# **INCISIONS TO ALGORITHMS: THE RELEVANCE OF AI IN MODERN TUMOUR SURGERY**

### Abstract

Tumour surgery is one of the most challenging surgeries for any surgeon. The role of artificial intelligence (AI) in the health care system helps to discern the complicated cases and provide perfect precision, preoperative forethought, and intraoperative instructions. AI technologies can analyze patient's medical images, such as magnetic imaging (MRI), computed resonance tomography (CT) scans, to provide detailed insights into tumour characteristics, location, and surrounding structures. AI algorithms can help in creating personalized surgical plans, optimizing incision placement and surgical approach, and identifying potential challenges. AI can assist in evaluating the risks and benefits of different surgical options, recommending the most suitable surgical techniques, implants, and postoperative care strategies, and improving patient care and surveillance strategies. Alpowered platforms can facilitate communication and collaboration among multidisciplinary surgical teams. AI is amplifying the capabilities of surgical teams and contributing to the advancement of minimally invasive and targeted interventions. As AI technologies continue to evolve and mature, collaboration between clinicians, engineers, and ethicists will be pivotal in harnessing its full potential for the betterment of tumour surgery and patient wellbeing. This chapter gives a brief insight of the advantages and usage of AI while doing Tumour surgery and emphasizes that if its added as an adjunct it can create a significant difference in the outcome of tumor surgery.

**Keywords:** Medical sciences, tumor surgery, AI algorithms

#### Authors

# Dr Kashif Akhtar Ahmed

Assistant professor Department of Orthopaedics All India Institute of Medical Sciences Guwahati, Assam, India.

## Dr Krishna Prasad Biswas

Assistant Professor Department of Dentistry All India Institute of Medical Sciences Guwahati, Assam, India.

## Dr Praveen K

Assistant Professor Department of Anatomy All India Institute of Medical Sciences Guwahati, Assam, India.

## Dr Dibyajyoti Saikia

Assistant Professor Department of Pharmacology All India Institute of Medical Sciences Guwahati

### I. INTRODUCTION

The life expectancy of Homo sapiens in the present century have drastically increased when compared to 2<sup>nd</sup> Millennium all over the world. The burgeoning in the medical field is due to furtherance both in medical and surgical segments as well with assistance of Artificial Intelligence (AI). The role of artificial intelligence in the health care system helps to discern the complicated cases and provide perfect precision, pre-operative forethought and intraoperative instructions. In order to brace and reinforce the AI, numerous data about the prevailing disease condition have to be fed so that in real time situation, prompt decision making can be made. These will ease the surgeons to deal with intraoperative complications effectively and efficiently. Prior to feeding data to the AI, it needs to be analyzed panel of experts in that particular field there by AI will have a panoramic idea in disease management.

## **II. THE LANDSCAPE OF TUMOUR SURGERY**

Tumour surgery is one of the most challenging surgeries for any surgeon. Over the years, advancements have been made. Intra operative presentation of cancerous tissue from normal tissue is of great challenge for the operating surgeons. Remnant peripheral tumor tissue which goes unidentified will be the major cause for the tumor recurrence. In order to overcome these hurdles, use of AI guided imaging tools is being used in many of the developed countries.

It involves the precise removal of pathological tissue while preserving surrounding normal anatomical structures. The margin of resection refers to the distance between the edge of a tumour and the edge of the tissue removed during surgical resection. In the context of tumour removal, achieving a negative margin of resection is a common goal, as it indicates that no cancerous cells are present at the edges of the excised tissue. This is often referred to as a "clear" or "negative" margin. A positive margin of resection, on the other hand, means that cancer cells are present at the edge of the tissue that was removed. This can increase the risk of cancer recurrence, as some cancer cells might be left behind and continue to grow. Achieving a negative margin is particularly important in cancer surgery to improve the chances of complete tumour removal and reduce the likelihood of recurrence. The extent of the required margin of resection can vary depending on the type of tumour, its location, and other factors. Some tumours may require a wider margin due to their aggressive nature, while others might have a more forgiving margin due to their lower risk of spreading.

In many cases, achieving a negative margin might be challenging due to the tumour's location and its proximity to vital structures such as nerves, blood vessels, or organs. In these situations, surgical planning becomes critical to balance complete tumour removal with preserving important functions.

