



# ESCRS Presidential Address 2025

## Missing Pieces in The Jigsaw

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President of Egyptian Board of Colorectal Surgery  
Regional Vice President of ISUCRS

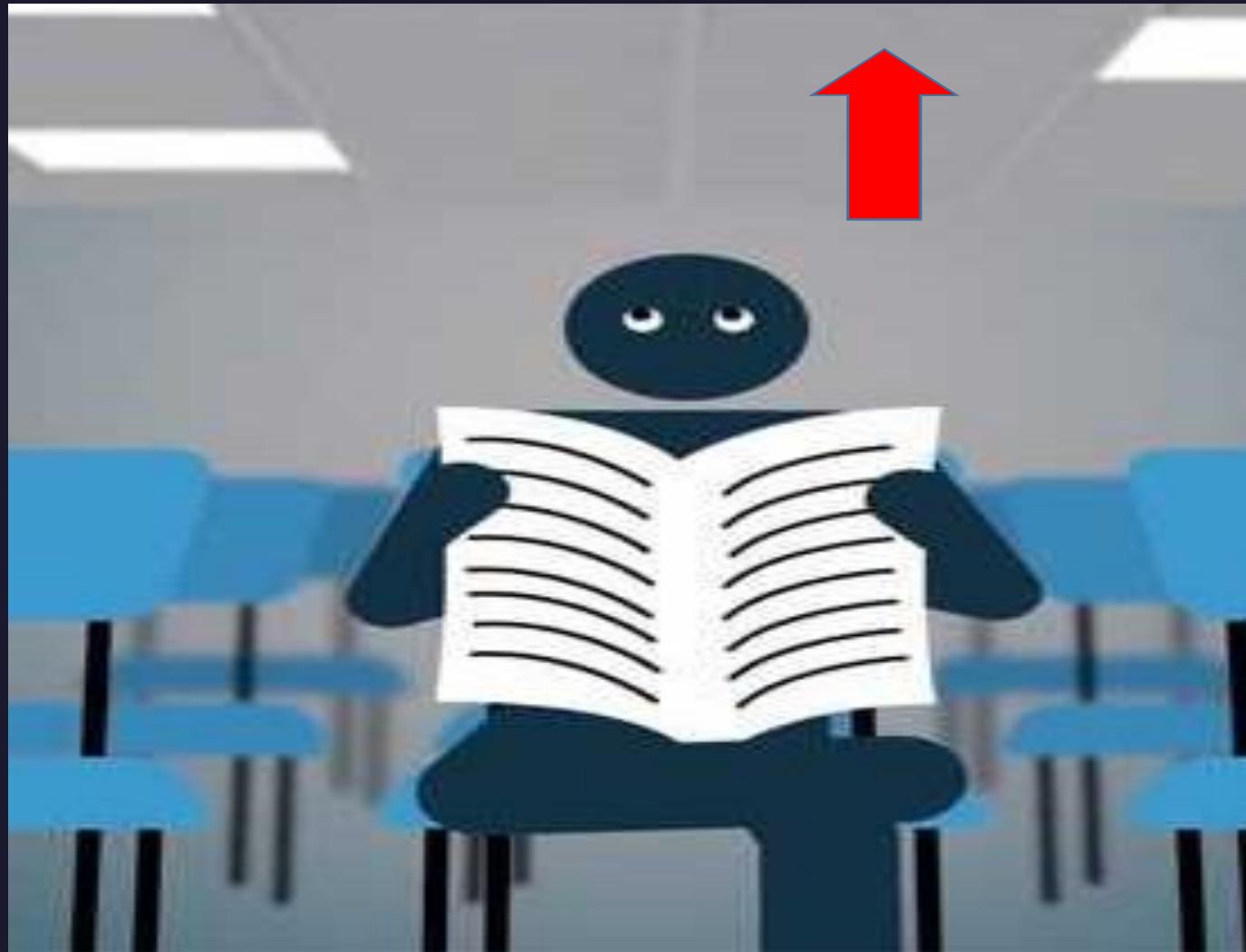


# Disclosures

- Speaker and trainer for Medtronic
- Consultant for Touch Stone



# Let's imagine



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WE HUMAN  
HAVE A TENDENCY TO

SEEK  
FOR

WHAT WE'RE MISSING



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Get

Get It

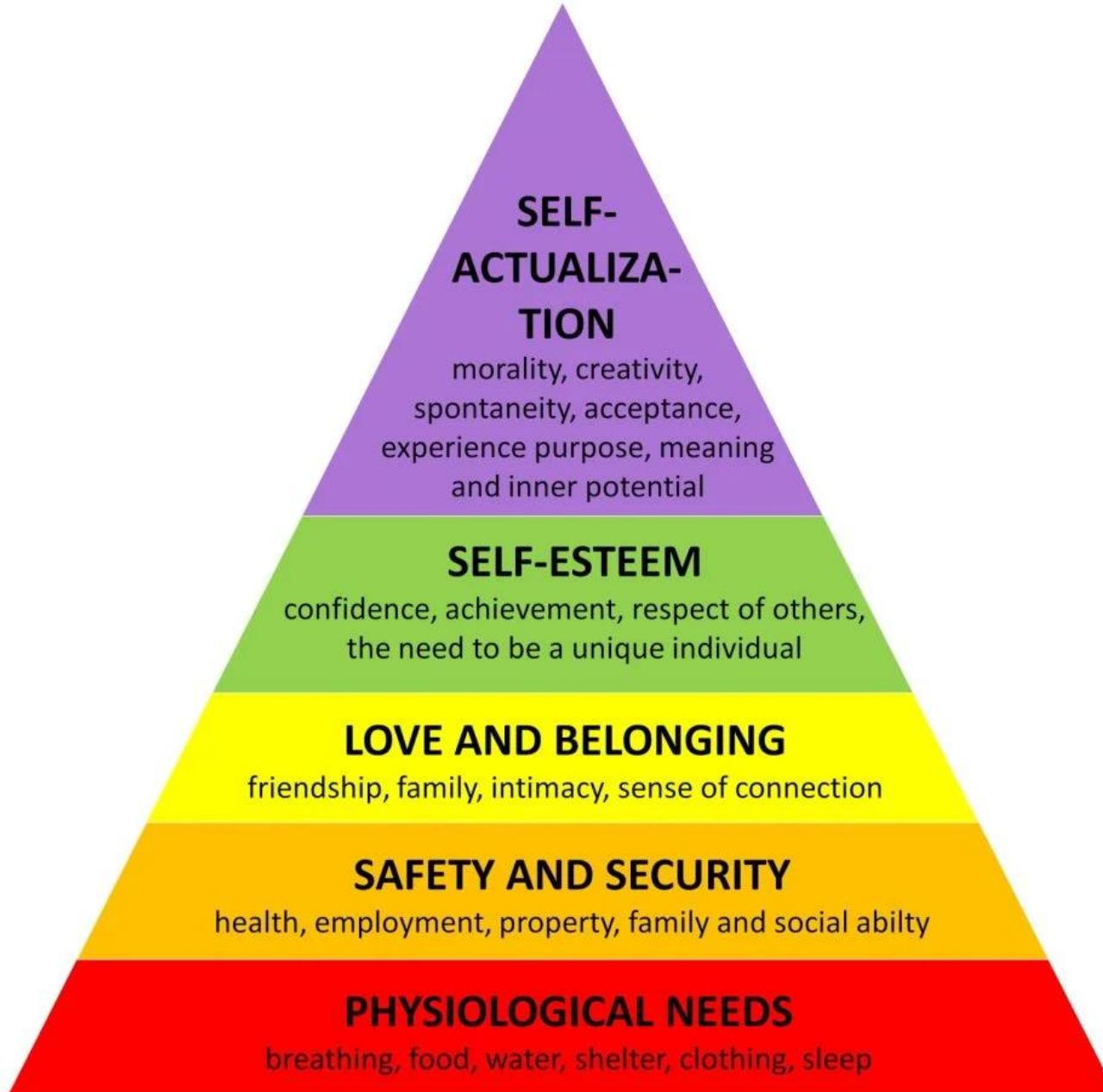
Forget

Forget it

Replace

Replace it

How to deal with?



