

 $RESEARCH INVENTION JOURNAL OF SCIENTIFIC AND EXPERIMENTAL SCIENCES \ 4(1): 46-49,\ 2024$

©RIJSES Publications

ONLINE ISSN: 1115-618X

PRINT ISSN: 1597-2917

https://doi.org/10.59298/RIJSES/2024/414649

The Role of AI in Improving Surgical Outcomes

Wambui Kibibi J.

School of Natural and Applied Sciences Kampala International University Uganda

ABSTRACT

Artificial intelligence (AI) is transforming surgical procedures by improving precision, efficiency, and patient outcomes. This study investigates the role of artificial intelligence in the optimization of robotic-assisted surgeries, preoperative planning, and intraoperative decision-making. With the rise of machine learning algorithms trained on surgical data, AI can detect issues, increase safety, and supplement surgical teams' capabilities. This review focuses on existing surgical practice challenges, the incorporation of AI into the operating theater, and the potential for AI-driven technologies to reduce human errors. The ethical concerns and future developments required for widespread AI usage in surgery are also addressed. **Keywords:** Artificial intelligence, surgical robots, machine learning, patient safety, preoperative planning.

INTRODUCTION

The proliferation of surgical robots in the operating rooms of hospitals and care facilities has sparked interest and excitement in efforts to harness artificial intelligence (AI) to enhance their functionality. Meanwhile, operating room surgical teams face the daunting challenge of rapidly controlling and managing increasingly complex robotic systems while maintaining the nearly impossibly attentive focus required for precise surgical action. AI has shown great potential to improve surgical outcomes and control robotic systems. Emerging AI solutions are examined, which aim to augment the capabilities of surgical robots and the surgical teams managing them. These specific solutions are explored in depth, and the medical AI ecosystem is broadly discussed. The challenges of integrating AI into surgical robots and the operating room environment are examined, and the potential future of surgical AI is speculated upon [1]. The surgical robot is a sophisticated mechatronic system designed to assist surgeons in performing delicate and intricate procedures. The surgical robot assists the surgeon in motion scaling, tremor filtration, and restoring the natural fulcrum pivot point of an endoscope by employing several degrees of freedom. Surgical robots can provide articulated instruments, a computer-controlled stable view, seamless integration of imaging data, augmented intelligence, and capabilities for teleoperated surgery. There are currently two commercially available robotic surgical systems and several more academic robotic surgical systems are being developed and tested [2]. On the other hand, robotic surgical systems and their surgical teams are still entirely reliant on their own and their team's capabilities. Here, AI is envisioned to assist surgical teams in managing surgical robots, augmenting the capabilities currently provided by the robotic systems themselves. Machine learning algorithms, when trained on large datasets of surgical video, robot action data, and surgical team activity data, can potentially predict the trajectory of a surgical procedure, robot motions, necessary tools, and timings, and recognize and react to surgical events. Since the last decade, several teams have already completed pioneering works in detecting robotic and laparoscopic instruments in surgical video, classifying robot actions, and detecting active surgical tasks [1].

Current Challenges in Surgical Practice

Surgical practice faces challenges that affect patient outcomes, especially in complex surgeries. The majority of challenging events occur in the first half of the procedure. Procedural complexity and medical guidelines can strain surgeons. Understanding human concerns can help design supportive systems. Patient safety is a crucial issue in healthcare, particularly after the "To Err Is Human" report. Surgery

This is an Open Access article distributed under the terms of the Creative Commons Attribution License (http://creativecommons.org/licenses/by/4.0), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited

https://rijournals.com/scientific-and-experimental-sciences/

has potential health benefits but also high risks. Other organizations can provide safety improvement strategies. Healthcare providers from various domains work together for patient safety. There are concerns about the quality and safety of healthcare services. Risks associated with surgery have gained attention. Studies on surgical safety focus on adverse outcomes without understanding the underlying processes [3]. During 100, 300, and 500 open heart surgeries in a single large teaching hospital, researchers observed real-time operations with respect to surgical safety, including violations, injuries, and near misses. Safety performance was defined based on two concepts: adherence to safety regulations and protection against injuries. Safety regulations were in the form of the right of healthcare personnel to stop the operation if there was a perceived risk to the patient, while rules on how to handle unexpected serious injuries were enforced within the institutions. Violation of safety regulations was common and, in a significant portion of those cases, there were unintended consequences that injured patients or almost did $\lceil 4 \rceil$.

