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Robotics in Surgery: Enhancing Precision and Recovery

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ABSTRACT

The advent of robotic systems in surgery has revolutionized the field, offering enhanced precision, minimal invasiveness, and faster recovery times for patients. This paper examines the evolution of robotic surgery, focusing on technological advancements, benefits, and challenges, alongside its clinical applications and future trends. Emerging technologies such as artificial intelligence, telesurgery, and multimodal imaging systems are redefining surgical possibilities, enabling procedures that were once deemed too complex. While the benefits of robotic surgery are undeniable, challenges related to training, ethical considerations, and system optimization remain. With continued innovation and integration, robotic surgery holds the promise of personalized, data-driven, and globally accessible healthcare.

Keywords: Robotic Surgery, Minimally Invasive Surgery, Artificial Intelligence in Surgery, Telesurgery, Surgical Precision, Clinical Applications.

INTRODUCTION

The integration of robotic systems into the field of surgery has led to numerous advances not possible through traditional practices. Robotic surgery intersects with the minimally invasive field, which provides many benefits to patients, hospitals, and physicians. Minimally invasive procedures require the use of small incisions and offer faster recovery times, less blood loss, decreased pain, and lower rates of infection and complications than traditional open surgery. Robotic surgery was created, in part, to mitigate the limitations imposed by this technique. First-generation and early robotic systems could not function in real-time, which further limited their usefulness $\lceil 1, 2 \rceil$. Modern systems are technologically superior with a more intuitive method of controlling instruments and a greater range of movement. The addition of three-dimensional visualization is also a major upgrade, aiding the surgeon in identifying delicate structures. Policies and priorities drive technological advancements in healthcare. Increased demand for smaller incisions and enhanced patient outcomes has resulted in a boom phase for robotics in surgery. High-frequency publications focusing on outcomes promote the application of technology outside of a metaphysical setting, with an aim to positively impact the patient. Even the largest skeptics are forced to take note as the evidence mounts that robotic surgery performs procedures that previously could not be performed because of their complexity with increasing precision and control as technology continues to advance [3, 4].

Technological Advancements in Surgical Robotics

Surgical robotics have advanced due to cutting-edge technological innovations in imaging procedures at a cellular and molecular scale. Current trends focus on developing robotic instrumentation for microvascular and organ conservation surgery called super-microsurgery. Currently, there are different types of surgical robots being used, which are classified according to different techniques and technological advancements, including computer-aided navigation, hand augmentation, and robotics to automate repetitive tasks. Commercial systems have been moved into the market using a combination of all these techniques. Technological advancements have been made in the system design and applied to the development of computer-assisted and robotic systems, but surgical outcomes appear to be unchanged; both laser-assisted robotic surgeries and spontaneous vibration of hand-assisted laparoscopic cholecystectomy showed equal surgical outcomes [5, 6]. Intraoperative imaging in an endoscopic

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environment needs further advancements, including multimodal imaging and the development of contrast agents for accurate identification of tissue pathology. Haptic feedback in the surgeon's hand console and in the patient-side manipulator is vital for safe and effective malignancy diagnosis and to prevent ischemic or over-pressurization of tissue and vessel damage. Interpretation of images during surgery is often problematic, given that the endoscope is often held by an assistant, and thus the orientation of the view changes continuously. A dedicated research area using the image guidance technology of the robot has been used to provide an automatic 3D view of the anatomy and blood vessels for the surgeon. The aim of artificial intelligence and machine learning is a highly pertinent research direction to enable automation of informatics processes and interpreting novel robotic images into complete surgical precision, which can lead to automated surgical steps in ten years. Tele-surgery and robot-user interfaces are also required. There are no reports in the literature for studies with descriptions of super-microsurgery using surgical robots [7, 8]. The future directions in robotic surgery include combining the efforts of informatics professionals who play a vital role in handling the robotic system data, the interfaces, and damage due to freezing or system updates. In addition, the incorporation of data analytics through robotic systems could beneficially produce information that can aid surgical decision-making. The instruments currently used by a surgeon in robotic procedures are mainly adapted from other disciplines, such as electronics or nonmedical robotic companies; however, with increasing experience in super-microsurgical robotic setups, multifunctional surgical instruments specifically designed for closed robotic surgery will emerge. To achieve major technological breakthroughs, ongoing research, clinical application, and evaluation are needed, as current strategies may provide the maximum benefit. The advancement of endoscopy to perform more complex surgery includes robotic technology. This discussion has covered the whole technological landscape that is vital in understanding current robotic surgery [9, 10].

Benefits and Challenges of Robotic Surgery

Due to the use of robotics in surgical tools, the impacts have been seen as more precise and reduced patient trauma, decreased blood loss, lower post-operative pain, and enhanced recovery. Laparoscopic and robotic surgeries both contain multiple subsystems allowing for the benefits of dexterity and visualization. Training opportunities lead to greater experience in the techniques from open procedures. The console patient-side cart offers movements recorded by the surgeon with the robotic system. Teleoperation allows for improved independence for surgeons in performing complex surgeries in multiple sites around the body at once. The area can be overlooked, channeling into fewer entry points on the patient side [11, 12]. Challenges exist in maintaining a correct curriculum for both the licensing individual and the system to function in surgery. Reconfigurability poses the possibility of system mechanisms leading to ethical implications in the involved procedures. Rare events that potentially happen during surgery could be overlooked during the development phase of a robotic control system. The still contested investigation of any new procedure area, especially the latest development of the technology in a multimillion market and investments in the industry, is followed by the skilled surgical equipment that is required to study what they entail [13, 14].

