

## **1. What is the definition of endocrine surgery? How far should it go?**

Since the foundation of the International Association of Endocrine Surgeons (IAES) in 1979 the field of endocrine surgery is defined as surgery of the thyroid, parathyroids, adrenals, and neuroendocrine tumors of the gastrointestinal tract and pancreas. Of notice it seems to be important emphasising that basic knowledge (anatomy, physiology including genetics and pathophysiology) is an essential component of surgical diagnosis and treatment.

During the last 30 years surgery, as well as endocrine surgery, has changed substantially nationally and internationally to a more and more organ-oriented specialization. Thus in many countries endocrine surgery nowadays is concentrated on neck endocrine surgery of the thyroid and parathyroid, and apart from general surgeons colleagues from other disciplines or surgical services are taking part at special areas of endocrine surgery (otolaryngology, urology, digestive, hepatobiliary and pancreas surgery). Interdisciplinary team work not only between non-surgical and endocrine surgery specialists but also between different kinds of surgeons dealing with distinct endocrine organs is the hallmark of endocrine surgery today.

The European Board of Surgery therefore decided to offer two types of examination for qualification in endocrine surgery: Neck endocrine surgery, and Endocrine Surgery. In Germany actually there is no subspecialization for endocrine surgery. Surgery of endocrine organs as pointed out are performed mainly by general surgeons.

My personal view is that an endocrine surgeon whatever the field of endocrine surgery he/she is practicing should cover the whole area of organ-oriented types of surgery, e. g. in the case of thyroid surgery also extended resections of thyroid cancer (cervicovisceral, lateral neck, transsternal mediastinum, minimally-invasive a. o.), and in the case of endocrine pancreas and liver also different types of liver and pancreatic resections.

## **2. Why did you choose endocrine surgery? What were the obstacles during rising endocrine surgery up in Germany and Europe?**

At the beginning of my academic career I started with general and endocrine pathology, this work kindled my enthusiasm for surgery of the endocrine organs.

As pointed out endocrine surgery as many other fields of surgery are changing. The pros of endocrine surgeons have been and are that they have an excellent training in basic endocrine research, knowledge of (patho)physiology and genetics. However, they have to face that patients today would like to have a "one-stop-shopping-surgeon", a surgeon flanked by a team of specialists who is capable to manage the entire disease including different types of surgery, less or major extensive. Modern endocrine surgeons are on the way adopting this philosophy by accepting a somehow smaller but deeper area of responsibility.

## **3. How far can the endocrine surgeon go with minimally-invasive surgery? Is it a challenge or should we be cautious?**

Today minimally-invasive surgery is part of endocrine surgery as far as thyroid, parathyroid, adrenal, pancreas and neuroendocrine tumors are concerned. The patients want to have it, the techniques of instruments allow it, thus we should do it although we know that minimally-invasive surgery in general and also concerning endocrine surgery is only good for the short-term but does not improve outcome at the long-term.

In my department we offer to the patients all types of minimally-invasive endocrine surgery including axillary approach to the thyroid, minimally-invasive parathyroidectomy, laparoscopic and retroperitoneoscopic adrenalectomy, and laparoscopic pancreatic resection. If the lesion is resectable by minimally-invasive approach the patient decides, which approach she/he prefers.

**4. As far as I know, you have been in contact with Turkish colleagues. Based on the experiences with these, what is your opinion about endocrine surgery in Turkey?**

From my knowledge there is no difference in general between endocrine surgery in Turkey, Europe, or US. Turkish endocrine surgeons have adopted all modern endocrine surgery methods in their armamentarium. They have excellent contacts to international centers of excellence, and they have perfect options for international conferences.

**5. What would you advice the Turkish endocrine surgeons for a promoting collaboration with Europe or vice versa?**

The European Society of Endocrine Surgeons (ESES) has been developed recently as the european assembly for all surgeons including ENT and others with special interest in endocrine surgery. I would like to invite all Turkish endocrine surgeons to be part of that society, and would be happy if Turkish endocrine surgeons would organize one of the future ESES congresses or workshops.

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