ORIGINAL

The latest achievements of operative surgery in the development of modern medicine and dentistry: challenges of implementing artificial intelligence

Los últimos logros de la cirugía operatoria en el desarrollo de la medicina y la odontología modernas: retos de la aplicación de la inteligencia artificial

Zhanagul Rysbayeva¹, Dmytro Sobchenko², Mykola Rudenko³, Olena Viesova⁴, Valeriy Kaminskyy⁴

1. Al-Farabi Kazakh National University, Almaty, Kazakhstan

Department of general and pediatric surgery, Faculty of medicine no.1, Donetsk National Medical University, Kropyvnytskyi, Ukraine
Amosov National Institute of Cardiovascular Surgery of the National Academy of Medical Sciences, Kyiv, Ukraine
Department of Maxillofacial Surgery, Stomatology Institute, National Healthcare University of P.L.Shupyk, Kyiv, Ukraine

Corresponding author Zhanagul Rysbayeva E-mail: rvsbaeva 888@mail.ru Received: 23 - XII - 2023 Accepted: 17 - I - 2024

doi: 10.3306/AJHS.2024.39.03.59

Abstract

Aim: to investigate the novel medical advancement in surgery. We also aim to investigate the various modern challenges of implementing artificial intelligence in medicine.

Methods: In our review, we involved English studies from common databases such as Web of Science, Scopus, Google Scholar, Pubmed, and the Cochrane Library using the following keywords "advancement", "artificial intelligence", "innovations in surgery", and "operative surgery" till November 2023.

Scientific novelty: There are published studies that have tried to determine the role of new technologies in the field of surgery; however, there is a lack of studies that have attempted to identify a comprehensive analysis of these innovations and their integration into healthcare services. In our article, we tried to evaluate the role of new technologies in modern medicine and dentistry, especially in the surgical field.

Conclusion: Newly advanced technologies have greatly benefited in developing overall healthcare services, especially in the surgical field. All has several applications in the field of surgery, which has significantly impacted the current healthcare systems.

Key words: innovations in surgery, artificial intelligence, operative surgery.

Resumen

Objetivo: investigar los novedosos avances médicos en cirugía. También se pretende investigar los diversos retos modernos de la aplicación de la inteligencia artificial en medicina.

Métodos: En nuestra revisión, involucramos estudios en inglés de bases de datos comunes como Web of Science, Scopus, Google Scholar, Pubmed y Cochrane Library utilizando las siguientes palabras clave "avance", "inteligencia artificial", "innovaciones en cirugía" y "cirugía operatoria" hasta noviembre de 2023.

Novedad científica: Existen estudios publicados que han intentado determinar el papel de las nuevas tecnologías en el campo de la cirugía; sin embargo, faltan estudios que hayan intentado identificar un análisis exhaustivo de estas innovaciones y su integración en los servicios sanitarios. En nuestro artículo, intentamos evaluar el papel de las nuevas tecnologías en la medicina y la odontología modernas, especialmente en el ámbito quirúrgico.

Conclusiones: Las nuevas tecnologías avanzadas han contribuido en gran medida al desarrollo de los servicios sanitarios en general, especialmente en el ámbito quirúrgico. La IA tiene varias aplicaciones en el campo de la cirugía, lo que ha repercutido significativamente en los sistemas sanitarios actuales.

Palabras clave: innovaciones en cirugía, inteligencia artificial, cirugía.

Cite as: Rysbayeva Z, Sobchenko D, Rudenko M, Viesova O, Kaminskyy V. The latest achievements of operative surgery in the development of modern medicine and dentistry: challenges of implementing artificial intelligence. *Academic Journal of Health Sciences 2024*; 39 (3):59-66 doi: 10.3306/AJHS.2024.39.03.59

Introduction

Enhancing and strengthening healthcare services is considered one of the main and important goals for all societies worldwide. Because of recent technological advancements, healthcare services have seen major improvement over the previous several decades, from patient examination to recent advances in diagnostic and treatment modalities, including medical and surgical options^{1,2}. The healthcare system provides medical services through an integrated strategy, including hospital facilities, medical professionals, and modern equipment³. Recent innovations and advancements in medical technology applications have provided the general population with higher-quality services, better care, and improved quality of life⁴⁻⁶. Among these advances, the innovations in 3D printing and nanotechnology have enabled the creation of customized implants and medication delivery systems. At the same time, wearable technology and telemedicine have enhanced the accessibility, ease, and customization of healthcare^{7,8}.

