



# 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

JOURNAL ARTICLE

ACCEPTED MANUSCRIPT

Abstract

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

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

*Journal of Crohn's and Colitis*, jjaf135, <https://doi.org/10.1093/ecco-jcc/jjaf135>

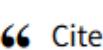
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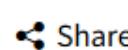
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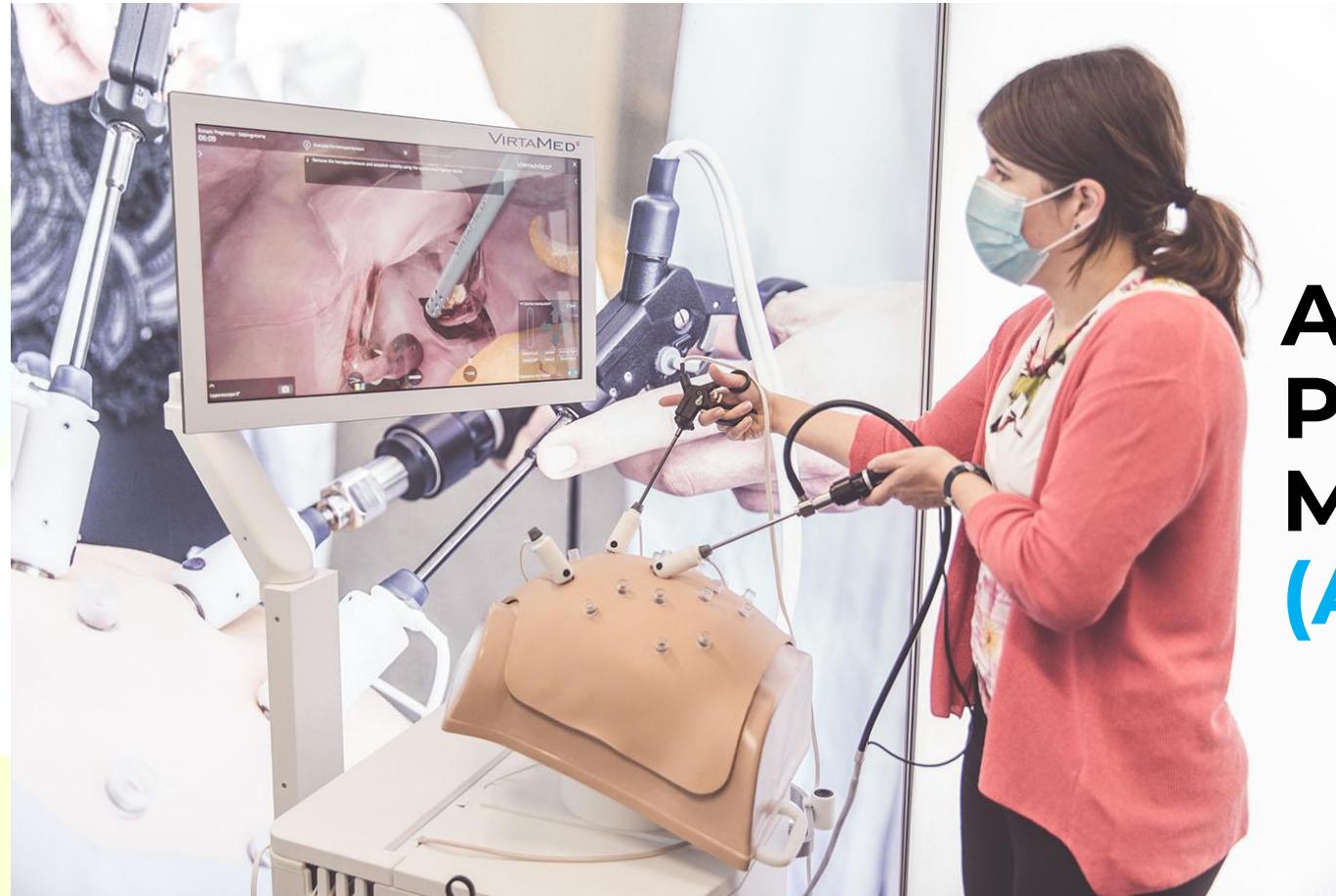


