

Embracing the future: The integral role of artificial intelligence in modern surgical practice

Jignesh Gandhi^{1*} and Vani Vijay²

¹Department of Surgery, Seth G.S. Medical College and KEM Hospital, Acharya Donde Marg, Parel, Mumbai-400012, Maharashtra, India and ²Senior Consultant, Colorectal and Laparoscopic Surgeon, MIRA Healthcare & Apollo Spectra Hospitals, 3rd Main Road, Kasthuribai Nagar, Chennai-600020, Tamil Nadu, India

Received: 28th February 2024; *Accepted:* 20th March 2024; *Published:* 01st April 2024

Objective of the review

The objective of this review is to demystify the application of artificial intelligence (AI) in the field of surgery by presenting it in a practical, use-case-oriented manner. By dissecting the sequential steps involved in surgical procedures, we aim to identify and explore potential AI use cases at each stage, offering surgeons a clear understanding of how AI technologies can be integrated into their practice.

Advent of Artificial Intelligence in Surgery

Surgical practices have witnessed profound evolution, transitioning from traditional open surgeries to minimal access techniques, with robotic surgery now a standard in various fields [1]. This evolution underscores a push towards precision and a reduced invasiveness. The integration of AI into surgery marks a significant shift, poised to enhance surgical education, practice, and patient outcomes [2].

As AI technology advances, the demand for surgeons skilled in AI increases, highlighting its role in improving imaging, patient management, navigation, and robotic interventions [3-4]. The adoption of AI is critical for boosting accuracy, enhancing visualization, and potentially bettering patient recovery and satisfaction [5]. Despite mixed views on AI's impact on surgical times and outcomes, the consensus generally supports AI's transformative potential in surgery [6].

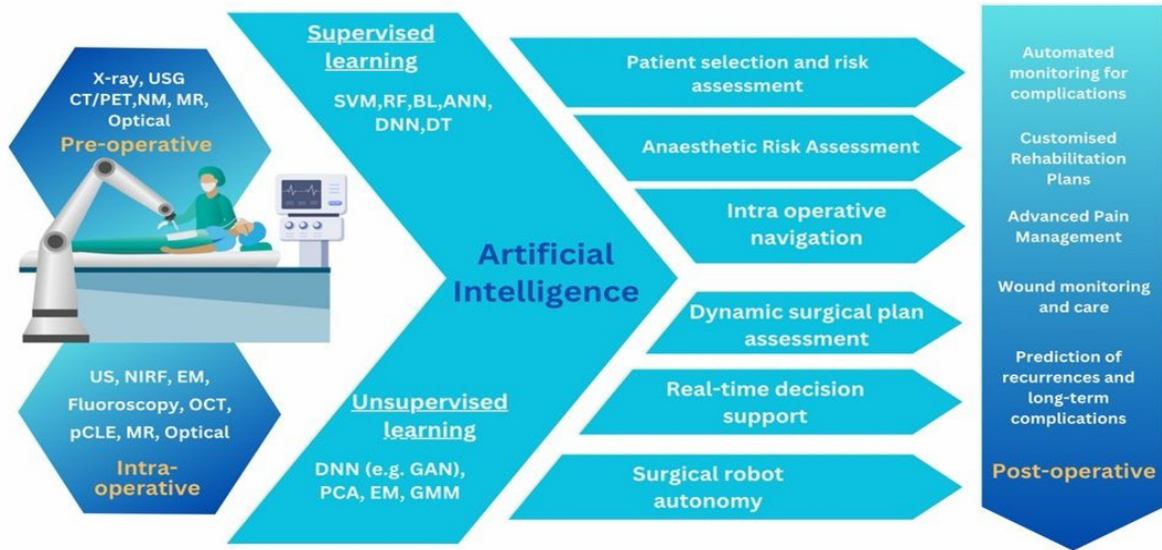
AI encompasses a wide area of computer science aimed at creating machines capable of tasks requiring human intelligence, including learning, problem-solving, perception, and decision-making [10].

Machine Learning (ML), a key subset of AI, uses statistical methods to improve outcome predictions, learning over time from historical data without specific programming for each task. Deep Learning, an advanced ML technique, involves neural networks that mimic the human brain, allowing machines to recognize patterns in large datasets. This has been crucial in advancing computer vision, natural language processing, and notably, medical diagnostics and treatment planning [11]. The integration of AI in surgery, amidst ethical and privacy challenges, indicates a promising future for enhanced patient care and outcomes [7-9].