The aim of an oncosurgeon has always been to maintain a delicate balance between complete tumour resection and minimizing damage to critical organs. Traditional surgical approaches heavily rely on the surgeon's experience and visual inspection. However, Artificial Intelligence offers the potential to enhance decision-making and precision in realtime.

### **III. ROLE OF AI IN PREOPERATIVE PLANNING**

AI technologies can analyze patient's medical images, such as magnetic resonance imaging (MRI), computed tomography (CT), and positron emission tomography (PET) scans, to provide detailed insights into tumour characteristics, location, and surrounding structures. This preoperative information aids in creating personalized surgical plans, optimizing incision placement and surgical approach, and identifying potential challenges. AI algorithms can analyze all the medical images of the patient and provide detailed insights about the patient's anatomy and pathology. This helps surgeons understand the exact location, size, and extent of the tumour they are dealing with. AI can also assist in identifying anomalies that might be difficult to spot with the naked eye.AI-driven simulations allow surgeons to virtually practice complex tumour excisions before entering the operating room. This enables them to anticipate challenges, plan the best approach, and develop surgical strategies which will help enhance surgical precision and reduce the risk of errors.AI can analyze patient data, medical histories, and outcomes from similar cases to provide predictive insights. Surgeons can use this information to anticipate potential complications and tailor their surgical plan accordingly.AI can assist in developing personalized treatment plans for each patient. By considering a patient's medical history, genetics, and other factors, AI algorithms can recommend the most suitable surgical techniques, implants, and postoperative care strategies.AI can aid in evaluating the risks and benefits of different surgical options.AI can help optimize resource utilization in the operating room by predicting the time and resources required for surgeries. This can lead to better scheduling, reduced waiting times, and more efficient use of facilities and staff.AI-powered platforms can facilitate communication and collaboration among multidisciplinary surgical teams. Surgeons, anaesthesiologists, radiologists, and other specialists can share information and insights, leading to more comprehensive preoperative planning and better patient care. Incorporating AI into preoperative planning enhances the precision and effectiveness of surgical procedures, reduces risks, and contributes to better patient outcomes. However, it's important to note that AI is a tool to assist medical professionals rather than replace their expertise and judgment. Surgeons ultimately make the decisions based on a combination of AI-generated insights and their own clinical experience.



## IV. ROLE OF AI DURING TUMOUR SURGERY

AI augmented surgical instrumentation may become the future. This may involve use of surgical instruments that bring feedback to the AI software and help the surgeon decide on the type of tissue, how deep the dissection is to be done, the speed of surgical dissection, preventing cutting of normal neurovascular structures. AI algorithms and AI driven sensor can identify different types of tissues based on visual and spectral characteristics. This assists surgeons in distinguishing healthy tissue from diseased tissue, enhancing precision and minimizing damage. Imaging techniques like intraoperative ultrasound can help surgeons identify tumour boundaries in real-time, allowing for precise navigation and confirming the success of tumour removal. There can be provision of smart cameras in the surgical team headgear as well as the operation theatre surgical lights which will further add to the real-time images and contribute towards decision making. AI can offer real-time suggestions and recommendations probably to a surgeon's hearing device based on the patient's conditionand the ongoing surgical progress. This will assist surgeons in making critical decisions during the procedure.AI can integrate data from various sources, including old patient records, imaging, and surgical notes and the current evidence-based literature to provide a comprehensive view of the patient's condition. This will definitely be a game changer to improve outcomes as well as decision-making and technique. The AI can collect and store huge information from the available clinical data in the literature and internet in the form of published research articles, blogs and also from previously performed procedures within the institute as well as from other institutes with prior approval.

AI is programming the system to a real time circumstances. It creates cognition similar to human brain to realize the actual problem and gives a valid solution to it. The Robots can execute deftness and savvy tasks like intubation and administering the anaesthesia. Moreover, Machine based learning and the performance of AI in pharmacological stability of anesthetic and hemodynamic management was exceptional. Duo of surgical procedures with AI and robotics can execute complicated procedures with high level of accuracy and with minimal level of errors. The stepping up of AI tools in perioperative patient care, selection of surgical procedure, evidence based predictive analysis of the disease condition and advanced post-operative care will reduce medical negligence.