## *The Missing Tiles Syndrome*

*“focusing on the things that we don’t have  
and in the process, robbing ourselves of  
happiness.”*



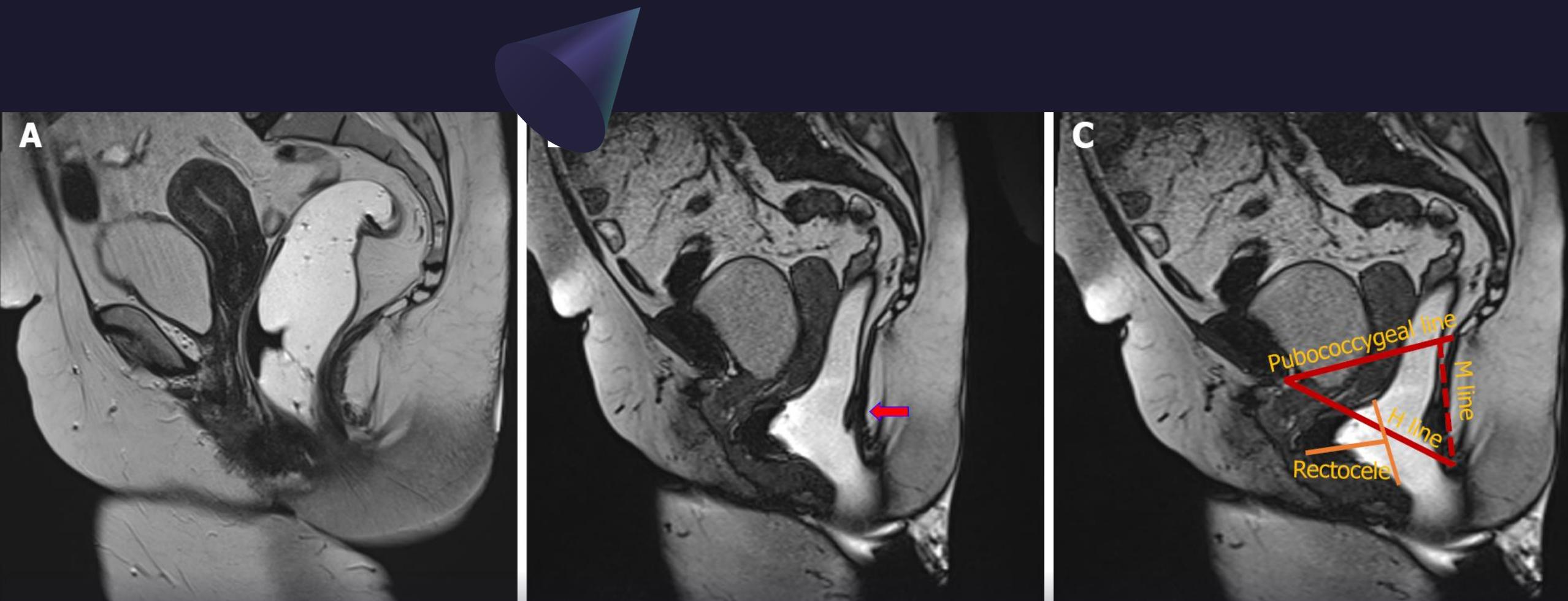
# What about Colorectal Surgery?

Patients come  
to us to fix their  
missing tiles

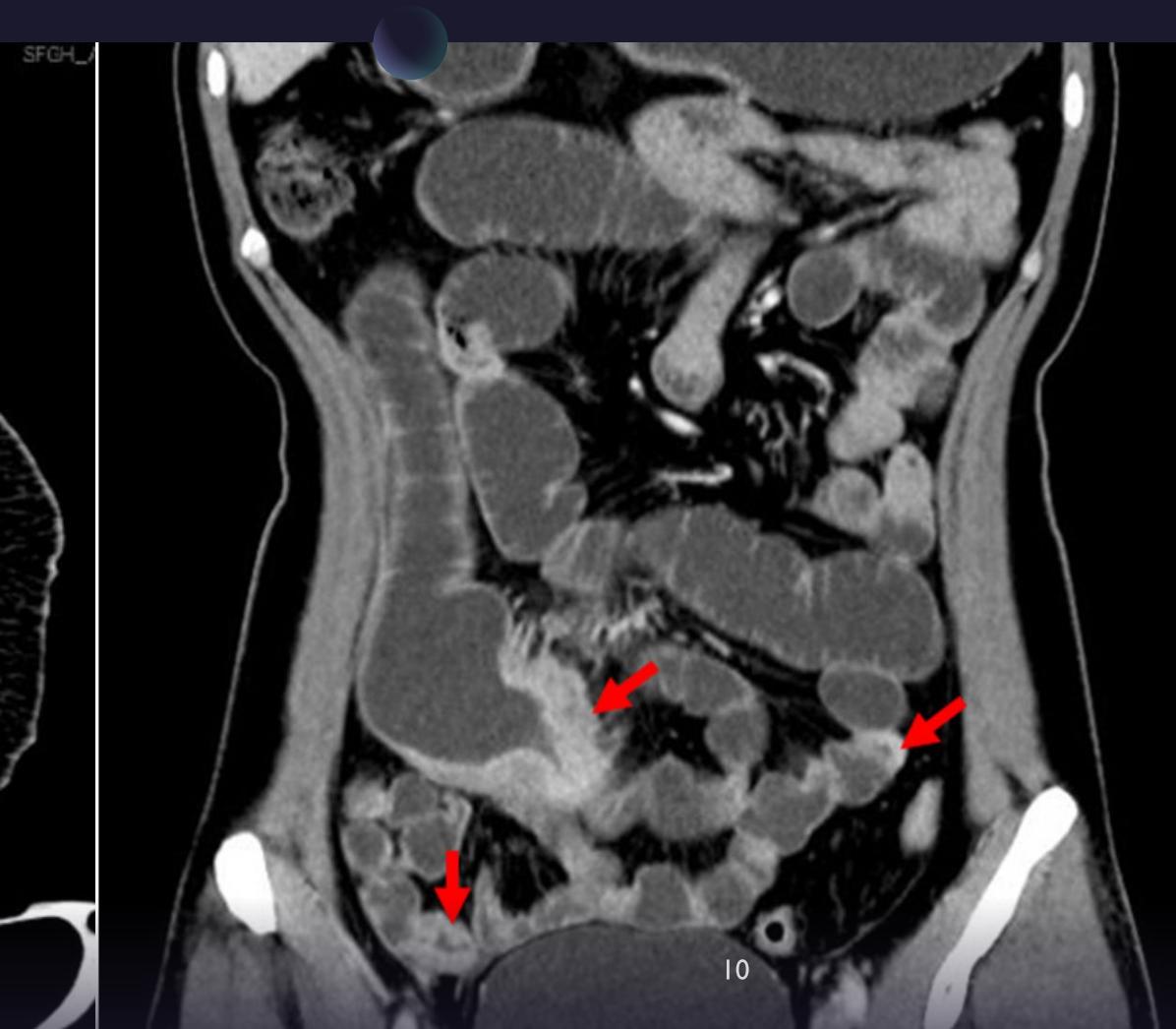
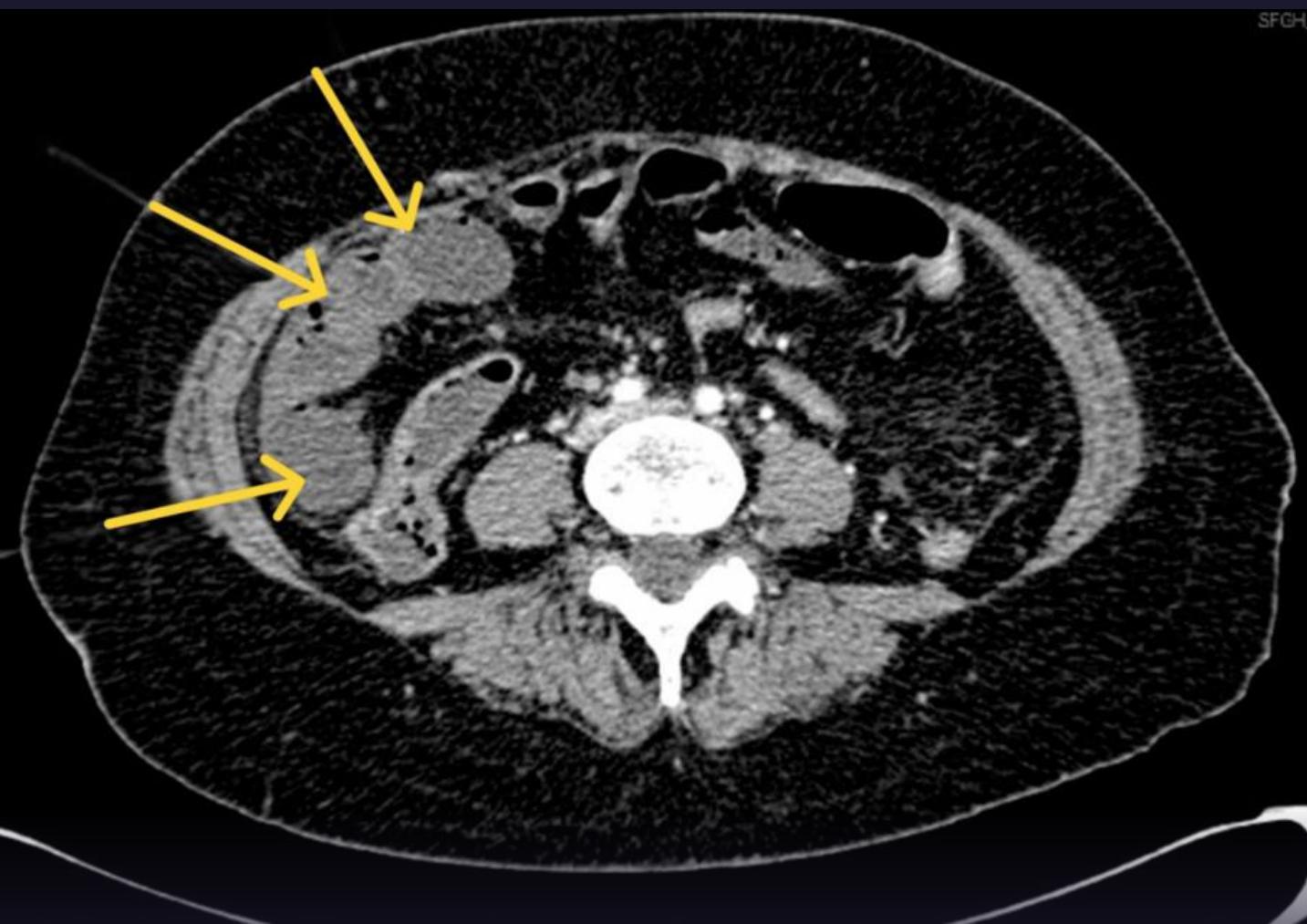
Just a single one,  
occasionally,  
several of them



