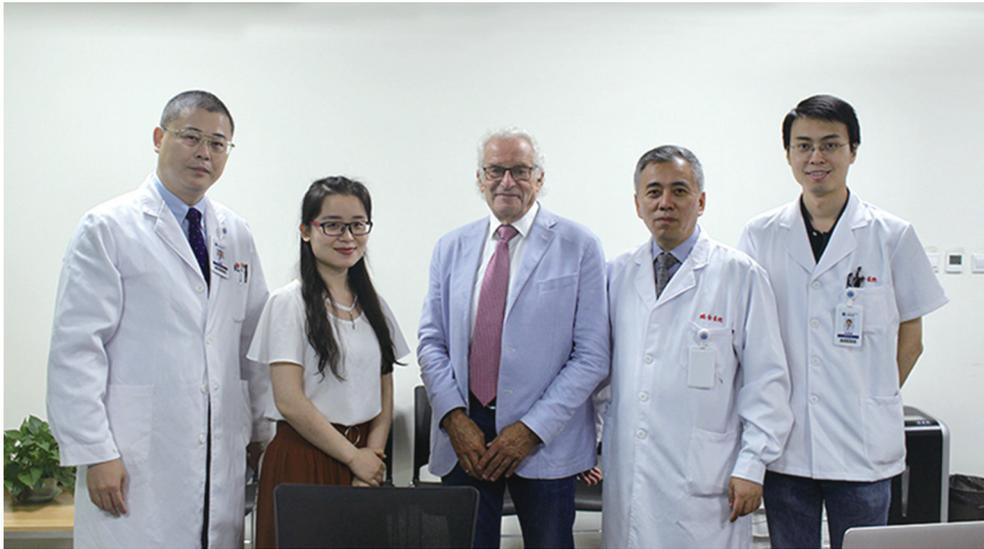


Figure 1 Group photo during the meeting (from left: Dr. Lu Zang, Molly, Prof. Fingerhut, Prof. Minhua Zheng, and Dr. Junjun Ma).

laparoscopically in Austria, as other countries in Europe, are laparoscopic cholecystectomy, appendectomy and of late, inguinal and incisional hernia repair. Of note, today, major operations are now currently performed on a regular basis in Hospitals, well equipped private clinics. My personal experience is in gastroesophageal reflux surgery for upper gastrointestinal (GI) tract surgery and colorectal surgery for lower GI tract surgery.

The University Hospital that I am associated with in Graz specializes in splenic and pancreatic surgery. Therefore, there are many referrals for laparoscopic distal pancreatectomy as well as total and partial splenectomy, the two specialties of the Surgical Unit I am associated with in this hospital. The use of laparoscopy for diagnosis of abdominal injuries related to trauma is also one of the specialties that have been developed extensively in the Visceral Surgery Unit headed by Professor S Uranes.

Besides, laparoscopic liver resections are being performed regularly since the arrival of a highly specialized surgeon in this domain.

ALES: *How do you see the minimally invasive surgical techniques in China? Are there any differences from those in your country?*

Prof. Fingerhut: China is moving very fast in many domains in surgery, including minimal access surgery. Prof. Minhua Zheng, whom I know for many years, has

been pivotal in this advance, and is one of the leading laparoscopic colorectal surgeons not only in China but also in Asia.

There are not many differences, other than the volume of patients, which is enormous in China compared with the small country that is Austria.

However, there is a lack of high-quality publications from China in major English (or American) journals. There has been some progress in the last few years, but much more remains to be done. To further develop the skills necessary to improve this situation, it is very important to think about organizing courses in Medical Writing and Clinical methodology in China. I have been heavily involved in such activities in France and Europe for more than 30 years and am developing this more and more today in Vietnam, Taiwan, and hopefully, soon in Mainland China.

ALES: *Are there any promising minimally invasive surgical technologies? What do you think may be the future trends?*

Prof. Fingerhut: There are many promising techniques and technologies. First, taTME certainly has a future. Laparoscopic complete mesocolic excision has yet to earn a formal place in the armamentarium for colonic cancer, but certainly has the potential if the operative morbidity can be checked in non-expert centers.

Secondly, routine use of indocyanine green cholangiography

should lead to lessen the rate of bile duct injuries in the near future.

As well, routine use of indocyanine green angiography should help to assess the vascular supply after colorectal resections and lead to lessen the fistula rate due to vascular insufficiency.

Finally, augmented reality is just around the corner to assist surgeons in difficult operations such as complicated liver or pancreatic resections.

ALES: *In your opinion, what are the challenges for future collaboration between the east and the west?*

Prof. Fingerhut: As said before, I think the major challenge is to improve the quality of clinical research and publications coming from China. There is a dire need to teach how to correctly appraise the literature and write high quality scientific papers. The East has the technical expertise, now the surgeons need to write and show the West not only how they do things but why and prove that the outcomes are worthy of the technical prowess that the surgeons of the East have.

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