## V. ROLE OF ARTIFICIAL INTELLIGENCE IN POSTOPERATIVE PHASE

Artificial Intelligence (AI) continues to play a crucial role in the postoperative phase, contributing to patient care, recovery monitoring, and long-term outcomes. AIcan analyze patient data, such as vital signs, lab results, and clinical notes, to monitor the patient's recovery progress. Any deviations from expected recovery patterns can trigger alerts for clinicians, enabling early intervention if complications arise. Any deviations from expected recovery patterns can trigger alerts for healthcare professionals, enabling early intervention if complications arise. Any deviations from expected recovery patterns can trigger alerts for healthcare professionals, enabling early intervention if complications arise. All algorithms can identify subtle changes in patient data that might indicate postoperative complications, such as infections or bleeding. This allows surgeons to intervene promptly and prevent more serious issues.AI can predict the likelihood of postoperative complications. AI can assist in developing personalized postoperative care plans. By considering individual patient characteristics and surgical factors, AI can recommend the most appropriate medications, therapies, and follow-up procedures.AI-powered wearable devices can continuously monitor patients' vital signs and activity levels

after surgery. This allows clinicians to track recovery remotely and intervene if abnormalities are detected.AI can help manage patients' medication regimens, providing reminders for taking medications and tracking adherence. This is especially important postoperatively when patients might be on multiple medications.AI-driven tools can provide patients with personalized information about their recovery process, including instructions for wound care, physical therapy exercises, and dietary recommendations. This empowers patients to actively participate in their own recovery.AI can facilitate virtual follow-up appointments through telemedicine platforms. Patients can have postoperative check-ins with surgeons from the comfort of their homes, reducing the need for in-person visits and travel.AI can analyze data from multiple patients to predict long-term outcomes, such as the likelihood of recurrence or other chronic conditions. This information guides follow-up care and surveillance strategies.AI can analyze patient feedback and satisfaction surveys to identify areas for improvement in postoperative care.AI can assist in analyzing postoperative outcomes across a large patient population. Researchers can gain insights into factors that contribute to successful recoveries or identify trends in complications. By leveraging AI's capabilities, healthcare teams can optimize postoperative care, improve patient outcomes, and streamline the recovery process.



In conclusion, the role of artificial intelligence (AI) in tumor surgery is undeniably transformative and promising. The integration of AI technologies into the field of oncology has ushered in a new era of precision and efficiency, revolutionizing the way tumors are diagnosed, localized, and treated. AI's ability to analyze vast amounts of medical data with exceptional speed and accuracy empowers clinicians to make more informed decisions,

leading to improved patient outcomes and reduced risks. By enhancing preoperative planning, aiding surgeons in real-time during procedures, and optimizing postoperative care, AI is amplifying the capabilities of surgical teams and contributing to the advancement of minimally invasive and targeted interventions. However, it's crucial to acknowledge that while AI holds immense potential, ethical considerations, data security, and the need for continuous validation remain significant challenges to address. As AI technologies continue to evolve and mature, collaboration between clinicians, engineers, and ethicists will be pivotal in harnessing its full potential for the betterment of tumor surgery and patient wellbeing. In the foreseeable future, the synergy between human expertise and AI innovation will shape a landscape where the boundaries of what's possible in tumor surgery will be redefined, offering hope for more successful treatments and ultimately, healthier lives.