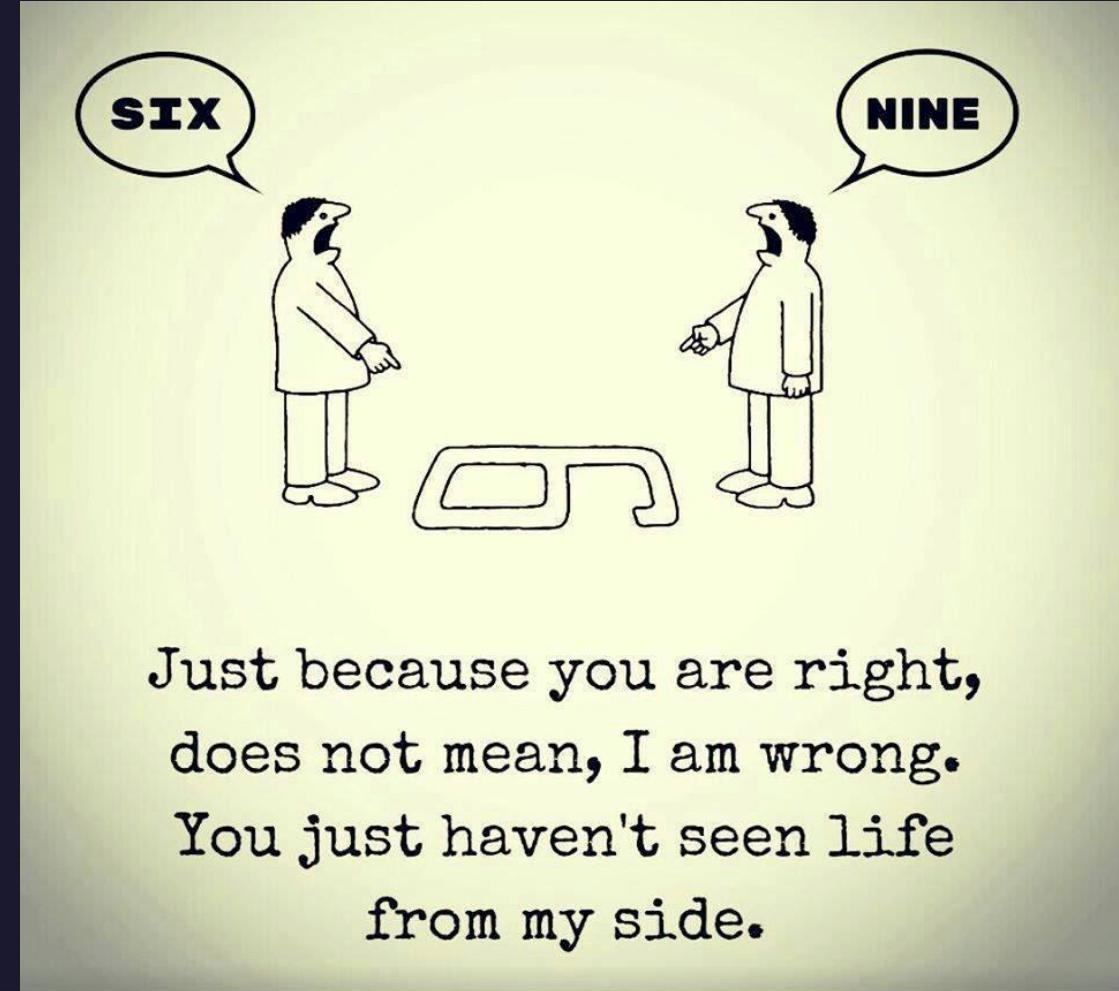
- One may argue about the one or other missing tiles in this case
- Recommending one or other procedure will be according to perspectives of the surgeon standing in front of him
- For example suggesting ventral mesh rectopexy or STARR or SNM



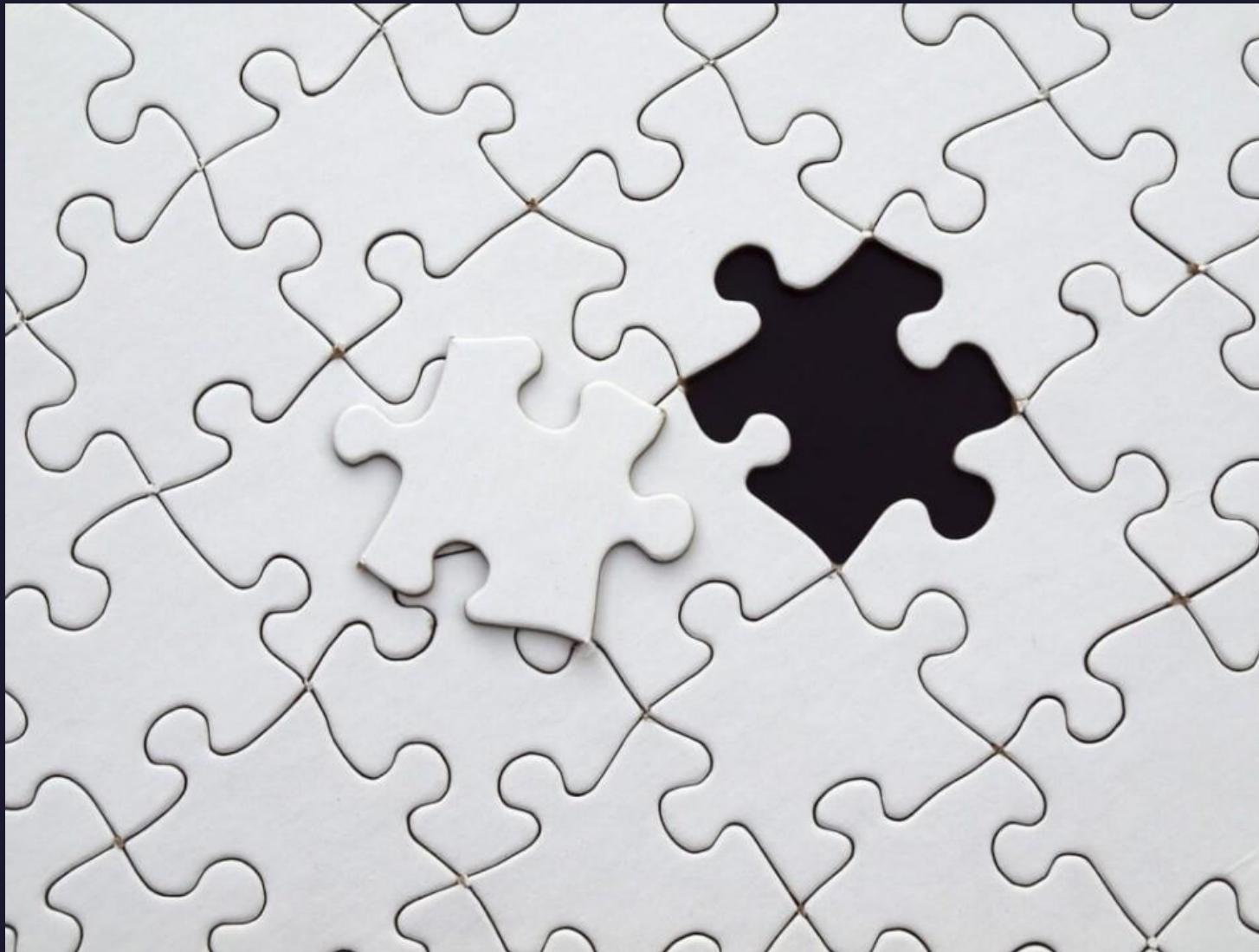
Even in science where we spend billions of dollars, the decision is a matter of surgeon perspective



