

Thoracic and Cardiovascular Surgery

Division of General Thoracic Surgery

[Seoul National University Hospital]

1. Introduction

The SNUH division of thoracic surgery is a leading group of general thoracic surgery in South Korea, clinically and scientifically.

We provide complete services within the specialty of general thoracic surgery, including thoracic surgical oncology, lung transplantation, minimally invasive surgery including VATS and robotic surgery. Thoracic surgical oncology is the main theme of the division. We perform about 900 cases of lung cancer, 70 cases of esophageal cancer and 150 cases of thymic epithelial tumor every year. Minimally invasive thoracic surgery has been widely applied in SNUH since 1994. Currently, we perform 85-90% of lung cancer surgeries each year using minimally invasive surgery at our center. Robotic surgery program initiated at 2007 and is currently applied to all types of thoracic surgeries. Especially, robotic esophageal cancer surgery and mediastinal tumor surgery has been widely adopted in our center. We perform around 250 cases of robotic thoracic surgeries annually.

The research program in the division of general thoracic surgery emphasizes advance of minimally invasive surgery, surgical management of early lung cancer, translational research of lung cancer and lung transplantation. Our center publishes more than 20 SCI/SCIE journals annually. We provide several education programs such as the surgical skill workshop for thoracic and cardiovascular surgery residents in South Korea, annual Lee Yung Kyoon memorial symposium which covers the most cutting-edge knowledge in thoracic and cardiovascular surgery, and VATS surgical skill training program.

All our faculty members are trainer of Asia Thoracoscopic Surgery Education Program. The SNUH division of general thoracic surgery can provide the best opportunity for the education of advanced surgical technique and advances in thoracic surgical oncology by high number of cases, active research activities and well-structured program.

2. Visiting fellowship program

2-1. Short-term visiting fellowship program

VATS and RATS for thoracic oncology program

*Overview

Learn and discuss about the most recent advances in strategy and techniques in minimally invasive thoracic surgical oncology

*Contents

[Lung cancer]

- Basic of VATS/RATS surgery: Set-up, instrument, incisions, basic and advanced skills
- VATS/RATS lobectomy and segmentectomy in lung cancer
- Mediastinal lymph node dissection in VATS and RATS
- Decision for the extent of pulmonary resection in early- stage lung cancer
- Multidisciplinary approach of Lung cancer center in SNUH Cancer Hospital

[Esophageal cancer]

- Basic of RAMIE (robot-assisted minimally invasive esophagectomy): Set-up, instrument, incisions, basic and advanced skills
- Total RAMIE: surgical principles, anastomosis technique
- Mediastinal lymph node dissection in RAMIE

***Curriculum (2 weeks)**

- Operation: Observation of 10 lung cancer surgery, 1-2 esophageal cancer surgery
- Participation as an assistant in 1-2 VATS lobectomy. 9am to 5pm, weekday
- Multidisciplinary lung cancer conference: Tuesday, 5pm (optional)
- Multidisciplinary preoperative case review conference: Friday, 7am
- Multidisciplinary case discussion at outpatient clinic: Monday, 1pm (optional)
- Feedback meeting: Presentation about what trainee learned and feedback from the faculty.
*Duration and schedule of program will be individualized after discussion with visiting fellow.

2-2 Long-term visiting fellowship program

***Duration: 6 to 12 months**

Basic curriculum will be similar with short term program.

Long-term visiting fellow will participate daily clinical and research work as like regular clinical fellows of the division.

Visiting fellow can experience all field of general thoracic surgery including esophageal cancer surgery, mediastinal surgery, lung transplantation, pediatric thoracic surgery, etc.

Visiting fellow is encouraged to perform research work under the supervision of faculty.

Duration and schedule of program will be individualized after discussion with visiting fellow.

3. Faculty member

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