ALTMETRIC





# Role of AI in Surgical Training



# Automated Performance Metrics (APMs)

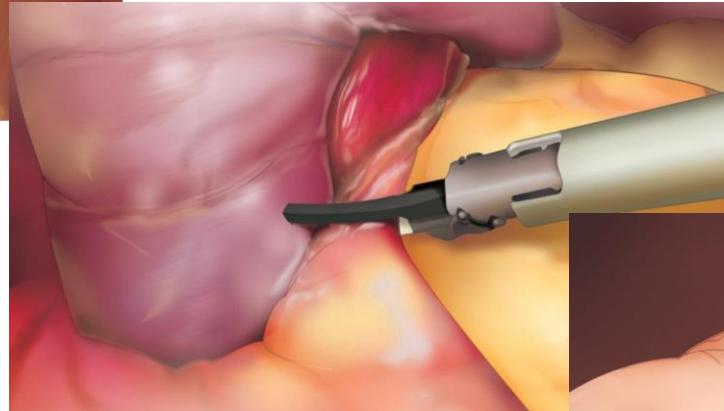
El-Hussuna et al. Results of the Ninth Scientific Workshop of the European Crohn's and Colitis Organisation (ECCO): Artificial intelligence in IBD surgery: opportunities and limitations. *J Crohns Colitis*. 2025





## Identifying movements in laparoscopic surgery

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

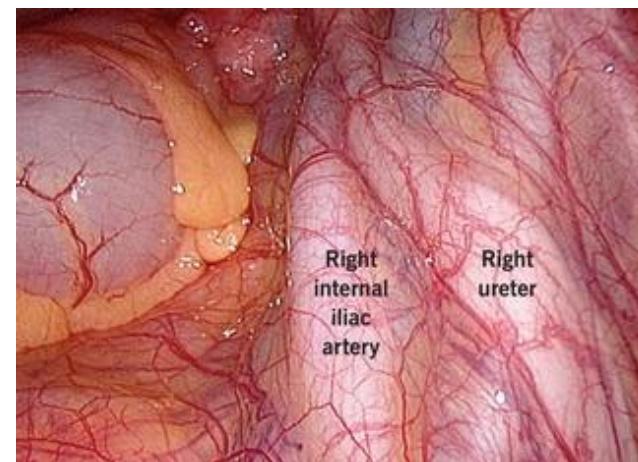




Pre-operative CT  
scan



3D Reconstruction



Laparoscopic video  
film

Computer  
vision





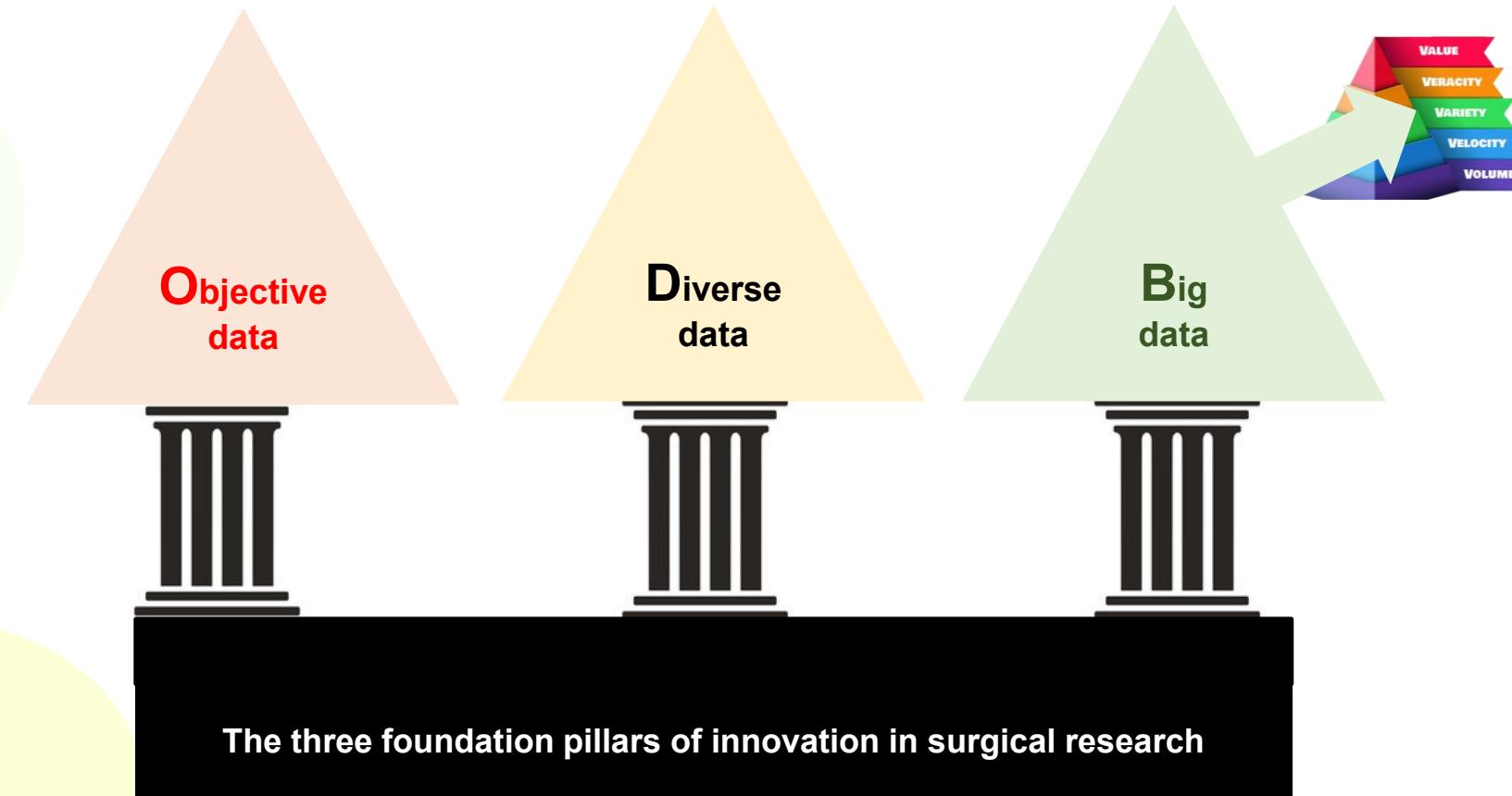
## How APMs and analysis of surgical video films can contribute to surgery?