# Surgeon perspectives are not the same all the times !!

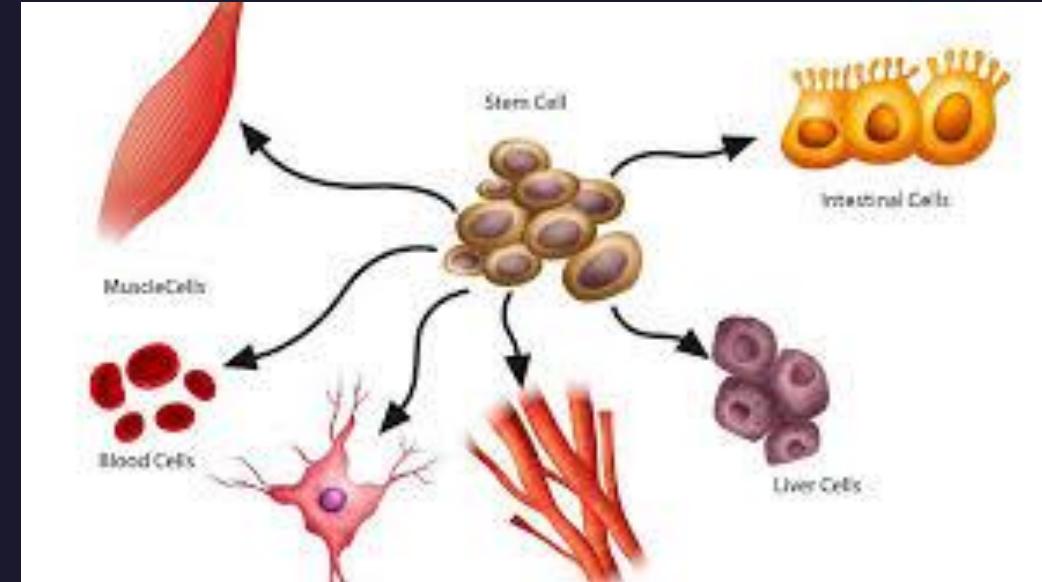


# My missing tiles in colorectal surgery



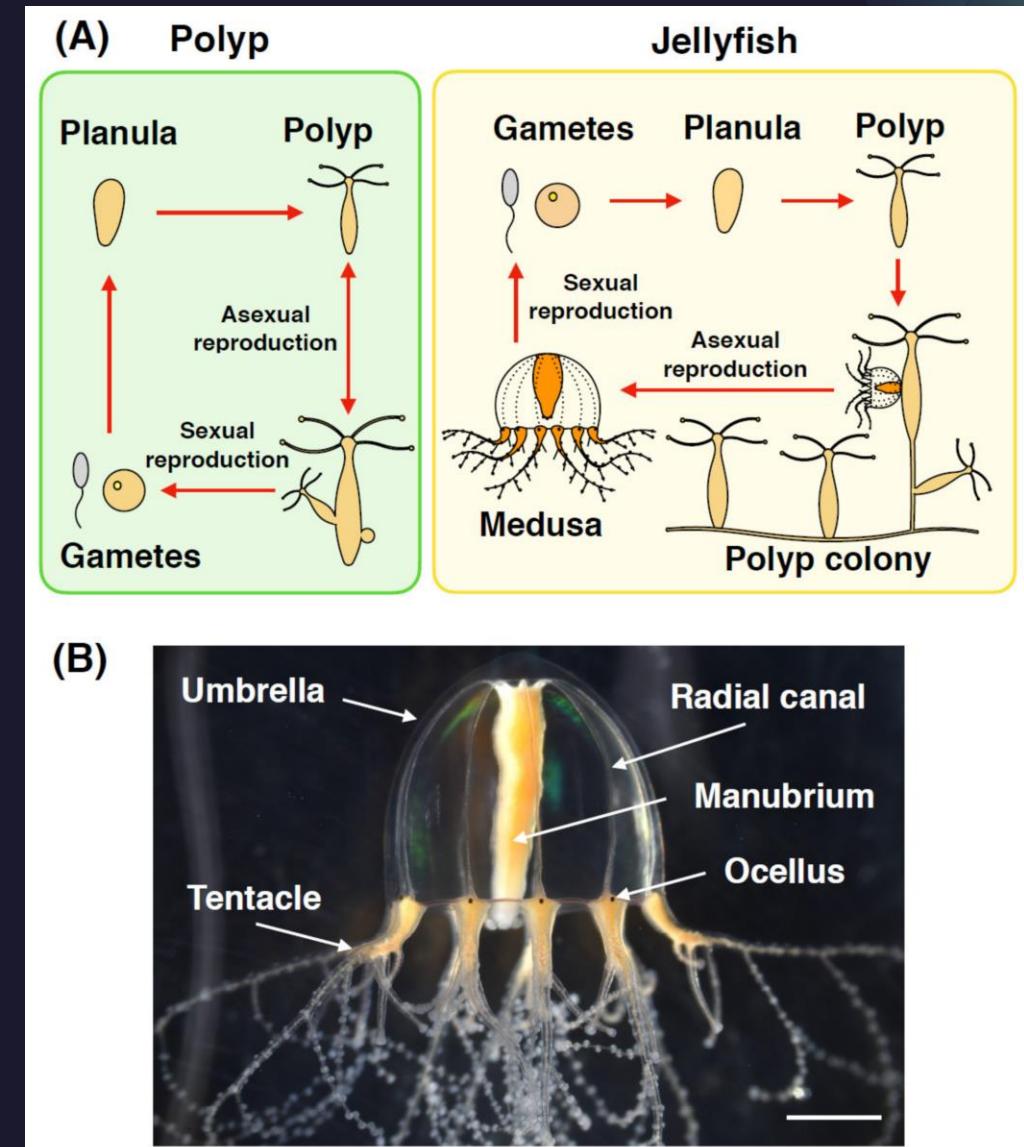
# I. Fecal incontinence with significant anal sphincter muscle loss?

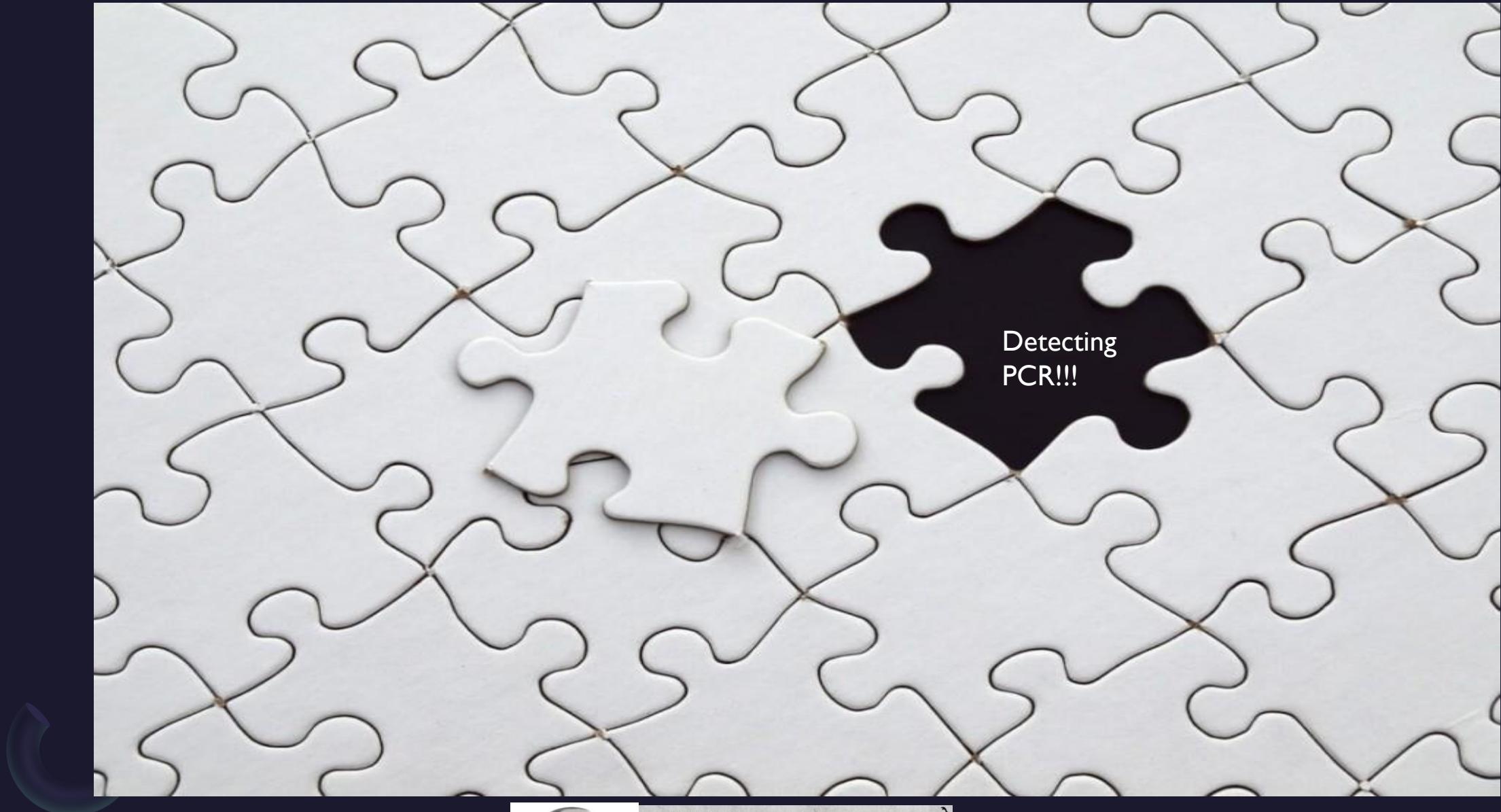
- Anorectal spesis or After PSARP
- Therapeutic options : very limited !!
- The hope that anal sphincter can regenerate even with the use of stem cells proved to be an illusion **till now!!**
- There is no mucle regeneartion till now' as we need to return the cell to the fetus state then to differentiate into muscle cells
- Therabutic angiogenesis for reapair (producing stem cells)