Artificial Intelligence and Surgery

For our discussion, we've categorized the surgical process into pre-operative, operative, and post-operative phases to discuss AI's integration. In each category, we've identified specific steps where AI can be applied, provided examples of real-world use cases. **Image-1. Provides a summary of the entire discussion.**

Image-1: A summary of applications of AI in Surgery



Pre-operative phase

In the pre-operative landscape, AI is instrumental in refining patient selection [12] and enhancing diagnostic imaging analysis for meticulous surgical planning [13]. It also plays a crucial role in the design of patient-specific prosthetics [14], enriching patient education [15], and tailoring anesthetic risk assessment to individual profiles [16], setting the stage for successful surgical outcomes.

Steps in Pre-Operative Phases	Potential Benefits	Real Life Use Case
Patient Selection and Risk Assessment	Enhances precision in preoperative evaluation for optimal outcomes [12]	To predict the patients at risk of strangulation in cases of inguinal hernia.
Diagnostic Imaging Analysis	Offers detailed imaging for informed surgical decisions.[13]	Mapping coronary arteries for precise angioplasty planning.

Steps in Pre-Operative Phases	Potential Benefits	Real Life Use Case
Customized Prosthetics Design	Provides custom prosthetics for improved orthopedic surgeries. [14]	Creating bespoke hip implants for complex arthroplasty cases.
Patient Education and Engagement	Personalizes patient care plans for improved compliance [15]	To communicate more efficiently and effectively the surgical procedures to the patients.
Anesthetic Risk Assessment	To evaluate and predict the anesthetic risks tailored to individual patient profiles, ensuring safer anesthesia management [16]	Optimizing anesthetic protocols for high-risk lobectomy patients.

Operative Phase

During the operative phase, AI is pivotal in intraoperative navigation, avoiding critical structures [17], dynamically adjusting surgical plans [18], and granting semi-autonomous capabilities to surgical robots [19]. It also supports real-time decision-making [20] and assists in precise tissue characterization to minimize damage [21].

Steps in Operative Phases	Potential Benefits	Real Life Use Case
Intraoperative Navigation	Enhances surgical precision, promoting patient safety. [17]	Avoiding the 'Triangle of Pain' and 'Triangle of Doom' during hernia repair surgeries.
Dynamic Surgical Plan Adjustment	Modifies surgical strategy in response to real-time data. [18]	Adjusting resection margins on the fly in partial nephrectomies as new information emerges.
Surgical Robot Autonomy	Grants robotic systems semi-autonomous capabilities. [19]	Enabling advanced maneuvers in pelvic surgeries where manual dexterity is limited.
Real-Time Decision Support	Supplies immediate, data-based insights intra-operatively [20]	Adapting to intraoperative cardiac load changes during valve repair surgeries.
Tissue Characterization	Accurately differentiates between tissue types during surgery. [21]	Discerning fibrotic from normal liver tissue in hepatectomy procedures for cirrhosis management.

Post-Operative Phase

Post-operatively, AI aids in automated monitoring for early detection of complications

[22], curates customized rehabilitation plans [23], manages post-operative pain [24], and facilitates wound care using smartphone images for timely interventions [25]. Moreover, it helps predict recurrence and long-term complications, ensuring comprehensive follow-up care [26].

Steps in Post-Operative Phases	Potential Benefits	Real Life Use Case
Automated Monitoring for Complications	Detects early indicators of post-surgical complications. [22]	Identifying early signs of sepsis in patients post-colectomy.
Customized Rehabilitation Plans	Creates recovery plans based on individual healing trajectories. [22]	Personalizing rehabilitation exercises for patients after ACL repair.
Advanced Pain Management	Customizes postoperative pain control protocols. [23]	Fine-tuning pain management for patients undergoing thoracotomy.
Wound Monitoring and Care	Utilizes mobile imaging for remote ulcer wound management. [24]	Monitoring diabetic foot ulcers using smartphone-based imaging for home care patients.
Prediction of Recurrence and Long-term Complications	Anticipates potential long-term postoperative issues. [25]	Forecasting the likelihood of hernia recurrence after mesh repair surgeries.

Use of AI beyond Operations

AI aids in healthcare administration by optimizing scheduling, patient flow, and resource allocation, using predictive analytics to forecast patient admissions and reduce waiting times. It simplifies billing and coding

processes, enhancing accuracy and compliance while reducing the administrative burden [26]. In medical education, AI enables personalized learning experiences and simulation-based tools for risk-free surgical practice and decision-making [27]. AI improves healthcare accessibility, facilitating telemedicine for remote or underserved areas, ensuring high-quality care without the need for travel [28]. Additionally, AI transforms academic research by streamlining the Systematic Literature Review (SLR) process, automating data extraction and synthesis, and identifying research trends, contributing to knowledge advancement in various fields.