- 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: surgical





# 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

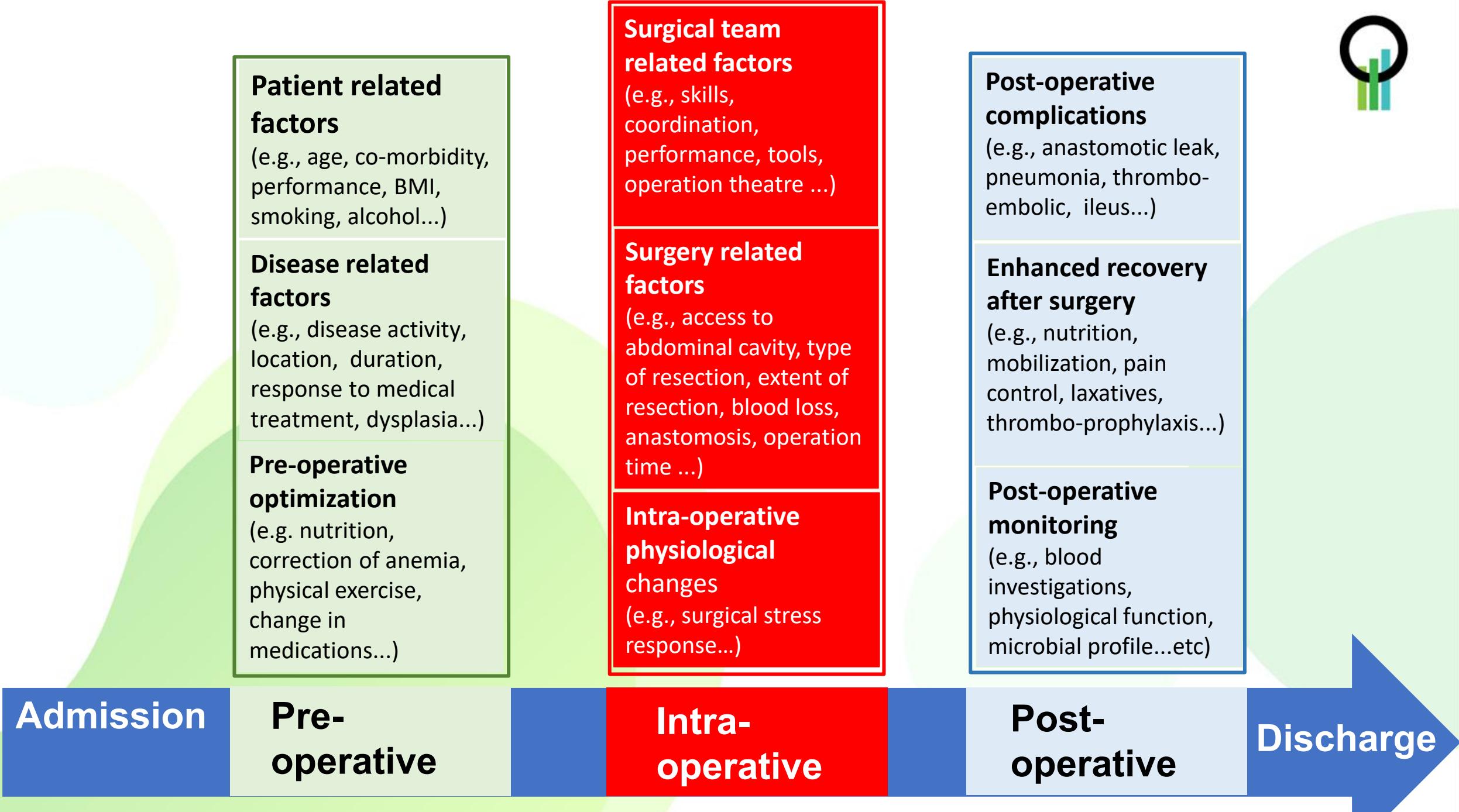