# Skeletal Muscle regeneration

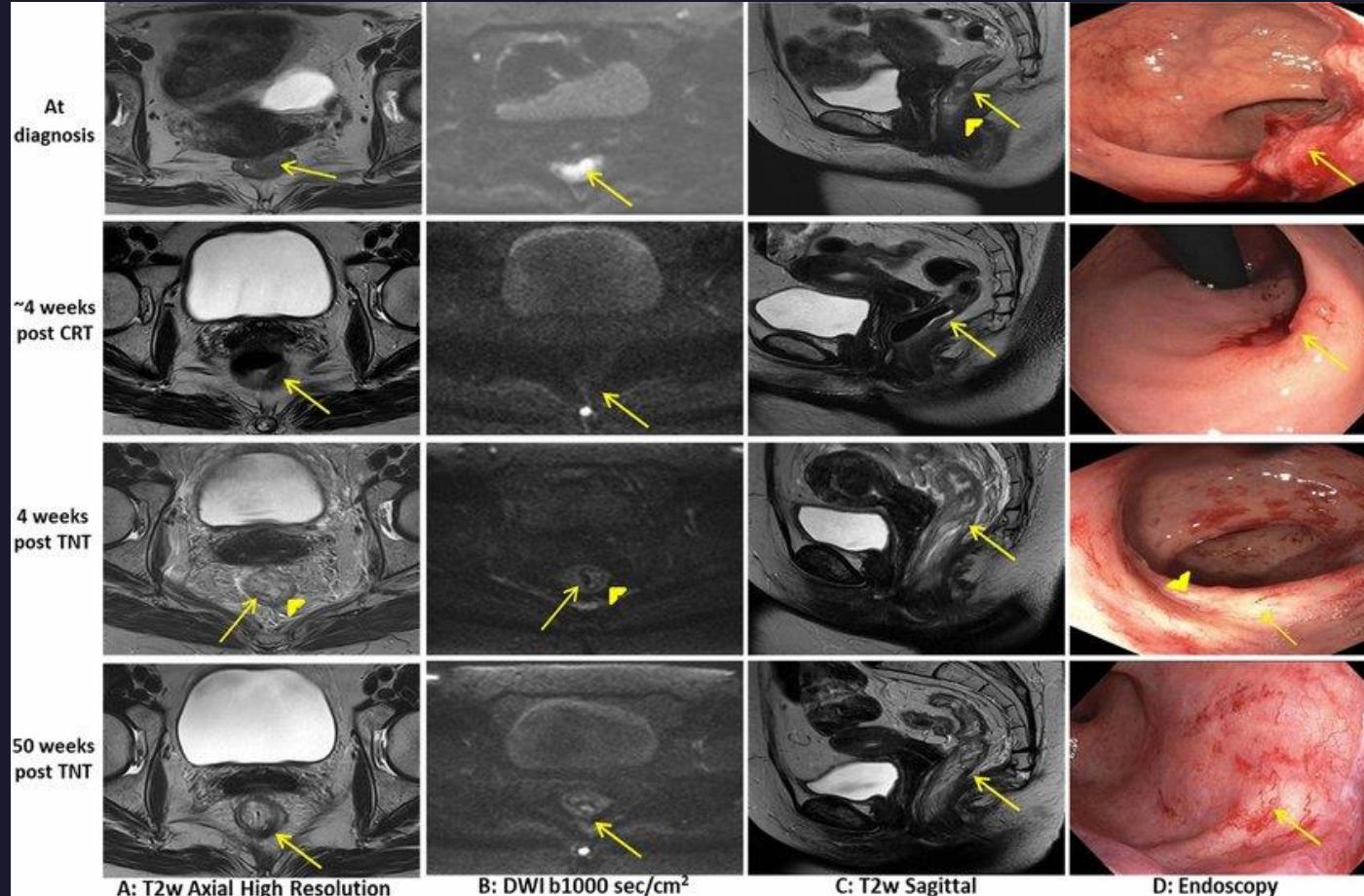
- Good model for studying dedifferentiation and transdifferentiation of skeletal muscle is the muscle found in the umbrella of jellyfish medusae (Schmid, 1992; Schmid and Reber-Müller, 1995)
- They can regenerate lost or damaged muscle tissue, including the ability to rebuild muscular networks and restore body symmetry
- 





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## 2. Pathologic complete response



- PCR (ypT0N0) in rectal cancer is determined by examining tissue samples under a microscope after treatment to see if cancer cells remain
- Specifically, a pathologist looks for the absence of cancer cells in the rectum and any lymph nodes that were removed
- **How to assess after nCXRT?**

# Pathologic complete response!

- A complete clinical response (cCR), determined by clinical evaluation (like digital rectal exam, endoscopy, and imaging), indicates a high likelihood of pCR, but it's not a perfect predictor
- DWI
- SSS
- PET-CT
- Proteomics?
- mRNA





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# 3. IBD disease activity



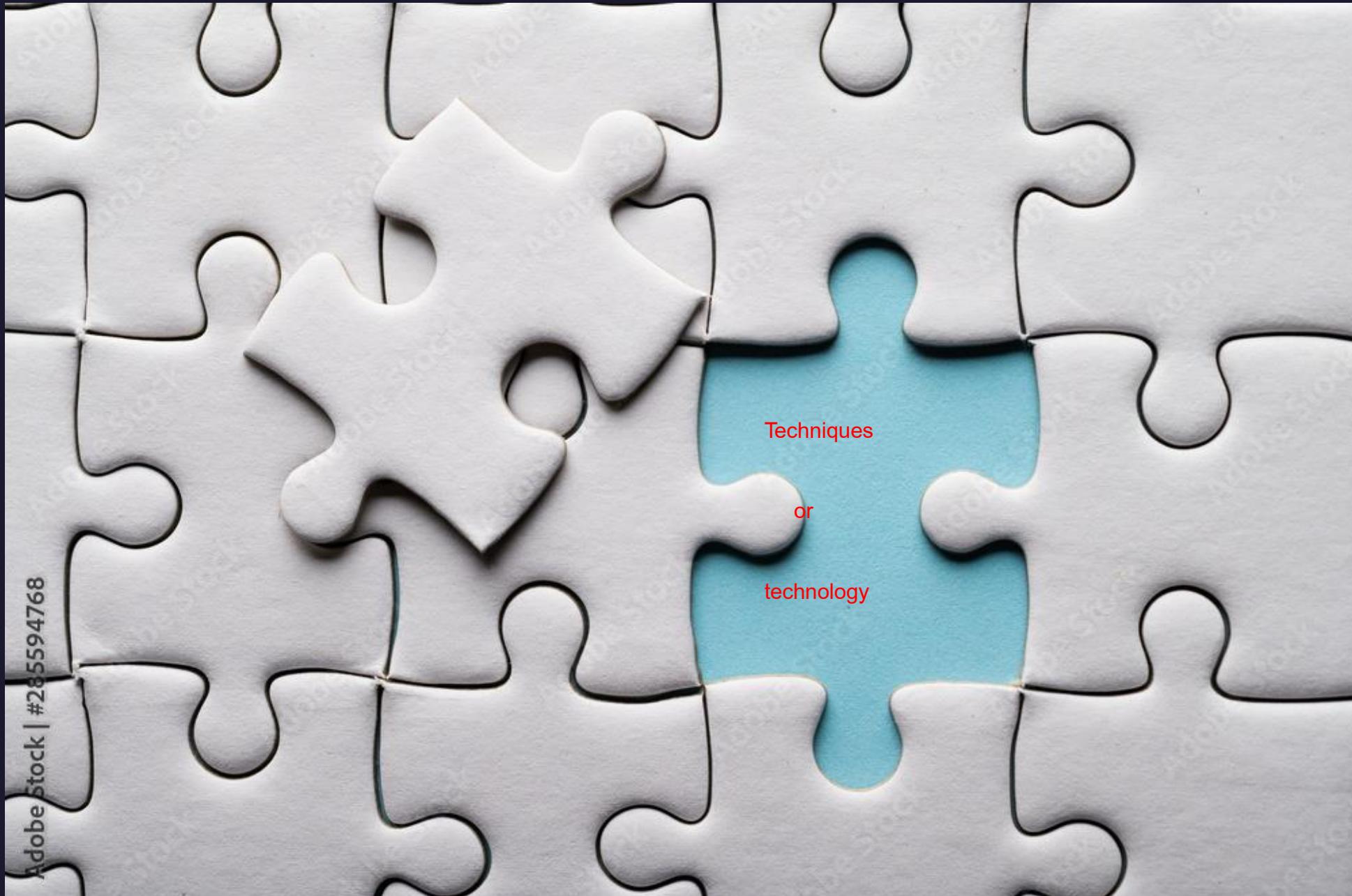
- No clear data , why the disease is activated?
- Variable response to different medications?
- Totally unexpected course
- Why some patients have complications very early and others are pursuing almost normal life ?