To implement the Future of Surgery Commission's recommendations, the Royal College of Surgeons of England is actively involved. The degree of complexity of the various medical interventions that aim to improve the overall patient's quality of life is one of the most important ongoing surgical issues worldwide9. Over time, there has been an increase in the demand for healthcare services, leading to general shortages of personnel and supplies in the medical system. To enable patients and even doctors to receive the best and most adequate healthcare services, this prompted interest in incorporating modern technological services into the medical systems¹⁰. Artificial intelligence (AI) plays an essential role in enhancing healthcare services in all aspects, from diagnosis to treatment involving operations improvement^{11,12}. Recently, there has been evidence that Al can be beneficial in evaluating medical imaging, patient symptoms, and investigations from electronic medical records (EMRs). It can also correlate these factors to determine the disease's diagnosis and prognosis¹³.

Research focus

In our review, we focused on studying innovations, recent advances in medicine, and integrating new technologies in surgery. We also investigate the roles and applications of artificial intelligence in operative surgery.

Research problem

There is a significant shortage in both healthcare facilities and providers. Therefore, there is increasing interest in integrating the novel technologies in surgery. There is fear that these advancements in medicine would replace physicians. However, others suggest that these innovations significantly impact the improvement of the healthcare services provided.

Research questions

1. What is the recent medical status?

2. What are the new advancements in medicine and surgery?

3. What is the role of artificial intelligence and recent technologies in operations?

4. What are the challenges of implementing artificial intelligence in the healthcare system?

Research aim

Our study aims to investigate the novel medical advancement in surgery. We also aim to investigate the various modern challenges of implementing artificial intelligence in medicine.

Literature review

The rapid progress of modern technology and research worldwide has aided in advancing medical care regarding how we diagnose, treat, and anticipate illness prognosis. It also increases our understanding of illnesses, leading to more personalized therapy¹⁴. These advancements have definitely benefited surgical practice, particularly in several aspects of surgery. However, there is still a need for increased awareness of these developments among physicians and academics globally, particularly in underdeveloped countries¹⁵. In the last ten years, remarkable advancement was achieved in global surgery, and serious and evidence-based national policies for scaling up surgical services worldwide are currently being formed¹⁶. Developing an accurate country-based assessment of the surgical disease burden, establishing an appropriate estimate of the current needs is an essential step in developing the healthcare service¹⁷. Recently, increased efforts have aimed to update and get the most benefits of modern medical technologies. This includes the use of modern machines, robots, and Al technologies in all medical aspects, including surgeries. There is fear that AI machines replace human clinicians. In 2018, a study investigating the role of AI in recent healthcare services showed that the most significant benefits of AI were shown in image analysis, virtual assistants, robotic-assisted operations, and clinical decision support¹⁸.

Although there are fears that Al will replace human existence, according to a recent study that evaluated the potential for automation across various sectors, health, and education are the areas where robots are least likely to replace humans¹⁹. Clinical competence and the critical requirement for interaction with others will never, in all likelihood, render clinicians obsolete. Although Al will increasingly be utilized to solve specific repeated issues, most notably in the diagnosis process, it appears improbable that it will replace surgeons soon.

Robots

Nowadays, A surgical robot is capable of performing the whole surgical procedure independently. However, dealing with the unpredictable consequences of such

operations is a very distant possibility. At the same time, Robots in the operating room are very intricate and sophisticated instruments used by surgeons and their teams, not replacements for human presence²⁰. The high cost of robots remains a major challenge, but hospital networks, especially those with smaller facilities, have a good chance of working together to share this important resource. Regarding the remote surgery, China has already succeeded in this field, with a surgeon performing an entire operation on a patient thousands of miles away using remote robotic help over 5G networks. Although this remarkable achievement has not been utilized in most countries yet, augmented reality (AR) photographs utilization of to convey real-time information to specialized surgeons in another place seeking their advice to finish complicated surgeries is currently available in the UK²¹.