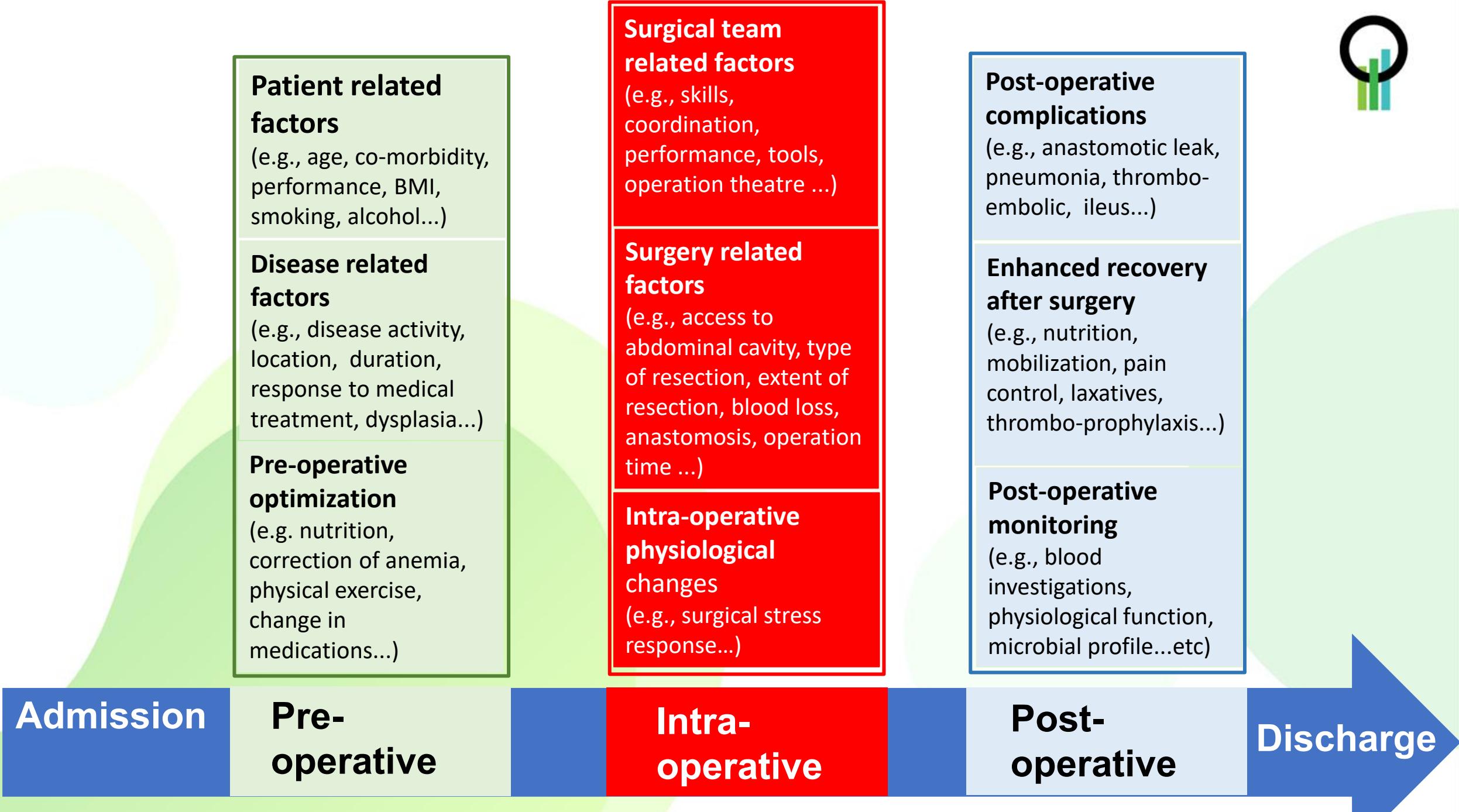
The dawn of digital medicine: The pandemic is ushering in the next trillion-dollar industry  
Economist Dec 2nd 2020