# My everyday questions?

Technique or technology?

How to have practice without missing tiles?



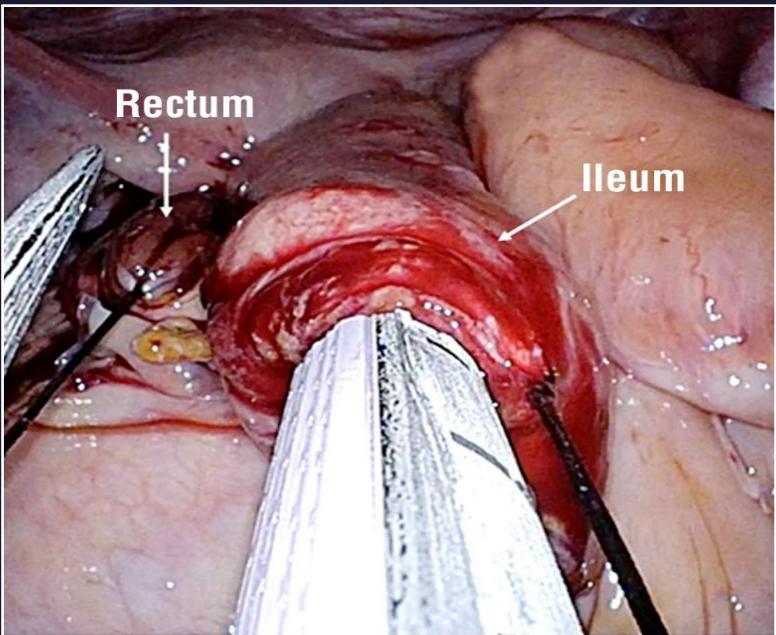


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# Which part you have to master to be a good surgeon?



You have to Master the technique!!! Surgery is an art you need to learn



You should have the technology!! Technology will solve all techniques difficulties if you learn how to use it



# Surgery as an art (combination of intellectual and hand skills)

- **Dexterity**, the ability to use hands and fingers with precision, is essential for performing delicate procedures,
- **Knowledge** of anatomy, surgical techniques, and patient care is equally crucial for successful outcomes
- Always technical and intellectual challenge



# William Stewart Halsted

“Know the technique”

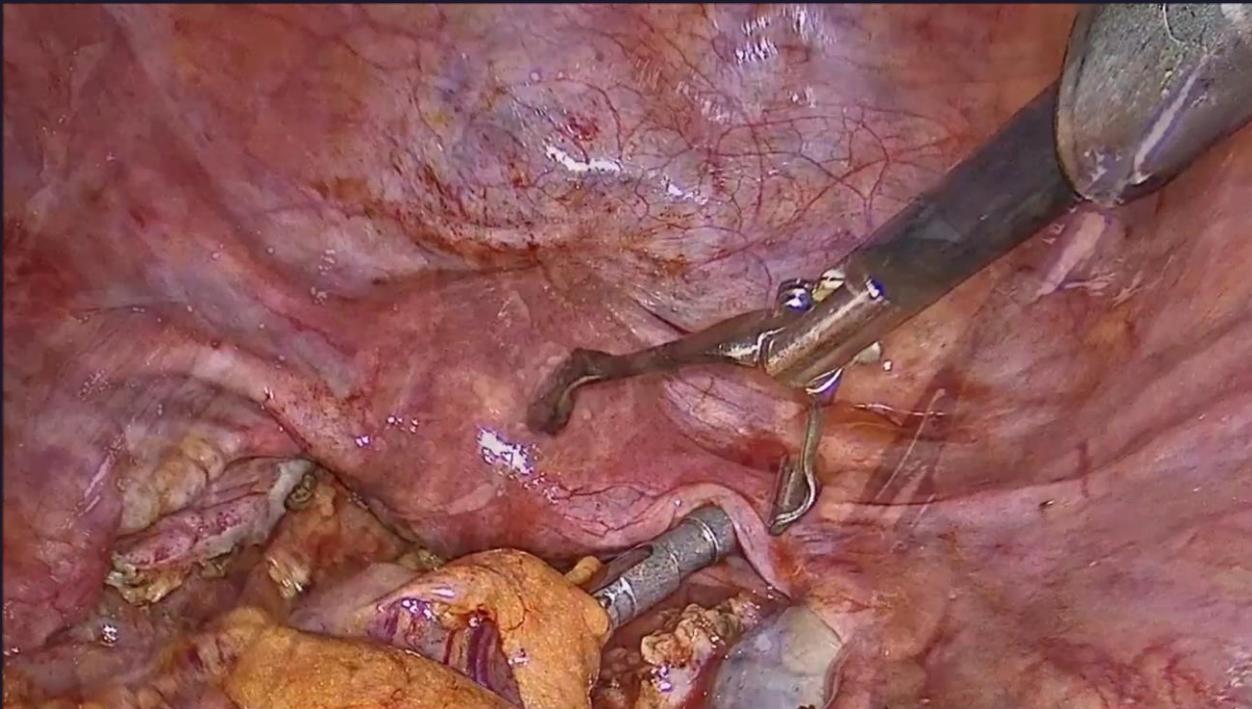
- Intense and repetitive opportunities to learn by practice
- Increase opportunities by advanced training
- Understand scientific basis
- Trainees reside in hospital (24/7)
- Technique should be standard and reproducible