Clinical Applications and Case Studies

Clinical applications of robotic surgery have expanded throughout multiple surgical fields over the last two decades, including complex procedures and multi-quadrant operations. Some of the most commonly performed robotic surgeries currently include pelvic organ prolapse repairs, radical prostatectomies, and hysterectomies [15, 12]. The da Vinci Surgical System is a robotic surgery system that manipulates four robotic arms inserted through small incisions. It includes a 3D stereoscopic camera, a vision cart, a patient-side robotic cart, and a surgeon console with three-dimensional imaging and hand-foot or gaze-directed master controls. While the da Vinci system was developed for laparoscopic surgery as a less invasive and refined alternative to traditional open surgery procedures, this system may be broached and is ideal for assessing the patient's clinical operations and defining current and final surgery. All of this new system enables easy surgery for patients who respond to other treatments. Robotic-assisted surgery has been used in other specialties such as general surgery, otolaryngology, and thoracic surgery. Lastly, the robotic community is expanding to other surgical fields such as colorectal and hepatobiliary surgery [16, 17].

Future Trends and Implications

In light of the aforementioned trends in the field of automation and robotics in general, several advancements can be anticipated. In order to keep up with the data demand of AI, data-driven decision-making in the field of robotics is one of the future trends. The radiosensitive AI integration within robotics may also advise alternate strategies of patient management. Additionally, the era of telemedicine could be leveraged by robotics. As is already the case with autosuggestions in typing, an update can help

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every robotic equipment keep updated with current trends and practices followed at the research level. Advanced study in robotics might eventually lead to personalized robots suited for every unique patient. Moreover, the dynamics of improvements in learning paradigms from a psychological point of view suggest the possibility that robotic systems with complex learning capabilities be developed. Another possibility might be the funding for researchers studying human-robotic interactions [18, 19]. The switchover from conventional surgeries to robotic surgeries will also revolutionize training modalities. Already, training in surgery is being shifted more toward virtual simulations. The state-of-the-art audiovideo operating room has enabled the transmission of live surgeries so that they can be observed and learned at various remote sites. The public demand for safety and robotics efficacy is the driving motivation and will eventually influence the standards to be achieved for accrediting and certifying societies. As more robotic options become available for surgical therapies, the patient, armed with the required precise knowledge of the treatment, could become a more dominant partner in making a joint decision. The scope of treatment recommendations may become more stringent with the professional regulatory bodies. The possibility of availing international treatment at various centers may lead to 'global robotics care.' This could significantly impact the future interest and availability of a growing robotic invasive center. Ethical and legal implications for the development and utilization of artificial intelligence continue to progress. Automation in healthcare may bring further complex ethical and legal challenges that can inflame the debate. A code of conduct must be developed [20, 21, 22].

CONCLUSION

Robotic surgery has transformed the surgical landscape by improving precision, reducing patient trauma, and enabling minimally invasive techniques that enhance recovery. The integration of advanced imaging, AI, and tele-surgical capabilities has broadened the scope of what robotic systems can achieve, making previously complex surgeries feasible and efficient. However, the field still faces challenges, including the need for standardized training, ethical guidelines, and the development of specialized instruments. As technology progresses, robotic systems are poised to revolutionize personalized medicine and global healthcare delivery, offering immense potential for improved patient outcomes. Continued investment in research, interdisciplinary collaboration, and regulatory frameworks will be critical to fully realizing the potential of robotics in surgery.

REFERENCES

- 1. Su H, Kwok KW, Cleary K, Iordachita I, Cavusoglu MC, Desai JP, Fischer GS. State of the art and future opportunities in MRI-guided robot-assisted surgery and interventions. Proceedings of the IEEE. 2022 May 3;110(7):968-92. <u>ieee.org</u>
- 2. Yadav P, Chaudhari K, Dave A, Sindhu A. Exploring the evolution of robotic surgery in obstetrics and gynecology: past, present, and future perspectives. Cureus. 2024 Mar;16(3).
- Kitaguchi D, Takeshita N, Hasegawa H, Ito M. Artificial intelligence-based computer vision in surgery: Recent advances and future perspectives. Annals of gastroenterological surgery. 2022 Jan;6(1):29-36. <u>wiley.com</u>
- Kolbinger FR, Bodenstedt S, Carstens M, Leger S, Krell S, Rinner FM, Nielen TP, Kirchberg J, Fritzmann J, Weitz J, Distler M. Artificial Intelligence for context-aware surgical guidance in complex robot-assisted oncological procedures: An exploratory feasibility study. European Journal of Surgical Oncology. 2024 Dec 1;50(12):106996. <u>sciencedirect.com</u>
- Franco A, Ditonno F, Manfredi C, Johnson AD, Mamgain A, Feldman-Schultz O, Feng CL, Pellegrino AA, Mir MC, Porpiglia F, Crivellaro S. Robot-assisted surgery in the field of urology: the most pioneering approaches 2015–2023. Research and Reports in Urology. 2023 Dec 31:453-70. tandfonline.com
- 6. Rus G, Andras I, Vaida C, Crisan N, Gherman B, Radu C, Tucan P, Iakab S, Hajjar NA, Pisla D. Artificial intelligence-based hazard detection in robotic-assisted single-incision oncologic surgery. Cancers. 2023 Jun 28;15(13):3387. <u>mdpi.com</u>
- Schmale IL, Vandelaar LJ, Luong AU, Citardi MJ, Yao WC. Image-guided surgery and intraoperative imaging in rhinology: clinical update and current state of the art. Ear, Nose & Throat Journal. 2021 Dec;100(10):NP475-86. <u>sagepub.com</u>
- 8. Yao Z, Hu X, You C, He M. Effect and feasibility of endoscopic surgery in spontaneous intracerebral hemorrhage: a systematic review and meta-analysis. World Neurosurgery. 2018 May 1;113:348-56.

