surgery while we could see nothing and gradually became tired and frustrated. Surgical residents can now see exactly what the operator is looking at through the monitors with little need for strength and durability. What happened during surgery can easily be reproduced in a video, and scrutinizing this video would probably be more informative than reading textbooks on surgical technique with plenty of figures, photos, and written explanations. Moreover, we have allowed our medical students to perform cholecystectomy in a virtual reality simulator, and noticed that several students excel in hand–eye coordination without any prior training, possibly because they have been playing computer games throughout their childhood. It has actually been reported that prior experience with open surgery does not help when attempting to gain proficiency in laparoscopic cholecystectomy in a simulated setting [9]. While the experiences at Nagoya and Yokohama could be used to convert an established open surgeon into a laparoscopic surgeon, we should perhaps begin to construct a training program to turn a medical student with no prior experience in open surgery into a laparoscopic surgeon.

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