Laparoscopy

Minimally invasive surgical techniques have become popular in practically all medical fields over the last 30 years. Laparoscopic surgery is one of the earliest and most commonly used minimally invasive procedures since the first laparoscopic surgery in gynecology in 1962²². It is believed that laparoscopic surgery is considered one of the greatest innovations and advances in the surgical field. It has resulted in a revolution in the employment of digital and robotic technologies in surgical practice. Compared to 'open' surgeries, it has significantly reduced patient recovery times. Even more remarkable, significant gains have been obtained while concurrently improving surgical quality23. Notably, a recent report published by Bingmer et al. revealed a significant 462% rise in laparoscopic patients performed by general surgeons over the last years, from 2000 to 2018²⁴. Laparoscopic operations are significantly associated with fewer wound infections, less pain VAS score, shorter post-operative hospitalization, lower rates of morbidity and death, an earlier return to work, and an overall improvement in quality of life²⁵. However, there were safety concerns when laparoscopy was first utilized. Fortunately, many of the first reported problems have become relatively rare as surgical teams have advanced past their learning curves over time²⁶. New laparoscopic technologies are constantly being developed, primarily to improve patient clinical results and/or decrease costs. Laparoscopy has potential disadvantages, such as narrowing the operation visual field, limiting the tactile sensation, injuring the internal structures, and the major vessels, making it challenging²². Figures 1 and 2 show the rise in proportion over the study period now taken up by laparoscopic procedures and the explosive rise of minimally invasive surgery and the progressive replacement of open technique, respectively.

Figure 1: illustrates the increase in the percentage of laparoscopic surgeries performed over the study period²⁷.







Figure 2: Illustrates how open operations are gradually being replaced with minimally invasive surgery, which is growing in popularity²⁷.

3D printing

3D printing is an additional innovation that has the potential to alter both surgical planning and the variety and efficacy of available implants. Data from patient imaging technologies may be extracted using 3D printing software, which can then be utilized to produce customized, custom surgical guides and implants that replace or stabilize diseased body parts or anatomical structures. It is anticipated that 3D planning and printing technologies will become extensively accessible, and the printed items will be sufficiently durable to be sent to all hospitals for local surgical teams to utilize. This technology may increase the safety and efficacy of surgeries in addition to providing the opportunity for surgical techniques that are now too difficult or yield poor results. Using this advanced technology, patients may have more options, higher expectations, and customized management. Giving patients access to 3D models might help them understand more about the medical procedures they are going to have, which would allow for more informed consent²⁸. A Cross-Sectional Multispecialty Review in 2022 showed the advantages of 3D printing in planning complex medical procedures and training medical professionals. These advantages are improving understanding of the specific anatomy of each patient, simulation-based education and training, improved planning before surgery, mock simulated surgeries, creation of surgical guidelines, creation of implants customized for each patient, and bioprinted structures or organs²⁹.

Stem cells

Among the great advancements in medicine is the use of stem cells in various diseases. There are rapidly increasing efforts and research in the field of stem cell therapy. It is considered the only treatment option for certain disorders such as hemolytic anemias, leukemia, and bone marrow failure. It is also considered a reliable treatment option for other diseases. However, its utilization is still limited as major obstacles face us due to the hazards associated with a bad reaction between the donor and host cells. It has shown a promising effect in children with major disorders in the immune system in Great Ormond Street Hospital³⁰.

Ophthalmologists could make benefit from stem cell therapy in their surgeries. In the Academy of Medical Sciences, a fellow at Moorfields Eye Hospital, Prof Robin Ali, could use stem cell transplants to cure macular degeneration, which is usually a non-curable condition. Their results were promising, and they reported a significant vision improvement in the patients involved³⁰. This raised the hope of treating the difficult retinal disorders. Moreover, Osaka University doctors in Japan restored the sight of a patient in one eye who used stem cell-derived corneal tissue to implant for the first time. To date, corneal transplantation from a dead person is the only available treatment option for severe corneal diseases. Living donors can provide transplantable cells. Rejection rates should also be far reduced since the stem cells mature to take on the features of the host body, unlike 20% of transplant recipients who reject their new cornea³¹.

Artificial intelligence in the field of surgery

The definition of AI is the computational modeling of human cognitive functions, including self-learning, reasoning, and self-correction. These characteristics imply that AI has enormous potential for technologically progressing fields throughout all sectors of human civilization, as seen by the incorporation of this technology into the daily lives of people worldwide³². Exponential advancements in data storage, processing power, and data digitization have begun to transform medicine at a rate faster than human ability³³. Pattern recognition is used in machine learning (ML), utilizing both supervised and unsupervised learning to predict outcomes. In contrast, deep learning (DL) has allowed AI to develop into image identification, processing, and bioinformatics learning³⁴. Healthcare options combined with AI analysis, such as those described before, have the potential to improve patient care and reduce morbidity and mortality rates in emergency surgery through a variety of means, including diagnostics³⁵.