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- Marlicz W, Ren X, Robertson A, Skonieczna-Żydecka K, Łoniewski I, Dario P, Wang S, Plevris JN, Koulaouzidis A, Ciuti G. Frontiers of robotic gastroscopy: a comprehensive review of robotic gastroscopes and technologies. Cancers. 2020 Sep 28;12(10):2775. <u>mdpi.com</u>
- 10. Chadebecq F, Lovat LB, Stoyanov D. Artificial intelligence and automation in endoscopy and surgery. Nature Reviews Gastroenterology & Hepatology. 2023 Mar;20(3):171-82. <u>ucl.ac.uk</u>
- Barua R, Bhowmik S, Dey A, Mondal J. Advances of the Robotics Technology in Modern Minimally Invasive Surgery. InDesign and Control Advances in Robotics 2023 (pp. 91-104). IGI P. Global. <u>[HTML]</u>
- Zemmar A, Lozano AM, Nelson BJ. The rise of robots in surgical environments during COVID-19. Nature Machine Intelligence. 2020 Oct;2(10):566-72.
- Elendu C, Amaechi DC, Okatta AU, Amaechi EC, Elendu TC, Ezeh CP, Elendu ID. The impact of simulation-based training in medical education: A review. Medicine. 2024 Jul 5;103(27):e38813. <u>lww.com</u>
- Zhou H, Liu F, Gu B, Zou X, Huang J, Wu J, Li Y, Chen SS, Zhou P, Liu J, Hua Y. A survey of large language models in medicine: Progress, application, and challenge. arXiv preprint arXiv:2311.05112. 2023 Nov 9. <u>PDF</u>
- 15. Zemmar A, Lozano AM, Nelson BJ. The rise of robots in surgical environments during COVID-19. Nature Machine Intelligence. 2020 Oct;2(10):566-72.
- 16. Sheetz KH, Claflin J, Dimick JB. Trends in the adoption of robotic surgery for common surgical procedures. JAMA network open. 2020 Jan 3;3(1):e1918911-.
- 17. Zhang W, Li H, Cui L, Li H, Zhang X, Fang S, Zhang Q. Research progress and development trend of surgical robot and surgical instrument arm. The International Journal of Medical Robotics and Computer Assisted Surgery. 2021 Oct;17(5):e2309. [HTML]
- Chen K, M Beeraka N, Zhang J, Reshetov IV, Nikolenko VN, Sinelnikov MY, Mikhaleva LM. Efficacy of da Vinci robot-assisted lymph node surgery than conventional axillary lymph node dissection in breast cancer-A comparative study. The International Journal of Medical Robotics and Computer Assisted Surgery. 2021 Dec;17(6):e2307. <u>[HTML]</u>
- Gordon A. Internet of things-based real-time production logistics, big data-driven decisionmaking processes, and industrial artificial intelligence in sustainable cyber-physical manufacturing systems. Journal of Self-Governance and Management Economics. 2021;9(3):61-73. <u>[HTML]</u>
- Rane NL, Choudhary SP, Rane J. Artificial Intelligence-driven corporate finance: enhancing efficiency and decision-making through machine learning, natural language processing, and robotic process automation in corporate governance and sustainability. Studies in Economics and Business Relations. 2024 Jun 1;5(2):1-22. <u>sabapub.com</u>
- 21. Afonso AM, McCormick PJ, Assel MJ, Rieth E, Barnett K, Tokita HK, Masson G, Laudone V, Simon BA, Twersky RS. Enhanced recovery programs in an ambulatory surgical oncology center. Anesthesia & Analgesia. 2021 Dec 1;133(6):1391-401. www.com
- Rösler J, Georgiev S, Roethe AL, Chakkalakal D, Acker G, Dengler NF, Prinz V, Hecht N, Faust K, Schneider U, Bayerl S. Clinical implementation of a 3D4K-exoscope (Orbeye) in microneurosurgery. Neurosurgical Review. 2022 Feb 1:1-9.

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