



# Role of **AI** in Colorectal Surgery

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**Conflict of interests: None**





# Topics to be covered

- 1. AI in surgical education and training of IBD surgeons (APMs)**
- 2. AI in surgical research (LLMs)**
- 3. AI in surgical risk prediction and decision support (Modelling surgical intervention)**

**Examples of ongoing OSRC projects**

## Article Contents

Abstract

JOURNAL ARTICLE ACCEPTED MANUSCRIPT

## Results of the Ninth Scientific Workshop of the European Crohn's and Colitis Organisation (ECCO): Artificial intelligence in IBD surgery: opportunities and limitations <sup>FREE</sup>

Alaa El-Hussuna ✉, Gianluca Pellino, Alessandra Soriano, Kapil Sahnan, Aart Mookhoek, Pieter Sinonque, Mariangela Allocca, Dan Carter, Arzu Ensari, Marietta Iacucci, Uri Kopylov, Bram Verstockt, Daniel C Baumgart, Nurulamin M Noor, Urko M Marigorta, Daniele Noviello, Peter Bossuyt, Jan de Laffolie, Marco Daperno, Tim Raine, Isabelle Cleynen, Shaji Sebastian

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ALTMETRIC





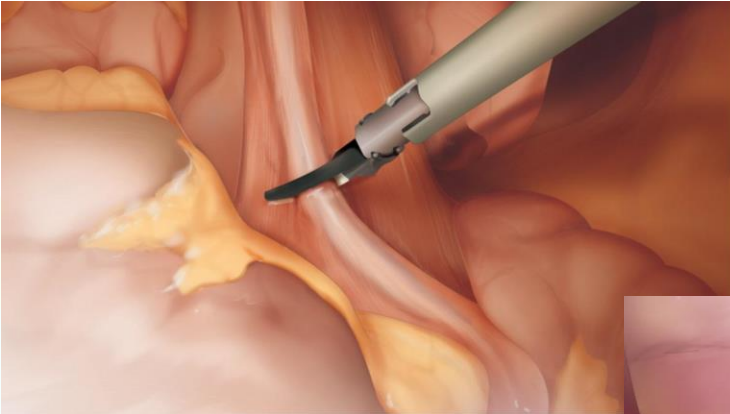
# Role of **AI** in Surgical Training



## Automated Performance Metrics (APMs)

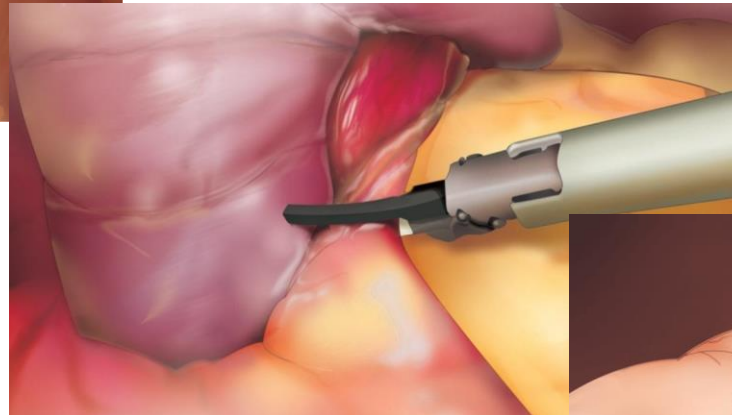
El-Hussuna et al. Results of the Ninth Scientific Workshop of the European Crohn's and Colitis Organisation (ECCO): Artificial intelligence in IBD surgery: opportunities and limitations. J Crohns Colitis. 2025



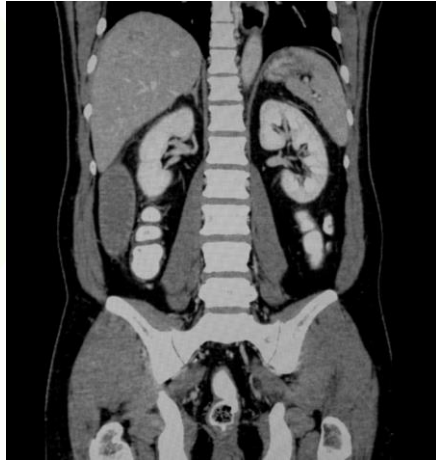


## Identifying movements in laparoscopic surgery

- ☐ **Time** spent
- ☐ **Direction** of movement
- ☐ **Success** achieving the aim
- ☐ **Results** accomplished
- ☐ **Control of** bleeding
- ☐ **Cutting through** adhesences