Materials and Methods

General background

The recent innovations and advancements in medical technology applications provided higher quality services, better care, and improved quality of life to the general population. Among these advances, innovations in 3D printing and nanotechnology have enabled the creation of customized implants and medication delivery systems, while wearable technology and telemedicine have enhanced the accessibility, ease, and customization of healthcare. Al plays an important role in enhancing healthcare services in all aspects, from diagnosis to treatment involving operations improvement. Recently, there has been evidence that Al can be very helpful in evaluating medical imaging, patient symptoms, and investigations. It can also correlate these factors to determine the disease's diagnosis and prognosis.

Recently, there have been increased efforts that aim to update and get the most benefits of modern technologies in medicine. This includes the use of modern machines, robots, and AI technologies in all medical aspects, including surgeries.

Inclusion criteria

- 1. All study designs of the articles were included, such as case series, randomized clinical trials, casecontrol, or systematic review.
- 2. We included studies evaluating the role of new technologies in the surgical field.
- 3. Most included studies should be recent, from 2018 to 2023.

Exclusion criteria

1. Studies and articles that were not peer-reviewed, as well as proposals, procedures, letters, and opinions.

- 2. Old studies that were conducted before 2010.
- 3. Studies unrelated to our topic or their aim were not related to ours.

Information sources

We utilized the following online databases: Web of Science, Scopus, Google Scholar, Pubmed, and the Cochrane Library using the following keywords "advancement", "artificial intelligence", "innovations in surgery", and "operative surgery" till November 2023. We collected studies using each set of keyword combinations to create an unbiased collection of publications. The references included in this paper were chosen because they are relevant to our topic.

Data collection

The included studies were reviewed following three stages. The first involved using EndNote Software to import the findings from electronic databases into a Microsoft Excel sheet. The articles entered into the Excel sheet were screened for titles and abstracts in the second stage. The third stage involved screening the included citations from Stage 2's full text. In addition, we manually checked the included publications' references for any potentially overlooked studies.

Statistical analysis

We conducted a qualitative study of the previously published studies. We could not do a quantitative analysis because our study is a narrative review. The outcomes that will be measured in the quantitative analysis must be specified, and more than two studies reporting data on these outcomes must be located and compared to draw a conclusion. We attempted a quantitative analysis in our research, but we could not identify specific results relevant to our subject or papers that presented similar data. To get strong evidence and current results and conclusions, we conducted a qualitative analysis of papers relevant to our topic, presented their findings, and compared them.

Results and discussion

Laparoscopic surgery (LS) and robotic surgery (RS) are used to perform various surgical procedures. RS is controlled like laparoscopic tools but with additional axial flexibility, fatigue resistance, repeatability, and stability^{36,37}. The ultimate goal for RS would be autonomous AI instruments; they are now supervised, but with success: the Da Vinci system in prostatectomy, the Smart Tissue Autonomous Robot "STAR" robot that can stitch bowel. Robots are being developed for endoscopy to provide triangulation for suturing and knot tying^{38,39}. The belief that robots cannot reproduce surgical competence is breaking down, with robots outperforming "expert" surgeons regarding consistency, spacing, time spent, and blunders⁴⁰.

In 2019, Lin et al. showed the role of AI and imaging in performing surgical procedures. This study reported using CT scans and AI to recreate the necrotic pancreatic regions in pancreatitis and assist drainage⁴¹. Similarly, the planning of difficult or complex procedures might be aided by AI models and imaging, as seen in orthognathic surgery, plastic, and reconstructive surgery. Knoops et al. created a model containing 4261 volunteer faces to identify and treat orthognathic patients⁴². Additionally, AI has been proposed for regeneration, including birth abnormalities. An autonomous device with feedback might enable noninvasive tissue restoration via mechanosimulation. A previous study utilized animals to generate new tissues. They are still working to develop implantable technologies that can restore tissue function⁴³.