Patient Safety

Surgery is a key aspect of medical systems, but it remains risky despite advancements in technique and technology. Unintended events during procedures have lasting consequences and cost approximately \$10 billion/year. Most of these event's stem from errors or miscommunication rather than technical failures. To create safer robotic surgical platforms, it is important to understand how intended events turn into unintended events and how they propagate. The Brazilian National Agency of Supplementary Health monitors medical accidents, but more analysis is needed to define preventive measures. Cognitive analysis before surgery aims to anticipate human errors in complex systems $\lceil 5 \rceil$. The resulting model is thus intended to serve as a decision support system at various design stages from identifying potential hazards early in development to assessing post-accident recovery plans and ultimately, should improve safety and system performance. Given the central role of the expert in defect prevention, modeling such experts' activities is likely to provide effective avenues to enhancing system safety. In the surgical domain, modeling the surgeon's cognitive activity is thus a first step towards gaining insight into the complex mechanisms at play in the successful conduct of difficult surgical procedures. A formal representation of such a model should then serve as a co-focusing framework to understand how unintended events occur and propagate to the various stakeholders involved in the surgical activity, to better design safety nets afterward [6].

Applications of AI in Surgery

Preoperative assessment is crucial for surgical risk determination and optimizing patient outcomes. Computational methods are being explored to enhance surgical risk assessments. Various risk stratification tools have been developed, using multicenter cohort studies and mathematical models. Tailored care based on individual patient covariates can improve outcome prediction. Machine learning algorithms have been employed to develop risk stratification tools for different surgical specialties. However, comparing these tools is challenging due to variations in patient sets, prediction targets, model types, and outcome definitions [7]. Robotic-assisted surgical systems have been developed over the past few decades to reduce invasiveness and improve the precision of surgical procedures, benefiting both patients and surgical teams. This technology enables 3D high-definition vision of the surgical area on ultra-wide-angle screens, instrumentation with robotic arms that can be moved 540° in all directions, and the use of endoscope-mounted robotic instruments. The combination of these advantages allows translating the surgeon's wrist movements into delicate instrument movements that mitigate the natural tremors. As a result, robotic-assisted procedures are very precise, and in the hands of experienced surgical teams, typically thrive to improve clinical outcomes. Nevertheless, robotic surgical systems also have drawbacks, including high operational costs, technological dependence, and the need for traditional laparoscopic surgical experience, indicating the training of surgical teams in these skills before embarking on robot-assisted surgery [8].

Preoperative Planning

Surgical outcomes depend on preoperative planning, which requires analyzing patient data to identify key factors for success and assess risks. AI solutions exist for some tasks but aren't integrated into comprehensive tools for informed decision-making. Implementing AI tools in preoperative phases can tailor pathways to individual patients, increase success rates, and optimize resource allocation. Predictions based on patient histories show potential for 10-30% decrease in complication rates. AI-guided simulators and virtual reality can enhance surgical team training. Active AI research in preoperative planning will likely enhance surgical success [7, 9].