Challenges and Ethics

Integrating AI into surgical practices involves adapting to new technologies and ensuring data privacy and security, adhering to regulations like General Data Protection Regulation (GDPR) and Health Insurance Portability and Accountability Act (HIPAA). This integration must complement surgeons' skills without disrupting workflows. Ethical concerns such as consent, transparency, accountability, and mitigating biases in AI are crucial [29]. The effectiveness of AI depends on large, diverse datasets, but its reliability may falter in complex cases [30]. Additionally, the cost of AI technologies poses financial barriers, impacting access in low-resource areas, making equitable healthcare access a significant issue [31].

Financial Support and sponsorship: Nil

Conflicts of interest: There are no conflicts of interest.

Future Considerations

The integration of artificial intelligence (AI) into surgical practices marks a transformative step towards advanced healthcare, emphasizing the significance of AI in enhancing patient outcomes, precision, and the overall delivery of care. Surgeons are encouraged to familiarize themselves with AI and machine learning basics, particularly Python programming, to leverage AI's capabilities in healthcare effectively.

This knowledge enables surgeons to collaborate with technical teams, contributing to AI tool development tailored to surgical needs. As healthcare continues to evolve, the adoption of AI promises more efficient, precise, and personalized care, extending its benefits across research, patient care, and education. However, navigating this innovation requires addressing ethical, security, and access considerations to balance the potential of AI with responsible healthcare delivery in the AI era.

Acknowledgments

Our thanks to **Devansh Lalwani** for his pivotal insights on artificial intelligence that have enriched this publication's exploration of AI in surgery.

References

1. Cobianchi L, Verde J, Loftus T, Piccolo D, Mas F, Mascagni P, Kaafarani H. Artificial intelligence and surgery: ethical dilemmas and open issues. *J of the American College of Surgeons*, 2022; 235(2):268-275.
2. Farid Y. (2024). Artificial intelligence in plastic surgery: insights from plastic surgeons, education integration, chatgpt's survey predictions, and the path forward. *Plastic and Reconstructive Surgery Global Open*, 2024; 12(1):e5515.
3. Gumbs A, Frigerio I, Spolverato G, Croner R, Illanes A, Chouillard E & Elyan E. Artificial intelligence surgery: how do we get to autonomous actions in surgery?. *Sensors*, 2021; 21(16):5526.
4. Gupta A, Chennatt J, Singla T, Rajput D & Bindal V. Training and credentialing in robotic surgery in india: current perspectives. *J of Minimal Access Surgery*, 2022; 18(4):497.
5. Hashimoto D, Rosman G, Rus D & Meireles O. Artificial intelligence in surgery: promises and perils. *Annals of Surgery Open*, 2018; 268(1):70-76.
6. Kamal A, Zakaria O, Majzoub R & Nasir E. Artificial intelligence in orthopedics: a qualitative exploration of the surgeon perspective. *Medicine*, 2023; 102(24):e34071.
7. Parums DV. (2021). Editorial: artificial intelligence (AI) in clinical medicine and the 2020 CONSORT-AI study guidelines. *Med Sci Monit*. 2021; 27:e933675
8. De Simone B, Abu-Zidan FM, Gumbs AA et al. Knowledge, attitude, and practice of artificial intelligence in emergency and trauma surgery, the ARIES project: an international web-based survey. *World J Emerg Surg* 2022; 17:10.