Al has the potential to improve surgical education and learning as well. In certain instances, real-time feedback has been provided to surgeons, allowing them to modify the force they apply to delicate tissues. In addition to revolutionizing surgical learning, video recording makes it possible to identify surgical performance using Al^{38,44}. An AI model with skin cancer diagnosis accuracy comparable to dermatologists was developed by Esteva et al.45. Using machine learning by Rajkomar et al. to predict hospital readmission rates and patient death may help medical personnel identify patients who require more care. Furthermore, Chung et al. developed an AI model that could predict when psychosis would start in those exhibiting clinical high-risk indicators⁴⁶. A machine learning model was created by Khera et al. to identify individuals who are at a high risk of acquiring heart disease. This might lead to early intervention and preventative measures⁴⁷. A previous review highlighted the recent application of AI in emergency surgery in both diagnosis and management and concluded that Al shows great potential in the field of emergency surgery. An ideal scenario would involve using AI to guickly and effectively refer suitable patients through the emergency department, identify surgical concerns on imaging, and even anticipate the risks of surgery based on the clinical history and vital sign observations, enabling a surgeon to provide a customized risk assessment for each patient. However, we should take into consideration that machines may give misleading information and wrong results and may worsen the overall outcomes⁴⁸.

Globally, surgical and non-surgical procedures for pediatric patients have shown rapid and significant advancement in recent years. Given the available data, pediatric surgeons must stay updated on the newest and greatest practices that yield the best results⁴⁹. Injections of botulinum toxin were used to treat children with persistent constipation, according to a retrospective study conducted in the Netherlands. When preinjection pressure is more than 70 mmHg, botulinum toxin was shown to dramatically lower anal basal pressure. That being said, rectal washout is advised in cases of very increased anal basal pressure⁵⁰. For patients with

moderate to severe hereditary spherocytosis (HS), total splenectomy is the most successful therapy. One conservative procedure that can keep some of the spleen's function intact is partial splenic embolization (PSE). A single center's retrospective analysis included HS patients who underwent complete splenectomy and super-selective PSE (SPSE). They demonstrated that SPSE is safe and beneficial for moderate-tosevere pediatric HS; more extended follow-up periods and more patients are required, though⁵¹. Concerning recent surgical procedures in pediatric surgery patients, a previous case-series study reported the role of ArgyleTM Replogle Suction Catheter (RSC), endoscopic esophageal vacuum-assisted closure (EVAC) in treating patients with esophageal perforation (EP). They discovered that EVAC, which is frequently used to treat wounds and adult EP patients, was a viable treatment for pediatric EP. Additionally, they advised a quicker transition to RSC in order to minimize the need for anesthesia during later treatments. They found that the vast majority of patients⁵².

Dental and orthodontist practices have changed significantly with the advancements in the modern technology, allowing them to treat patients in a more effective and efficient manner. Technology has altered the dental treatment process, making it more secure, patient-friendly, and more precise. 3D printing and digital X-rays are examples of these advances. In dentistry, technology is employed for purposes beyond diagnosis and treatment. Furthermore, it has reduced the cost and increased accessibility to dental treatment, especially for those with limited resources. Another technical development that has revolutionized dentistry is digital impressions. Dentists may now take digital images of a patient's dental arch using an intraoral scanner instead of unwieldy and painful analogical impressions. More exact and accurate impressions may be obtained due to this technology, which also decreases the need for follow-up visits and improves patient comfort. The authors of research published in this Special Issue examined the precision of four top intraoral scanners in full-arch digital implant impression⁵³. Three-dimensional printing is another technical advancement that has significantly altered dental care. It has totally changed the way dentists create bridges, crowns, and other dental prosthetic restorations. With the use of 3D printing, dentists may create highly accurate models of a patient's teeth that they can use to plan and create specialized dental restorations. Implementing this technology results in dental restorations that take less time, increasing process efficiency and lowering costs⁵⁴. Dental treatment is now safer and more efficient thanks to new technology, which has also improved patient results. Laser dentistry techniques are a good example of this. Gum reshaping, decay removal, and even root canal therapy are all possible with lasers. Patients may have less bleeding and discomfort because they are less intrusive than conventional dental instruments⁵⁵.

Limitations

The primary issue with this article is that it is a narrative review. The included research results are presented in written paragraphs in a narrative review. They don't undertake any pooled analysis using the data from the summarized studies. Real objectivity and pooled analysis are therefore precluded. A narrative review serves as a collated source of the most widely accepted views at the time of publishing. This may be useful to understand a body of evidence fully. As it does not thoroughly consider the alternative hypothesis, it does not guarantee that the prevailing ideas are true.