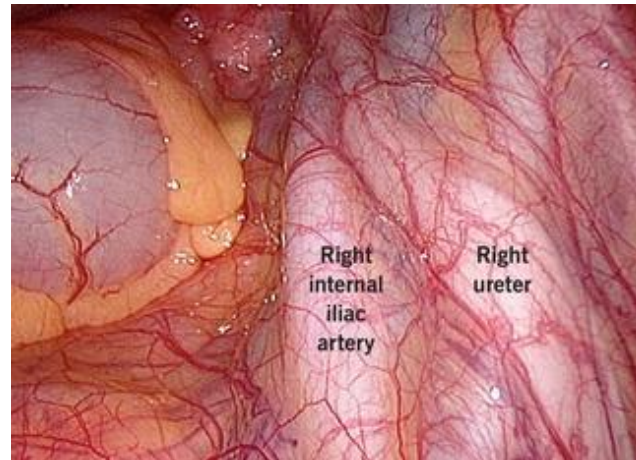




Pre-operative CT  
scan



3D Reconstruction



Laparoscopic video  
film

Computer  
vision







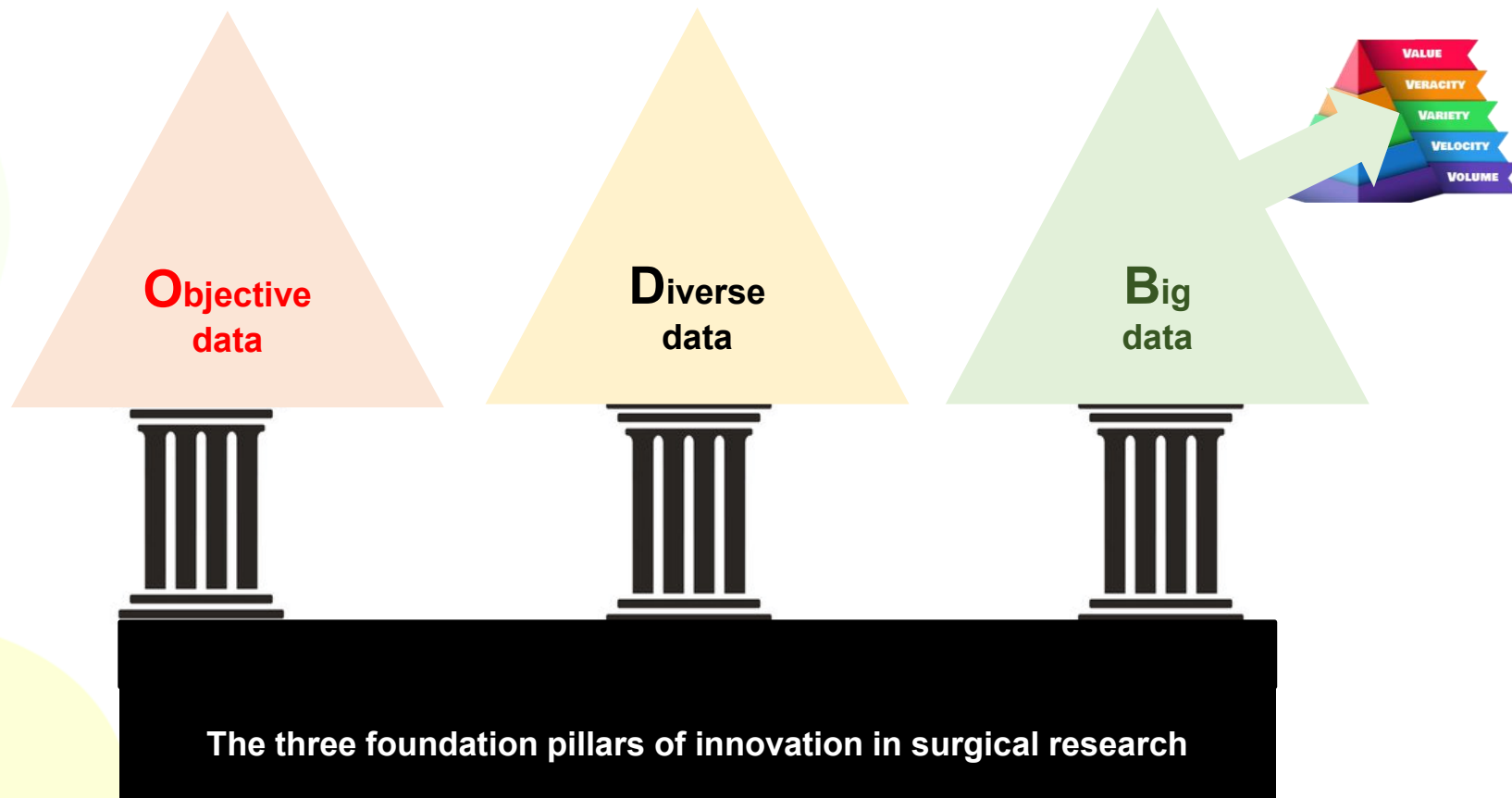
## How **APMs and analysis of surgical video films** can contribute to surgery?