#### REFERENCES

- [1] Vitiello V, Lee SL, Cundy TP, Yang GZ. Emerging robotic platforms for minimally invasive surgery. IEEE Rev Biomed Eng 2013; 6: 111–126
- [2] Troccaz J, Dagnino G, Yang GZ. Frontiers of medical robotics: from concept to systems to clinical translation. Annu Rev Biomed Eng 2019; 21(1): 193–218
- [3] Yang GZ. Body Sensor Networks. New York: Springer, 2014
- [4] Yang GZ. Implantable Sensors and Systems: from Theory to Practice. New York: Springer, 2018
- [5] Shortliffe E. Computer-Based Medical Consultations: MYCIN. Amsterdam: Elsevier, 2012. Vol. 2
- [6] Krizhevsky A, Sutskever I, Hinton GE. Imagenet classification with deep convolutional neural networks. In: Advances in Neural Information Processing Systems (NIPS). Lake Tahoe. 2012: 1097–1105
- [7] Litjens G, Kooi T, Bejnordi BE, Setio AAA, Ciompi F, Ghafoorian M, van der Laak JAWM, van Ginneken B, Sánchez CI. A survey on deep learning in medical image analysis. Med Image Anal 2017; 42: 60–88
- [8] Khosravi P, Kazemi E, Imielinski M, Elemento O, Hajirasouliha I. Deep convolutional neural networks enable discrimination of heterogeneous digital pathology images. EBioMedicine 2018; 27: 317–328
- [9] Chilamkurthy S, Ghosh R, Tanamala S, Biviji M, Campeau NG, Venugopal VK, Mahajan V, Rao P, Warier P. Deep learning algorithms for detection of critical findings in head CT scans: a retrospective study. Lancet 2018; 392(10162): 2388–2396
- [10] Meyer A, Zverinski D, Pfahringer B, Kempfert J, Kuehne T, Sündermann SH, Stamm C, Hofmann T, Falk V, Eickhoff C. Machine learning for real-time prediction of complications in critical care: a retrospective study. Lancet Respir Med 2018; 6(12): 905–914
- [11] Li X, Zhang S, Zhang Q, Wei X, Pan Y, Zhao J, Xin X, Qin C, Wang X, Li J, Yang F, Zhao Y, Yang M, Wang Q, Zheng Z, Zheng X, Yang X, Whitlow CT, Gurcan MN, Zhang L, Wang X, Pasche BC, Gao M, Zhang W, Chen K. Diagnosis of thyroid cancer using deep convolutional neural network models applied to sonographic images: a retrospective, multicohort, diagnostic study. Lancet Oncol 2019; 20(2): 193–201
- [12] Rubinstein E, Salhov M, Nidam-Leshem M, White V, Golan S, Baniel J, Bernstine H, Groshar D, Averbuch A. Unsupervised tumor detection in dynamic PET/CT imaging of the prostate. Med Image Anal 2019; 55: 27–40
- [13] Winkels M, Cohen TS. Pulmonary nodule detection in CT scans with equivariant CNNs. Med Image Anal 2019; 55: 15–26
- [14] Maicas G, Carneiro G, Bradley AP, Nascimento JC, Reid I. Deepreinforcement learning for active breast lesion detection from DCE-MRI. In: Proceedings of International Conference on Medical Image Computing and Computer-Assisted Intervention (MICCAI). New York: Springer, 2017: 665–673
- [15] Lee H, Yune S, Mansouri M, Kim M, Tajmir SH, Guerrier CE, Ebert SA, Pomerantz SR, Romero JM, Kamalian S, Gonzalez RG, Lev MH, Do S. An explainable deep-learning algorithm for the detection of acute intracranial haemorrhage from small datasets. Nat Biomed Eng 2019; 3(3): 173–182
- [16] Kamnitsas K, Ledig C, Newcombe VFJ, Simpson JP, Kane AD, Menon DK, Rueckert D, Glocker B. Efficient multi-scale 3D CNN with fully connected CRF for accurate brain lesion segmentation. Med Image Anal 2017; 36: 61–78
- [17] Long J, Shelhamer E, Darrell T. Fully convolutional networks for semantic segmentation. In: Proceedings of the IEEE Conference on Computer Vision and Pattern Recognition. Boston. 2015: 3431–3440

- [18] Ronneberger O, Fischer P, Brox T. U-Net: convolutional networks for biomedical image segmentation. In: Proceedings of International Conference on Medical Image Computing and ComputerAssisted Intervention (MICCAI). New York: Springer, 2015: 234–241
- [19] Cicek O, Abdulkadir A, Lienkamp SS, Brox T, Ronneberger O. 3D U-Net: learning dense volumetric segmentation from sparse annotation. In: Proceedings of International Conference on Medical Image Computing and Computer-Assisted Intervention (MICCAI). New York: Springer, 2016: 424–432
- [20] Zhou XY, Yang GZ. Normalization in training U-Net for 2D biomedical semantic segmentation. IEEE Robot Autom Lett 2019; 4(2): 1792–1799