Conclusion

Innovative medical technology integration is of worldwide interest. Newly advanced technologies have shown a great beneficial role in developing overall healthcare services, especially in the surgical field. Al has several applications in the field of surgery, which has significantly impacted the current healthcare systems. We are facing challenges in the development of these enhancements and in implementing AI in modern medicine and dentistry. We should provide potential opportunities for new technologies to reach an improved comprehensive medical service.

Conflict of interest

All authors declare no conflict of interest.

Acknowledgments

None

Ethical statement Not applicable.

Funding None

References

1. Flessa S, Huebner C. Innovations in Health Care-A Conceptual Framework. Int J Environ Res Public Health [Internet]. 2021 Sep 24;18(19):10026.

2. Belmonte EM, Tortosa SO, Ortega L de M, Gutiérrez-Martínez JM. Healthcare Information Technology: A Systematic Mapping Study. Healthc Inform Res 2023 Jan 31;29(1):4-15. doi=10.4258/hir.2023.29.1.4

3. Yuryk O, Barabanchyk O, Malets M. Innovations in medicine: modern challenges, future definitions: A narrative review. Futur Med 2022 Jun 30;23-30.

4. Mitchell M, Kan L. Digital Technology and the Future of Health Systems. Heal Syst Reform 2019 Apr 3;5(2):113–20. doi/full/10.1080/23288604.2 019.1583040

5. Sayani S, Muzammil M, Saleh K, Muqeet A, Zaidi F, Shaikh T. Addressing cost and time barriers in chronic disease management through telemedicine: an exploratory research in select low- and middle-income countries. Ther Adv Chronic Dis 2019 Jan 4;10:204062231989158. doi/10.1177/2040622319891587

6. Sandberg CEJ, Knight SR, Qureshi AU, Pathak S. Using Telemedicine to Diagnose Surgical Site Infections in Low- and Middle-Income Countries: Systematic Review. JMIR mHealth uHealth 2019 Aug 19;7(8):e13309.

7. Aimar A, Palermo A, Innocenti B. The Role of 3D Printing in Medical Applications: A State of the Art. J Healthc Eng 2019 Mar 21;2019:1-10.

8. Foglizzo V, Marchiò S. Nanoparticles as Physically- and Biochemically-Tuned Drug Formulations for Cancers Therapy. Cancers (Basel) 2022 May 17;14(10):2473.

9. Kerr RS. Surgery in the 2020s: Implications of advancing technology for patients and the workforce. Futur Healthc J 2020 Feb 14;7(1):46–9. doi/10.7861/fhj.2020-0001

10. Kirch DG, Petelle K. Addressing the Physician Shortage. JAMA 2018 May 16;317(19):1947. doi=10.1001/jama.2017.2714 11. Bodnar P. Diagnostics of hemostasiological indicators of blood in patients with cervical cancer: standards, innovative models of the future (Ukraine). Futur Med 2022 Dec 30;4-16.

12. Kusainov A. Optimising anesthesia support during operations on the abdominal aorta and its branches. Futur Med 2022 Sep 30;11-21.

13. Miller DD, Brown EW. Artificial Intelligence in Medical Practice: The Question to the Answer? Am J Med 2018 Feb;131(2):129-33.

14. Shyshkina O, Beyhul I, Moskalenko N, Hladoshchuk O, Tolchieva H, Saienko V. Subjective Psychophysiological Satisfaction of Women from Fitness Training on an Individual Program. BRAIN Broad Res Artif Intell Neurosci 2023 Mar 9;14(1):387-404.

15. Gunadi. Editorial: Current advances in pediatric surgery. Front Surg 2023 Mar 21;10.

16. Volodymyrovych TY, Ivanovich SV, Tetiana K, Yaroslavovych TB. Pharmaco Economics Analysis of COVID-19 Vaccines in Ukraine. J Pharm Res Int 2021 Jun 18;140-7.

17. Debas HT. Progress in Global Surgery Comment on "Global Surgery – Informing National Strategies for Scaling Up Surgery in Sub-Saharan Africa." Int J Heal Policy Manag 2018 Aug 8;7(11):1056-7.

18. Bohr A, Memarzadeh K. The rise of artificial intelligence in healthcare applications. In: Artificial Intelligence in Healthcare Elsevier; 2020. p. 25-60.