This is an Open Access article distributed under the terms of the Creative Commons Attribution License (http://creativecommons.org/licenses/by/4.0), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited

https://rijournals.com/scientific-and-experimental-sciences/

Impact of AI on Surgical Outcomes

The introduction of AI in surgery has revolutionized the field, improving safety and efficiency. AI assists with surgical planning, skill assessment, navigation systems, and monitoring patient metrics. It optimizes workflow, improves nurse-instrument relationships, and detects unsafe conditions. AI also predicts outcomes, detects complications and analyzes surgical records. It contributes to understanding robotic surgery outcomes and can identify low-performance surgeons. AI is valuable for measuring surgical quality and predicting complications [10]. Exploring the feasibility and clinical impact of AI and machine learning in predicting surgical complications shows the ability to manage and minimize complications, a profound impact on surgical care quality and outcomes, and a significant reduction in total complications, prolonged hospital stays, and mortality. AI systems contribute significantly to developing preventive measures, reducing the likelihood of complication event recurrence, and improving care quality. Deep learning models using computer vision in surgical videos can fully automate the intraoperative surgical phase identification process, a vital step toward developing AI-driven surgical assistance systems. The impact of computer vision and AI on the field of surgical video analysis enhances understanding and optimal utilization of minimally invasive surgeries, improving patient outcomes, surgical effectiveness, and healthcare savings [11].

Reduction In Complications

Endoscopic products with AI integration enhance motion control, analyze background information, and automate surgical evaluations. This cutting-edge technology reduces conversion rates to open surgery, improves image quality, streamlines surgical procedures, and raises thought-provoking ethical questions. The transformative power of AI revolutionizes surgical outcomes by optimizing precision, efficiency, and accuracy, ultimately leading to enhanced patient care and well-being. With its ability to intelligently assist surgeons, AI serves as a game-changer in the field of medicine, sparking new possibilities and revolutionizing the dynamics of healthcare [12].

Future Directions and Ethical Considerations

Artificial intelligence (AI) can enhance surgical operations, but further development and training are necessary. AI must accurately process visual data in real time and address ethical, legal, and societal implications. Liability issues may arise if automated robotic systems fail. Non-expert surgeons and limited-resources facilities adopting AI could risk non-compliance. Distance from patients and lack of personal contact may affect decision-making. Bias and thin validation can undermine AI reliability. Liability must rest with the surgical team or institute using the technology, not just the AI providers [13]. Lastly, merely improving surgical performance is an incomplete vision. Technological-cultural cooperation must happen to bridge the gap between human cognition, its bodily embodiment, and machine cognition and the ensuing ramifications for surgical performance enhancement. Surgical cognition is guided by a reciprocal interplay between external and internal restraints, and emergent issues need to be faced when developing AI technologies to enhance surgical performance. It is crucial to safeguard the biological substrate being manipulated by the technological supplement, whether through injury, body modification, organ replacement, control over surgical intervention, and mid-term consequences of surgical cognition disruption in terms of ethical decision-making [14].

CONCLUSION

AI is already changing the face of surgery by providing tools to improve precision, reduce complications, and aid in decision-making. AI improves surgical team effectiveness and minimizes the risks associated with difficult procedures by utilizing machine learning algorithms and real-time data analytics. As technology advances, AI integration into both robotic systems and human-led surgeries is projected to result in better patient outcomes, lower costs, and increased safety. However, ethical considerations such as culpability, bias, and surgeon-AI collaboration must be properly addressed for AI's full potential to be realized in the operating room.

REFERENCES

- 1. Iftikhar M, Saqib M, Zareen M, Mumtaz H. Artificial intelligence: revolutionizing robotic surgery. Annals of Medicine and Surgery. 2024 Sep 1;86(9):5401-9. <u>lww.com</u>
- Singh G, Jie WW, Sun MT, Casson R, Selva D, Chan W. Overcoming the impact of physiologic tremors in ophthalmology. Graefe's Archive for Clinical and Experimental Ophthalmology. 2022 Dec;260(12):3723-36. springer.com
- Soltany A, Hamouda M, Ghzawi A, Sharaqi A, Negida A, Soliman S, Benmelouka AY. A scoping review of the impact of COVID-19 pandemic on surgical practice. Annals of medicine and surgery. 2020 Sep 1;57:24-36. <u>sciencedirect.com</u>