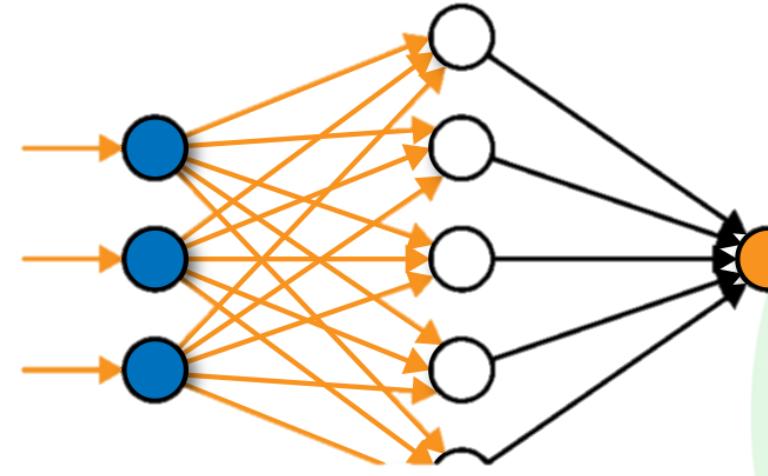
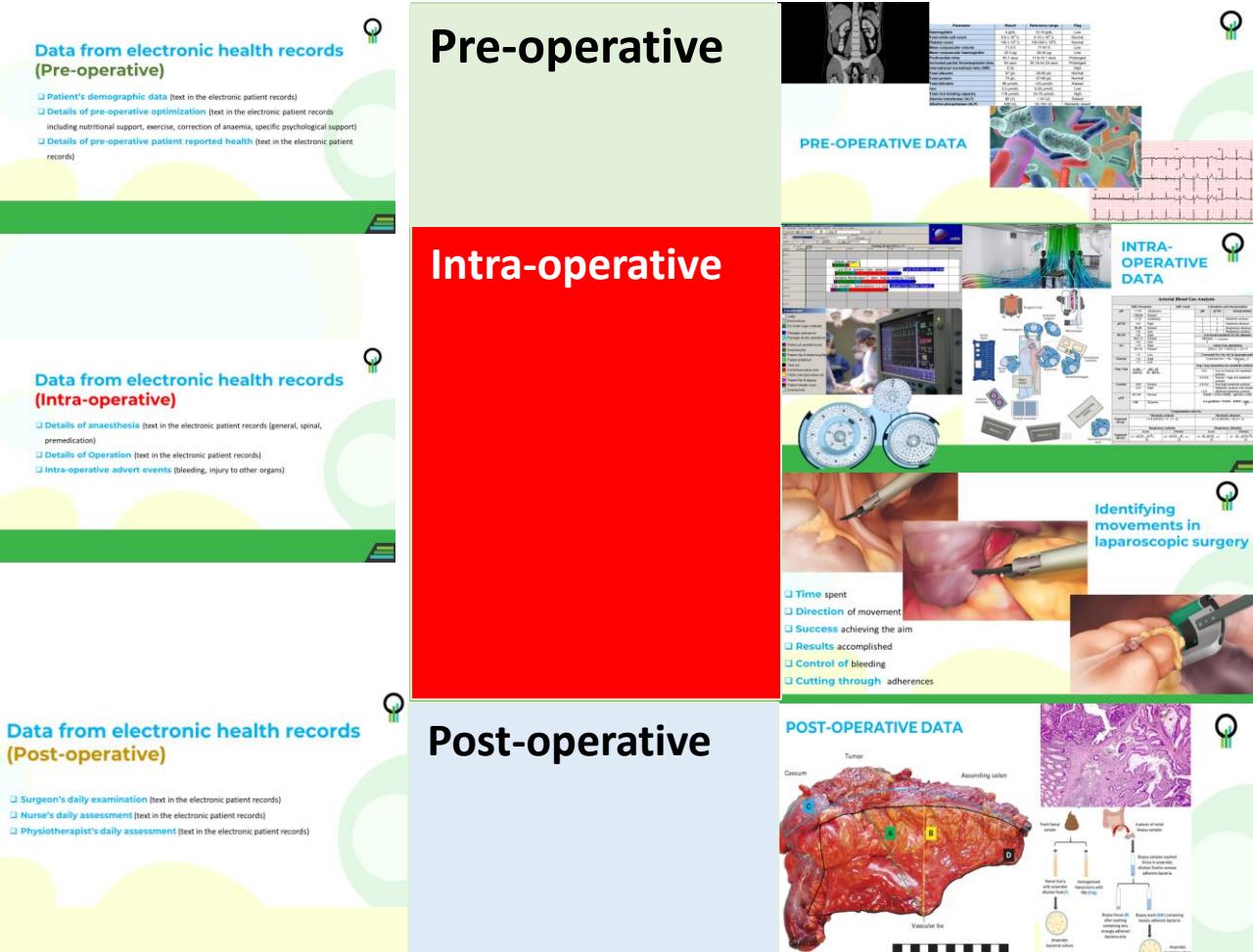