19. Semenets-Orlova I. Procedural aspects of educational changes: Empirical findings at institutional level. Adv Educ 2017;3(7):64-7.

20. Chui M, Manyika J, Miremadi M. Where machines could replace humans-and where they can't (yet) Mckinsey.com. Available from: https://www.mckinsey.com/~/media/mckinsey/business%20 functions/mckinsey%20digital/our%20insights/where%20 machines%20could%20replace%20humans%20and%20where%20 they%20cant/where-machines-could-replace-humans-and-wherethey-cant-yet.pdf The latest achievements of operative surgery in the development of modern medicine and dentistry: challenges of implementing artificial intelligence

21. Loeffler J. China performs country's first-ever 5G remote brain surgery [Internet]. Interesting Engineering. 2021 Available from: https://interestingengineering.com/health/china-performs-countrys-first-ever-5g-remote-brain-surgery

22. Carr BM, Lyon JA, Romeiser J, Talamini M, Shroyer ALW. Laparoscopic versus open surgery: a systematic review evaluating Cochrane systematic reviews. Surg Endosc 2019 Jun 24;33(6):1693-709.

23. Scaletta G, Dinoi G, Capozzi V, Cianci S, Pelligra S, Ergasti R, et al. Comparison of minimally invasive surgery with laparotomic approach in the treatment of high risk endometrial cancer: A systematic review. Eur J Surg Oncol 2020 May;46(5):782-8.

24. Bingmer K, Ofshteyn A, Stein SL, Marks JM, Steinhagen E. Decline of open surgical experience for general surgery residents. Surg Endosc 2020 Feb 10;34(2):967-72.

25. Madhok B, Nanayakkara K, Mahawar K. Safety considerations in laparoscopic surgery: A narrative review. World J Gastrointest Endosc 2022 Jan 16;14(1):1-16.

26. Antoniou SA, Antoniou GA, Antoniou AI, Granderath FA. Past, Present, and Future of Minimally Invasive Abdominal Surgery. JSLS J Soc Laparoendosc Surg 2015;19(3):e2015.00052.

27. St. John A, Caturegli I, Kubicki NS, Kavic SM. The Rise of Minimally Invasive Surgery: 16 Year Analysis of the Progressive Replacement of Open Surgery with Laparoscopy. JSLS J Soc Laparosc Robot Surg 2020;24(4):e2020.00076.

28. Chan SW, Tulloch E, Cooper ES, Smith A, Wojcik W, Norman JE. Montgomery and informed consent: where are we now? BMJ 2017 May 12;j2224.

29. Meyer-Szary J, Luis MS, Mikulski S, Patel A, Schulz F, Tretiakow D, et al. The Role of 3D Printing in Planning Complex Medical Procedures and Training of Medical Professionals—Cross-Sectional Multispecialty Review. Int J Environ Res Public Health 2022 Mar 11;19(6):3331.

30. What does the future hold for stem cell treatments? [The Academy of Medical Sciences Available from: https://acmedsci.ac.uk/more/news/ what-does-the-future-hold-for-stem-cell-treatments-

31. Woman regains sight after corneal transplant from stem cells [Internet]. Available from: https://www.thetimes.co.uk/article/woman-regains-sight-after-corneal-transplant-from-stem-cells-9jgmxs9n6#

32. Bashir M, Harky A. Artificial Intelligence in Aortic Surgery: The Rise of the Machine. Semin Thorac Cardiovasc Surg 2019;31(4):635-7.

33. Maddox TM, Rumsfeld JS, Payne PRO. Questions for Artificial Intelligence in Health Care. JAMA 2019 Jan 1;321(1):31.

34. Semenets-Orlova I, Teslenko V, Dakal A, Zadorozhnyi V, Marusina O, Klochko A. Distance Learning Technologies and Innovations in Education for Sustainable Development. Stud Appl Econ 2021 May 29;39(5).

35. Hashimoto DA, Rosman G, Rus D, Meireles OR. Artificial Intelligence in Surgery: Promises and Perils. Ann Surg 2018 Jul;268(1):70-6.

36. Kose E, Ozturk NN, Karahan SR. Artificial Intelligence in Surgery. Eur Arch Med Res 2018 Dec 26;34(Suppl 1):4-6.

37. Panesar S, Cagle Y, Chander D, Morey J, Fernandez-Miranda J, Kliot M. Artificial Intelligence and the Future of Surgical Robotics. Ann Surg 2019 Aug;270(2):223-6.