# Practice

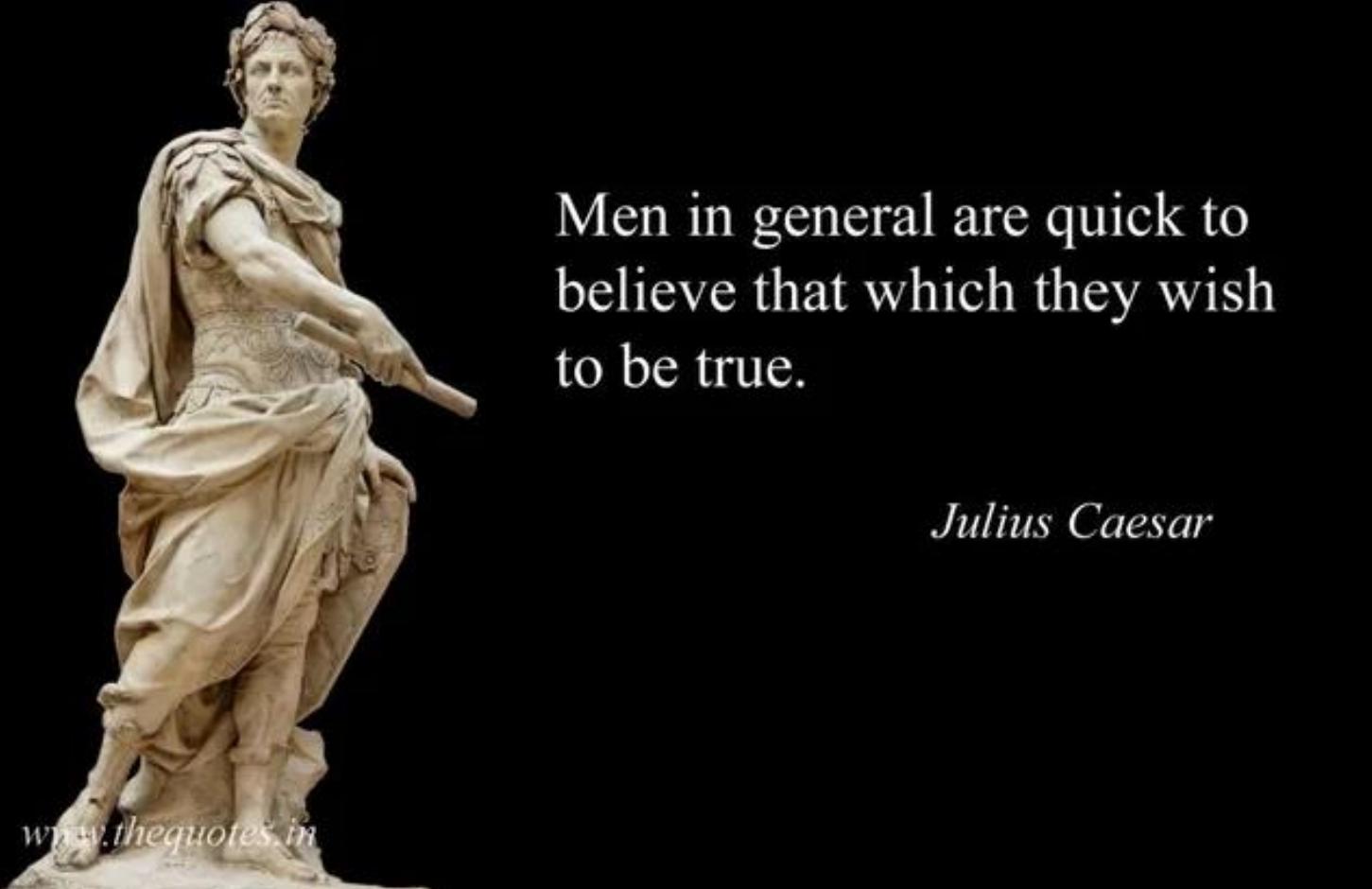


# Intercation between Technique and technology

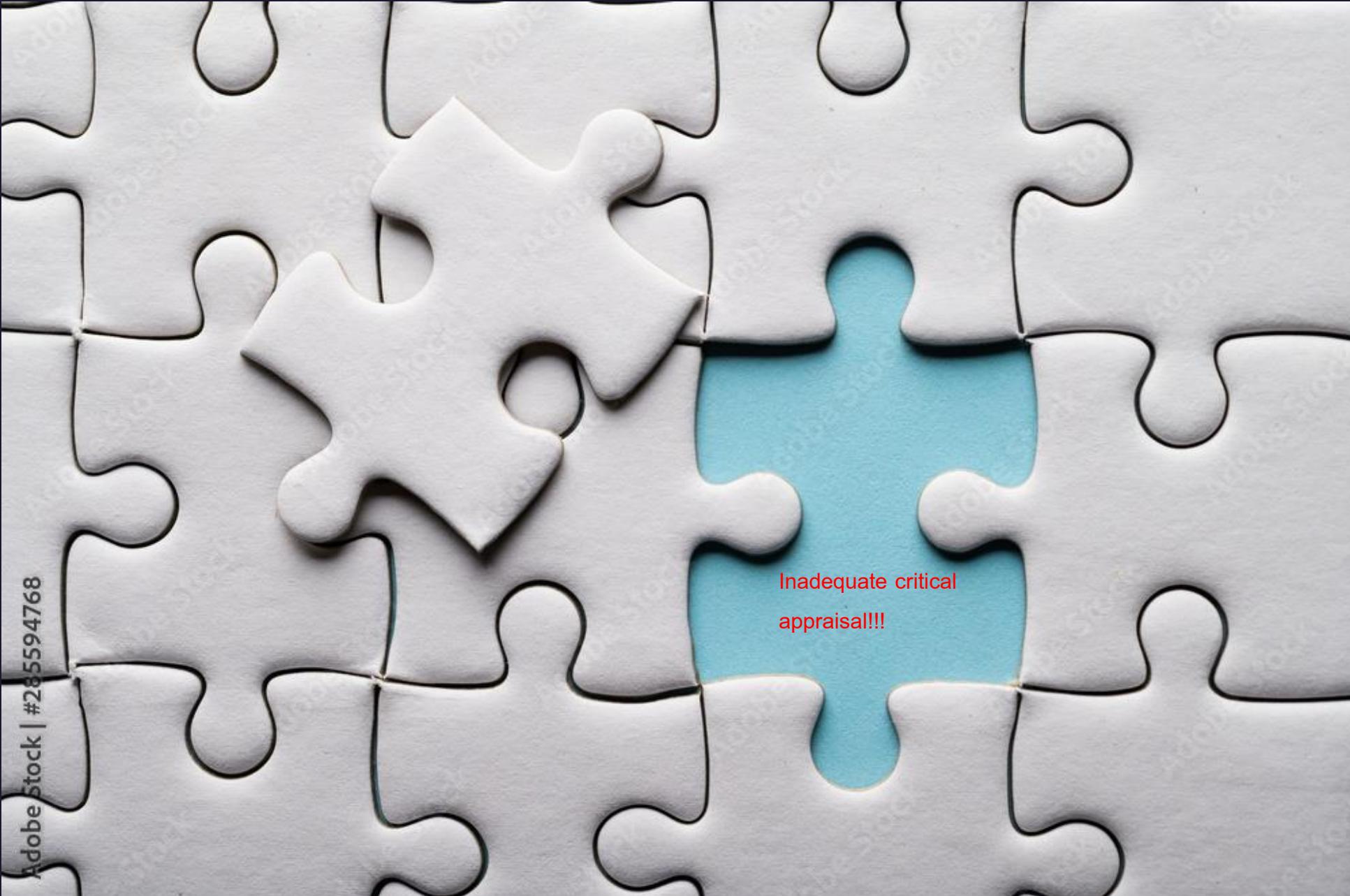


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# Why it took us years to accept rational of new technologies?



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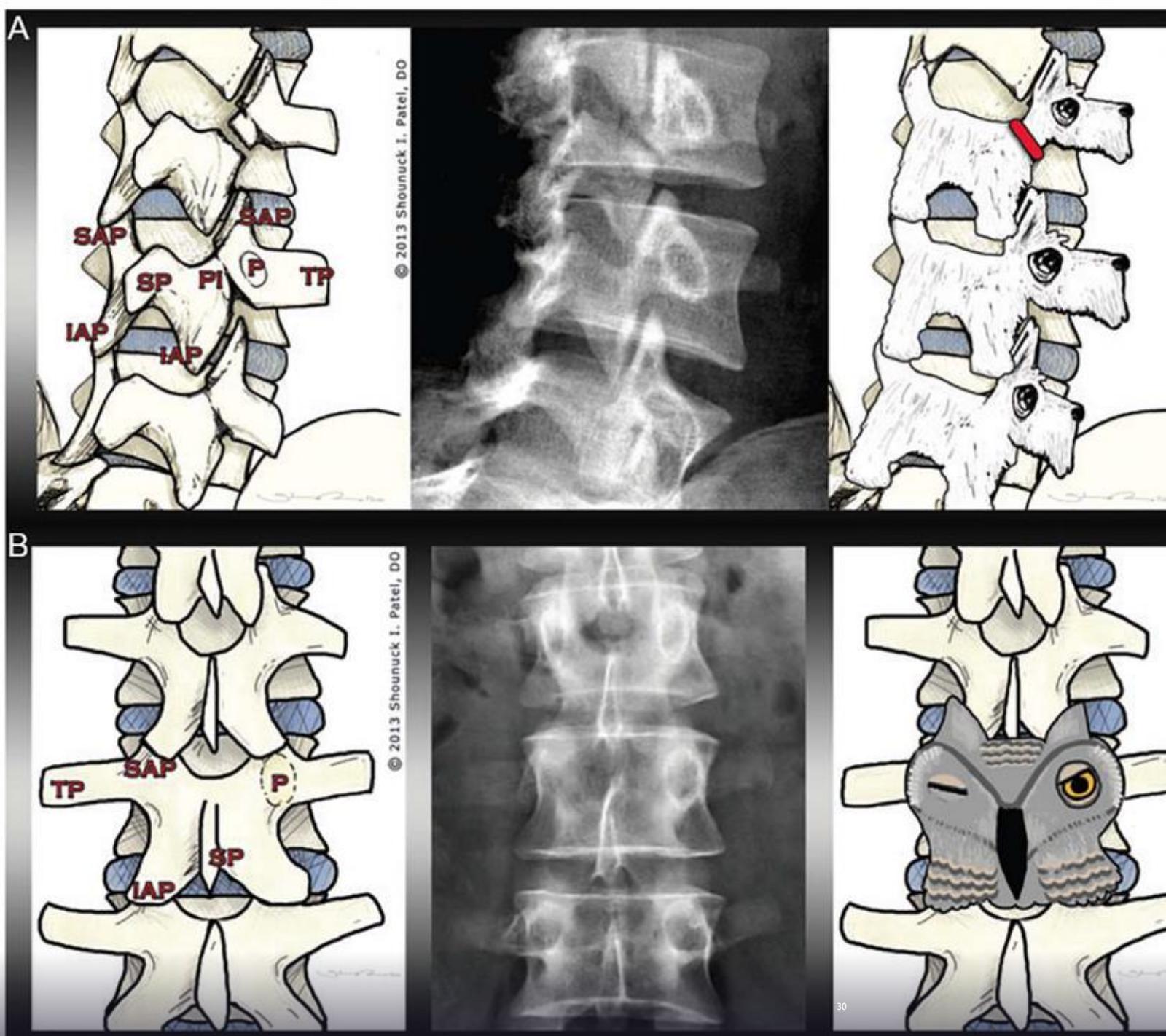
Let's dream to fill up all the missing pieces in  
the Jigsaw