9. Spoer DL, Kiene JM, Dekker PK, Huffman SS, Kim KG, Abadeer AI, Fan KL. A Systematic Review of Artificial Intelligence Applications in Plastic Surgery: Looking to the Future. *Plast Reconstr Surg Glob Open*. 2022; 10(12):e4608.
10. Russell S & Norvig P. Artificial Intelligence: A Modern Approach (3rd ed.). *Prentice Hall*. 2010.
11. Goodfellow I, Bengio Y, & Courville, A. Deep Learning. MIT Press. 2016. Available from: <http://www.deeplearningbook.org>
12. Hassan AM, Rajesh A, Asaad M, Nelson JA, Coert JH, Mehrara BJ, Butler CE. Artificial Intelligence and Machine Learning in Prediction of Surgical Complications: Current State, Applications, and Implications. *Am Surg*. 2023; 89(1):25-30.
13. Pinto-Coelho L. How Artificial Intelligence Is Shaping Medical Imaging Technology: A Survey of Innovations and Applications. *Bioengineering (Basel)*. 2023; 10(12):1435.
14. Kulkarni PG, Paudel N, Magar S et al. Overcoming Challenges and Innovations in Orthopedic Prosthesis Design: An Interdisciplinary Perspective. *Biomedical Materials & Devices* 2024; 2: 58-69.
15. Dave M & Patel N. Artificial intelligence in healthcare and education. *Br Dent J* 2023; 234:761-764.
16. Singh M & Nath G. Artificial intelligence and anesthesia: A narrative review. *Saudi Journal of Anaesthesia* 2022; 16(1):86-93.
17. Siemionow KB, Katchko KM, Lewicki P, Luciano CJ. Augmented reality and artificial intelligence-assisted surgical navigation: Technique and cadaveric feasibility study. *J Craniovertebr Junction Spine*. 2020;11(2):81-85
18. Loftus TJ, Altieri MS, Balch JA, Abbott KL, Choi J, Marwaha JS, Hashimoto DA, Brat GA, Raftopoulos Y, Evans HL, Jackson GP, Walsh DS, Tignanelli CJ. Artificial Intelligence-enabled Decision Support in Surgery: State-of-the-art and Future Directions. *Ann Surg*. 2023; 278(1):51-58.
19. Horton M. Autonomous robot improves surgical precision using AI. *Nvidia Developer*. 2-2-2022. Available from: <https://developer.nvidia.com/blog/autonomous-robot-improves-surgical-precision-using-ai/>
20. Loftus TJ, Tighe PJ, Filiberto AC, Efron PA, Brakenridge SC, Mohr AM, Rashidi P, Upchurch GR Jr, Bihorac A. Artificial Intelligence and Surgical Decision-making. *JAMA Surg*. 2020; 155(2):148-158.
21. Ren Y, Tyler PD, Shoukat D et al. Performance of a Machine Learning Algorithm Using Electronic Health Record Data to Predict Postoperative Complications and Report on a Mobile Platform. *JAMA Netw Open*. 2022; 5(5):e2211973.
22. Swarnakar R, Yadav SL. Artificial intelligence and machine learning in motor recovery: A rehabilitation medicine perspective. *World J Clin Cases*. 2023; 11(29):7258-7260..
23. Umapathy S, Krishnan PT. Automated detection of orofacial pain from thermograms using machine learning and deep learning approaches. *Expert Syst*. 2021. Available from: <https://doi.org/10.1111/exsy.12747>
24. Chairat S, Chaichulee S, Dissaneewate T, Wangkulangkul P, Kongpanichakul L. AI-Assisted Assessment of Wound Tissue with Automatic Color and Measurement Calibration on Images Taken with a Smartphone. *Healthcare (Basel)*. 2023;11(2):273.
25. Kinoshita M, Ueda D, Matsumoto T et al. Deep Learning Model Based on Contrast-Enhanced Computed Tomography Imaging to Predict Postoperative Early Recurrence after the Curative Resection of a Solitary Hepatocellular Carcinoma. *Cancers (Basel)*. 2023; 15(7):2140.
26. Bajwa J, Munir U, Nori A, Williams B. Artificial intelligence in healthcare: transforming the practice of medicine. *Future Healthc J*. 2021; 8(2):e188-e194.
27. Kawka M, Gall TMH, Fang C, Liu R, Jiao LR. Intraoperative video analysis and machine learning models will change the future of surgical training. *Intelligent Surgery*, 2022; 1: 13-15.
28. Haleem A, Javaid M, Singh RP, Suman R. Telemedicine for healthcare: Capabilities, features, barriers, and applications. *Sens Int*. 2021; 2:100117.
29. O'Sullivan S, Nevejans N, Allen C, Blyth A, Leonard S, Pagallo U, Holzinger K. Legal, Regulatory, and Ethical Frameworks for Development of Standards in Artificial Intelligence (AI) and Autonomous Robotic Surgery. *Int J Med Robotics Comput Assist Surg*. 2019; 15(1):e1968.
30. Liu X, Faes L, Kale AU, Wagner SK, Fu DJ, Bruynseels A et al. A Comparison of Deep Learning Performance Against Health-Care Professionals in Detecting Diseases From Medical Imaging: A Systematic Review and Meta-Analysis. *Lancet Digit Health*. 2019; 1(6):e271-e297.
31. Wirtz VJ, Hogerzeil HV, Gray AL, Bigdeli M, de Joncheere CP, Ewen MA, Gyansa-Lutterodt M et al. Essential Medicines for Universal Health Coverage. *Lancet*. 2017; 389(10067):403-476.

Cite this article as: Gandhi J and Vani V. Embracing the future: The integral role of artificial intelligence in modern surgical practice. *AI Ameen J Med Sci* 2024; 17(2):98-102.

This is an open access article distributed under the terms of the Creative Commons Attribution-Non Commercial (CC BY-NC 4.0) License, which allows others to remix, adapt and build upon this work non-commercially, as long as the author is credited and the new creations are licensed under the identical terms.

***About the author:** Dr. Jignesh Gandhi is a noted expert in General Surgery at Seth GS Medical College & KEM Hospital, Acharya Dondhe Marg, Parel, Mumbai-400012, Maharashtra, India. He can be accessible by E-mail: jigneshkem@gmail.com