# Role of **AI** in Surgical Modelling





# Where the data will come from?



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...)

$(X_1+X_2+X_3\dots X_n)$

$*$   $(Y_1+Y_2+Y_3\dots Y_n)$

$*$   $(Z_1+Z_2+Z_3\dots Z_n)$

$= (T_1+T_2+T_3\dots T_n)$

$(X_1+X_2+X_3\dots X_n)$

$*$   $(Y_1+Y_2+Y_3\dots Y_n)$

$*$   $(Z_1+Z_2+Z_3\dots Z_n)$

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$(X_1+X_2+X_3\dots X_n)$

$*$   $(Y_1+Y_2+Y_3\dots Y_n)$

$*$   $(Z_1+Z_2+Z_3\dots Z_n)$

$= (T \text{ new})$

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**

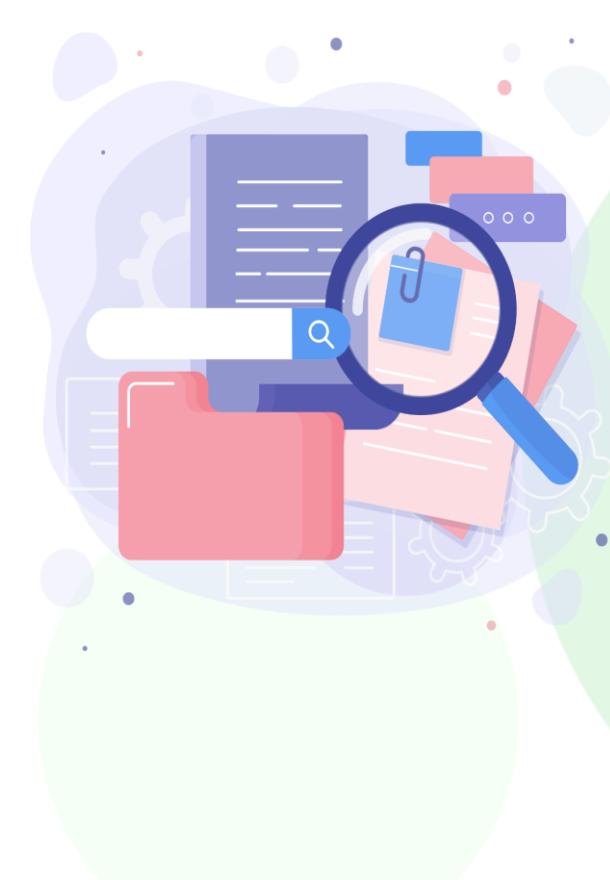
# OpenSourceResearch

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

Reference:

OpenSourceResearch Collaboration website: [www.osrc.network](http://www.osrc.network)



## 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.netwrok](mailto:contact@osrc.netwrok)  
LinkedIn: <https://www.linkedin.com/company/osrc>  
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