Messages for everyone!!!

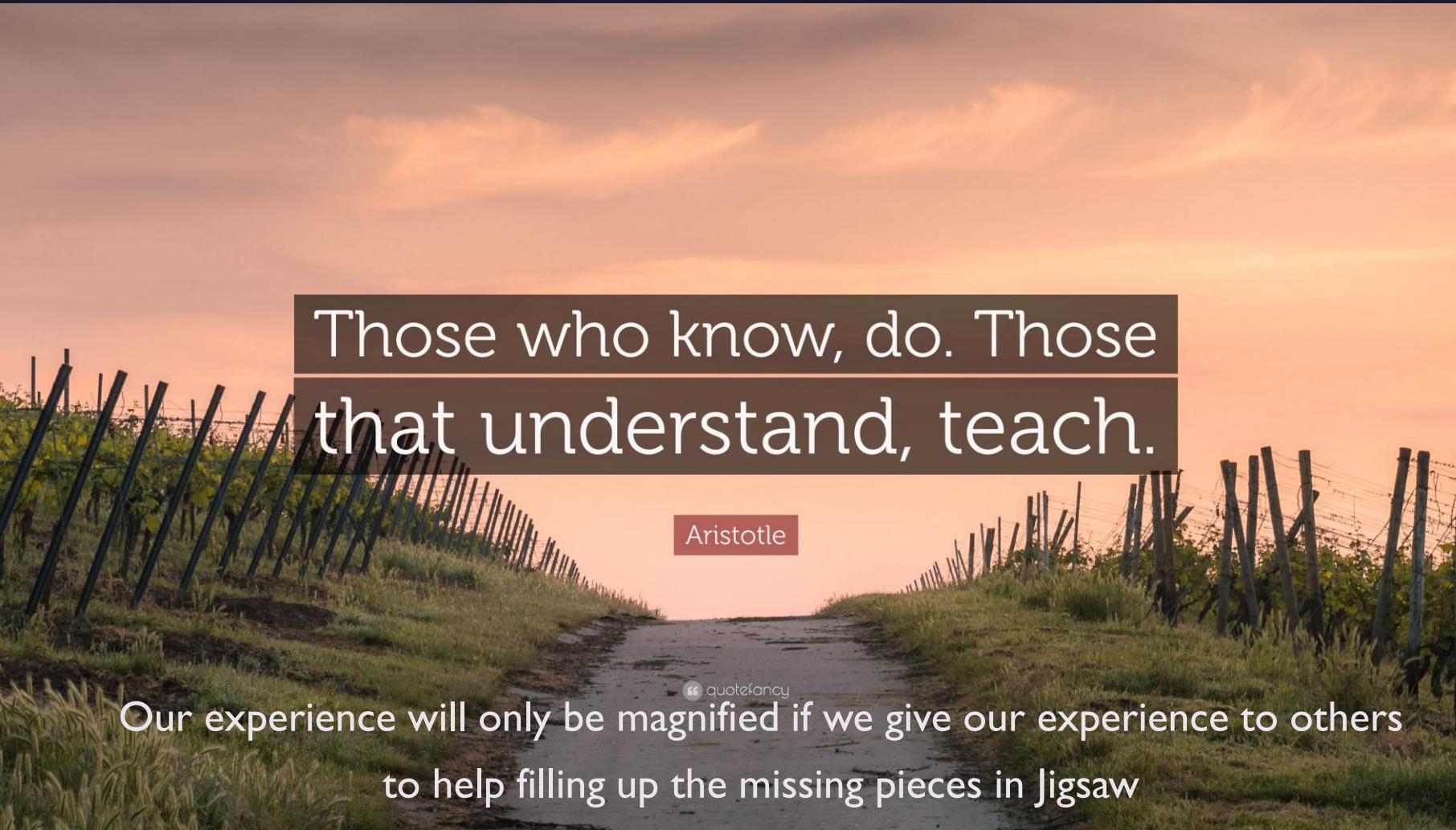
To the experienced

We don't see the same picture

- **Pareidolia** is defined as the tendency of perception to lead to a meaningful interpretation in a random pattern, so the individual might detect an object, pattern, or meaning where there is none



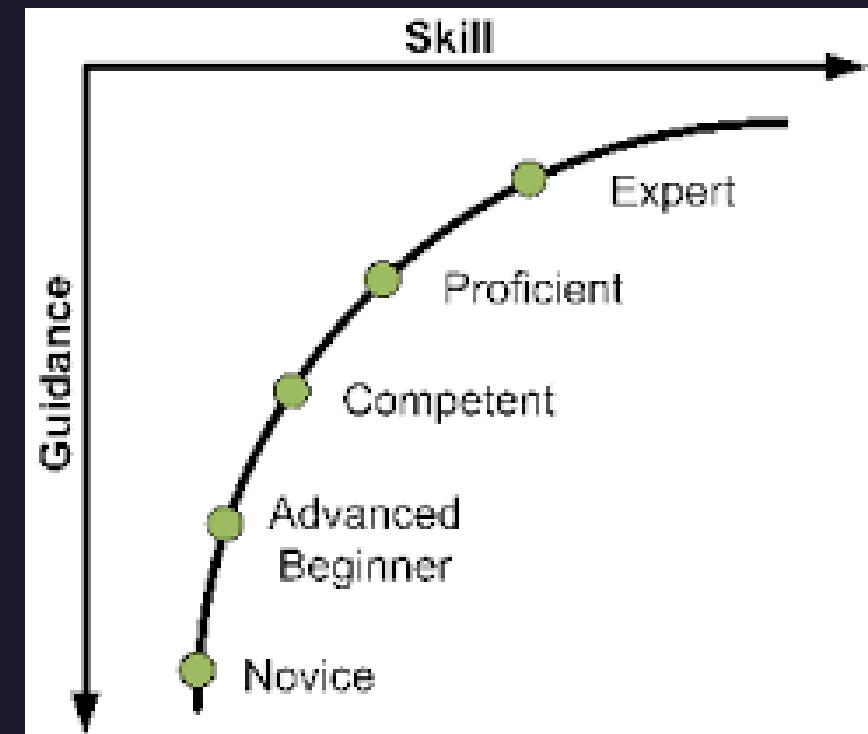
# How to see the same picture?



*Skills can be taught but with different levels*(Paul Fitts & Michael Posner, 1960s)

Stage	Focus	Markers
Cognitive Stage (Verbal-Motor Stage)	becoming familiar with the skill	mistake-riddled and inconsistent; development is reliant on external feedback; large gains
Associative Stage (Motor Stage)	improving execution	disjointed performance; self-awareness and conscious effort develop; small gains
Autonomous Stage (Automatic Stage)	practice, practice, practice	accuracy and consistency emerge; action becomes unconscious; self-detection of errors

# Acquisition of skills



We are responsible to create teaching environment, yet, patients is not willing or accepting trainees!!

Looks risky and expensive



# Costs of training



\$80 million to \$115 million  
35000 \$ per hour  
18 months training



Aircraft carrier :\$13.3 billion  
Crew: 4539



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To mid carrier

If you want to learn new technologies Try errors on simulators

Think about new solutions, Implement new ways



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To early carriers

# Forget shortcuts?

- Stick to the standard

# Last word

- Try to define your missing tiles
- Work on it
- Accept the different views
- Transfer experience to younger colleagues
- Try to build optimum environment for training
- Tolerate the cost of training
- Work as a team







THANK YOU!

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