- ☐ Improve **simulation** (Improve training)
- ☐ Improve **surgeon's performance** (high volume can be achieved with low real operations)
- ☐ Improve testing of **medical devices**
- ☐ Develop a new **research tool** (more innovations)





# Role of **AI** in Surgical Research



Innovation in surgery (talk 2/12: The foundations of innovation: surgery)





# World's most valuable resource is no longer oil, but data?



Reference: The Economist May 6th 2017





# It is a question of developing **skills** in **data** management

Medicine will evolve from a clinical science supported by data to a **data science** supported by clinicians





# Role of **AI** in Surgical Modelling





### **Patient related factors**

(e.g., age, co-morbidity, performance, BMI, smoking, alcohol...)

### **Disease related factors**

(e.g., disease activity, location, duration, response to medical treatment, dysplasia...)

### **Pre-operative optimization**

(e.g. nutrition, correction of anemia, physical exercise, change in medications...)

### **Surgical team related factors**

(e.g., skills, coordination, performance, tools, operation theatre ...)

### **Surgery related factors**

(e.g., access to abdominal cavity, type of resection, extent of resection, blood loss, anastomosis, operation time ...)

### **Intra-operative physiological changes**

(e.g., surgical stress response...)

### **Post-operative complications**

(e.g., anastomotic leak, pneumonia, thrombo-embolic, ileus...)

### **Enhanced recovery after surgery**

(e.g., nutrition, mobilization, pain control, laxatives, thrombo-prophylaxis...)

### **Post-operative monitoring**

(e.g., blood investigations, physiological function, microbial profile...etc)

**Admission**

**Pre-operative**

**Intra-operative**

**Post-operative**

**Discharge**



### **Patient related factors**

(e.g., age, co-morbidity, performance, BMI, smoking, alcohol...)

### **Disease related factors**

(e.g., disease activity, location, duration, response to medical treatment, dysplasia...)

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**Admission**

**Pre-operative**

**Intra-operative**

**Post-operative**

**Discharge**

# Where the **data** will come from?



**Data from electronic health records (Pre-operative)**

- Patient's demographic data (text in the electronic patient records)
- Details of pre-operative optimization (text in the electronic patient records including nutritional support, exercise, correction of anaemia, specific psychological support)
- Details of pre-operative patient reported health (text in the electronic patient records)

**Data from electronic health records (Intra-operative)**

- Details of anaesthesia (text in the electronic patient records (general, spinal, premedication))
- Details of Operation (text in the electronic patient records)
- Intra-operative adverse events (bleeding, injury to other organs)

**Data from electronic health records (Post-operative)**

- Surgeon's daily examination (text in the electronic patient records)
- Nurse's daily assessment (text in the electronic patient records)
- Physiotherapist's daily assessment (text in the electronic patient records)