This is an Open Access article distributed under the terms of the Creative Commons Attribution License (http://creativecommons.org/licenses/by/4.0), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited

https://rijournals.com/scientific-and-experimental-sciences/

- Nielsen JC, Kautzner J, Casado-Arroyo R, Burri H, Callens S, Cowie MR, Dickstein K, Drossart I, Geneste G, Erkin Z, Hyafil F. Remote monitoring of cardiac implanted electronic devices: legal requirements and ethical principles-ESC Regulatory Affairs Committee/EHRA joint task force report. EP Europace. 2020 Nov;22(11):1742-58. <u>ulb.ac.be</u>
- Padula WV, Pronovost PJ. Defects in Value Associated With Hospital-Acquired Conditions: How Improving Quality Could Save US Healthcare \$50 Billion. Journal of Patient Safety. 2023 Jul 19:10-97.
- Garrow CR, Kowalewski KF, Li L, Wagner M, Schmidt MW, Engelhardt S, Hashimoto DA, Kenngott HG, Bodenstedt S, Speidel S, Müller-Stich BP. Machine learning for surgical phase recognition: a systematic review. Annals of surgery. 2021 Apr 1;273(4):684-93. <u>lww.com</u>
- Chen X, Liu X, Wang Y, Ma R, Zhu S, Li S, Li S, Dong X, Li H, Wang G, Wu Y. Development and validation of an artificial intelligence preoperative planning system for total hip arthroplasty. Frontiers in Medicine. 2022 Mar 22;9:841202.
- 8. CHAUHAN S, SHINDE RK, JAIN Y. Robotic-assisted Surgery and its Impact on Patient Outcomes: A Narrative Review. Journal of Clinical & Diagnostic Research. 2023 Oct 1;17(10). <u>[HTML]</u>
- Dreyfus J, Audureau E, Bohbot Y, Coisne A, Lavie-Badie Y, Bouchery M, Flagiello M, Bazire B, Eggenspieler F, Viau F, Riant E. TRI-SCORE: a new risk score for in-hospital mortality prediction after isolated tricuspid valve surgery. European Heart Journal. 2022 Feb 14;43(7):654-62. <u>oup.com</u>
- Abbasi N, Hussain HK. Integration of Artificial Intelligence and Smart Technology: AI-Driven Robotics in Surgery: Precision and Efficiency. Journal of Artificial Intelligence General science (JAIGS) ISSN: 3006-4023. 2024 Aug 21;5(1):381-90. <u>boulibrary.com</u>
- 11. Hyer JM, White S, Cloyd J, Dillhoff M, Tsung A, Pawlik TM, Ejaz A. Can we improve prediction of adverse surgical outcomes? Development of a surgical complexity score using a novel machine learning technique. Journal of the American College of Surgeons. 2020 Jan 1;230(1):43-52. [HTML]
- 12. Andras I, Mazzone E, van Leeuwen FW, De Naeyer G, van Oosterom MN, Beato S, Buckle T, O'Sullivan S, van Leeuwen PJ, Beulens A, Crisan N. Artificial intelligence and robotics: a combination that is changing the operating room. World journal of urology. 2020 Oct;38:2359-66. <u>nivel.nl</u>
- 13. Ward TM, Mascagni P, Ban Y, Rosman G, Padoy N, Meireles O, Hashimoto DA. Computer vision in surgery. Surgery. 2021 May 1;169(5):1253-6. <u>thomasward.com</u>
- 14. Gao F. Developing a Cognitive System for Local Cultural Image Reconstruction: An Integrated Approach with Management Information Systems and User Feedback. EVOLUTIONARY STUDIES IN IMAGINATIVE CULTURE. 2024 Jul 26:74-96. <u>esiculture.com</u>

CITE AS: Wambui Kibibi J. (2024). The Role of AI in Improving Surgical Outcomes. RESEARCH INVENTION JOURNAL OF SCIENTIFIC AND EXPERIMENTAL SCIENCES 4(1):46-49. https://doi.org/10.59298/RIJSES/2024/414649

 $P_{age}49$