38. Aruni G, Amit G, Dasgupta P. New surgical robots on the horizon and the potential role of artificial intelligence. Investig Clin Urol 2018;59(4):221.

39. Saeidi H, Opfermann JD, Kam M, Raghunathan S, Leonard S, Krieger A. A Confidence-Based Shared Control Strategy for the Smart Tissue Autonomous Robot (STAR). In: 2018 IEEE/RSJ International Conference on Intelligent Robots and Systems (IROS) IEEE; 2018. p. 1268-75.

40. Kaan HL, Ho KY. Robot-Assisted Endoscopic Resection: Current Status and Future Directions. Gut Liver 2020 Mar 15;14(2):150-2.

41. Lin YP, Lin CC. The Application of Artificial Intelligence Technology in the Diagnosis of Acute Pancreatitis. In: 2019 Prognostics and System Health Management Conference (PHM-Paris) IEEE; 2019. p. 244-8.

42. Knoops PGM, Papaioannou A, Borghi A, Breakey RWF, Wilson AT, Jeelani O, et al. A machine learning framework for automated diagnosis and computer-assisted planning in plastic and reconstructive surgery. Sci Rep 2019 Sep 19;9(1):13597.

43. Damian DD. Regenerative robotics. Birth Defects Res 2020 Jan 15;112(2):131-6.

44. Hung AJ, Oh PJ, Chen J, Ghodoussipour S, Lane C, Jarc A, et al. Experts vs super-experts: differences in automated performance metrics and clinical outcomes for robot-assisted radical prostatectomy. BJU Int 2019 May 18;123(5):861-8.

45. Esteva A, Kuprel B, Novoa RA, Ko J, Swetter SM, Blau HM, et al. Dermatologist-level classification of skin cancer with deep neural networks. Nature 2017 Feb 2;542(7639):115-8.

46. Rajkomar A, Oren E, Chen K, Dai AM, Hajaj N, Hardt M, et al. Scalable and accurate deep learning with electronic health records. npj Digit Med 2018 May 8;1(1):18.

47. Chung Y, Addington J, Bearden CE, Cadenhead K, Cornblatt B, Mathalon DH, et al. Use of Machine Learning to Determine Deviance in Neuroanatomical Maturity Associated With Future Psychosis in Youths at Clinically High Risk. JAMA Psychiatry 2018 Sep 1;75(9):960.

48. Rimmer L, Howard C, Picca L, Bashir M. The automaton as a surgeon: the future of artificial intelligence in emergency and general surgery. Eur J Trauma Emerg Surg 2021 Jun 26;47(3):757-62.

49. Titkova O. Ukrainian paediatrics of the future: current problems and prospects for improvement. Futur Med 2022 Dec 30;44-55.

50. Sun G, Trzpis M, Broens PMA. High Anal Canal Pressure and Rectal Washouts Contribute to the Decrease of Anal Basal Pressure After Botulinum Toxin Injections in Paediatric Patients With Chronic Constipation. Front Pediatr 2022 Mar 22;10.

51. Wang R jue, Xiao L, Xu X ming, Zhang M man, Xiong Q. Super-Selective Partial Splenic Embolization for Hereditary Spherocytosis in Children: A Single-Center Retrospective Study. Front Surg 2022 Feb 25;9.

52. Ritz LA, Hajji MS, Schwerd T, Koletzko S, von Schweinitz D, Lurz E, et al. Esophageal Perforation and EVAC in Pediatric Patients: A Case Series of Four Children. Front Pediatr 2021 Aug 6;9.

53. Di Fiore A, Graiff L, Savio G, Granata S, Basilicata M, Bollero P, et al. Investigation of the Accuracy of Four Intraoral Scanners in Mandibular Full-Arch Digital Implant Impression: A Comparative In Vitro Study. Int J Environ Res Public Health 2022 Apr 13;19(8):4719.

54. Unkovskiy A, Huettig F, Kraemer-Fernandez P, Spintzyk S. Multi-Material 3D Printing of a Customized Sports Mouth Guard: Proof-of-Concept Clinical Case. Int J Environ Res Public Health 2021 Dec 3;18(23):12762.

55. Gracco A, De Stefani A, Bruno G. Influence of New Technology in Dental Care: A Public Health Perspective. Int J Environ Res Public Health 2023 Apr 3;20(7):5364.