**Pre-operative**

**Intra-operative**

**Post-operative**

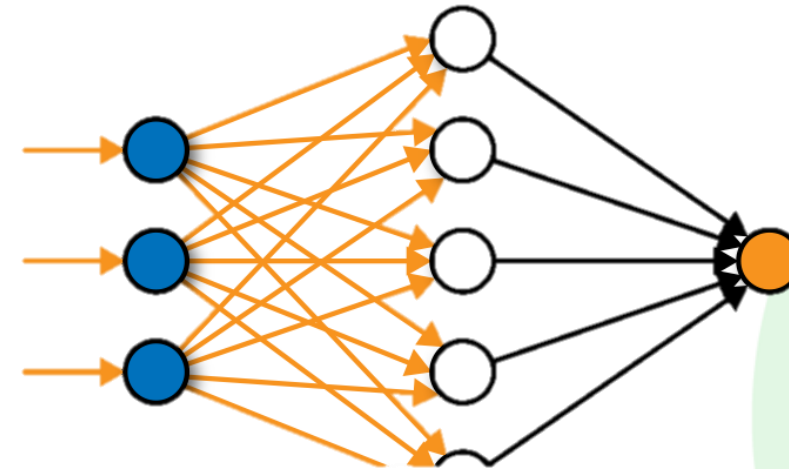
**PRE-OPERATIVE DATA**

**INTRA-OPERATIVE DATA**

**Identifying movements in laparoscopic surgery**

- Time spent
- Direction of movement
- Success achieving the aim
- Results accomplished
- Control of bleeding
- Cutting through adhesions

**POST-OPERATIVE DATA**



EHRs

Objective

### Objective

(e.g., blood investigation, microbiological profile...)

### Patients' records

(e.g., age, co-morbidity, performance, BMI, smoking, alcohol...)

### Objectives

(e.g., video film, OP theatre black box, anesthesia machine reading ...)

### Patients' records

(e.g., surgical team names, details of operation, blood loss, operation time ...)

### Objectives

(e.g., ECG, blood investigations, monitoring data...)

### Patients' records

(e.g., Physicians notes, nurse notes, medications, complications, ERAS, QoL...)

### Objectives

### Outcome measures

(e.g., LoS, re-admission, cost registration...etc)

### Patients' records

(e.g., recovery, complications, QoL, disease recurrence/relapse, PROMs...)

(X1+X2+X3...Xn)

\*

(Y1+Y2+Y3...Yn)

\*

(Z1+Z2+Z3...Zn)

=

(T1+T2+T3...Tn)

(X1+X2+X3...Xn)

\*

(Y1+Y2+Y3...Yn)

\*

(Z1+Z2+Z3...Zn)

=

(T1+T2+T3...Tn)

(X1+X2+X3...Xn)

\*

(Y1+Y2+Y3...Yn)

\*

(Z1+Z2+Z3...Zn)

=

(T1+T2+T3...Tn)

(X1+X2+X3...Xn)

\*

(Y1+Y2+Y3...Yn)

\*

(Z1+Z2+Z3...Zn)

=

(T new)

Pre-operative  
factors

Intra-operative  
factors

Post-operative  
factors

Outcomes



# Philosophy of marginal gains



“If you broke down everything that could impact on a cycling performance and then

you improved every little thing by **1%**, when you clump it all together, you're going to get quite a **significant increase** in performance”

Dave Brailsford  
British cycling coach and performance director

Courtesy of *Richard Hooper*







**So, what if we build the model,  
what difference can the model  
make?**

**If we can build a model, surgical  
research will have a giant leap  
(precision)**





**So, what if we build the model,  
what difference can the model  
make?**

**We can tweak the model to  
achieve best performance**



**So, what if we build the model,  
what difference can the model  
make?**

**We can create and validate new  
outcomes**

# OpenSourceResearch

Implementing information technologies  
in medical research



## How OSRC works?

- **Identify** challenges in traditional research
- **Seek** solutions based on information technologies
- **Implement** information technologies in medical research





# Examples of OSRC projects



Segmentation of blood vessels in CT scans



Analysis of surgical video films to extract APMs



LLMs to facilitate clinical decision making



Modelling surgical intervention using big data





## Take-Home **Messages**

- **AI** improves surgical training
- **AI** improves understanding of human anatomy
- **AI** helps in surgical research and innovation





OSRC's mission : Breeding innovators through workshops, courses and research



# More about innovation in Surgery?

Website: <https://osrc.network>  
Email: [contact@osrc.network](mailto:contact@osrc.network)  
LinkedIn: <https://www.linkedin.com/company/osrc>  
X: <https://twitter.com/opsore>