THE ROLE OF ARTIFICIAL INTELLIGENCE AND VIRTUAL INTELLIGENCE IN OT

Abstract

Author

In key infrastructures including manufacturing, energy production, transportation, and utilities, physical processes are controlled and monitored by hardware and software systems, which are referred to as operational technology (OT). The integration of artificial intelligence (AI) and virtual intelligence (VI) has become crucial in strengthening the effectiveness, dependability, and security of OT systems as companies increasingly embrace digital transformation.

This chapter examines the numerous functions of AI and VI in OT, highlighting their benefits for process optimisation, failure prediction, cyber-physical security, and datadriven decision-making. Predictive maintenance and anomaly detection are made possible by AI technologies, such as machine learning and deep learning, which enable OT systems to analyse massive volumes of realtime and historical data. AI algorithms also help optimise complicated processes, improving resource utilisation and reducing downtime.

Keywords: Artificial Intelligence (AI), virtual Intelligence (VI), Operational Technology (OT), Digital Transformation, Predictive Maintenance, Anomaly Detection, Contingency Planning, Real-time Monitoring, Innovation in OT.

Neelofar Sharief

Assistant Professor School of Allied & Healthcare Sciences GNA University Phagwara,Punjab, India neelofar.sharief@gnauniversity.edu.in

I. INTRODUCTION

Industries are rethinking their operational environments as a result of the convergence of digital technology and physical infrastructures. The seamless integration of Artificial Intelligence (AI) and Virtual Intelligence (VI) into the field of Operational Technology (OT) is at the core of this evolution. This book chapter, "The Role of Artificial Intelligence and Virtual Intelligence in Operational Technology (OT)," launches a thorough investigation of the enormous effects that AI and VI are having on key societal pillars.

AI and VI offer a range of solutions that go beyond conventional approaches, from predictive analytics that enable pre-emptive maintenance to virtual simulations that refine processes in a risk-free environment. This voyage is not without its difficulties, though. It is essential to have a solid understanding of the requirements unique to each domain, data protection issues, and interoperability issues before integrating AI and VI into the intricate and heavily regulated OT landscapes. In order to fully realise the potential of emerging technologies, collaboration between domain experts, data scientists, and industry executives is essential.

In summary, the incorporation of AI and VI into OT constitutes a paradigm change that has the power to completely alter several sectors. In an era of growing complexity and interconnection, these technologies, which range from cyber-physical security to real-time process optimisation and predictive maintenance, promise to improve the resilience and performance of critical infrastructures. Beyond being a strategic need, using AI and VI in OT is also a key to unlocking higher levels of operational effectiveness and innovation.

An sophisticated kind of AI known as virtual intelligence uses digital twin technology to produce virtual representations of real assets and operations. These "digital twins" enable simulations, testing, and scenario analysis in a controlled virtual environment by acting as dynamic models that mimic real-world behaviour. As a result, VI makes it possible to evaluate risks, optimise performance, and create reliable backup plans.

II. ARTIFICIAL INTELLIGENCE'S INVOLVEMENT IN SURGICAL TRAINING SIMULATIONS

Artificial intelligence (AI) is essential to improving surgical simulation, a tool that is increasingly in demand for upgrading a surgeon's training experience. This ranges from making preoperative planning easier to providing intraoperative visualisation and guidance, all with the ultimate goal of enhancing patient safety. AI technology allows for customised evaluation and feedback in surgical training simulations, although possibly still being in the early stages of general clinical implementation. Different AI algorithms are used in a variety of surgical visualisation systems that are now used for anatomical instruction and presurgical assessment.(1) More recently, the same team created a "Virtual operative assistant (VOA)" an open-source AI-based piece of software that not only assesses skill level but also offers tailored feedback in reference to expert competency performance benchmarks.

A key component of medical school for a long time has been surgical training, which equips aspiring surgeons with the information, abilities, and practical knowledge required to handle the challenges of the operating room. The field of surgical training has dramatically changed as a result of the technology's rapid growth, notably in the area of artificial intelligence (AI). This chapter explores the tremendous effects of artificial intelligence on surgical training simulations, demonstrating how these simulations are changing how surgeons learn, practise, and hone their abilities in a secure setting. $({}^{2})$

The History of Surgical Education: Historically, surgical education was mostly based on the "see one, do one, teach one" method, in which students first witnessed operations, then gradually joined in, and then underwent surgeries on their own. Although AI-powered simulations have added a new dimension to surgical education, this concept is still crucial. The limits of conventional approaches have been overcome by the incorporation of AI technology into training simulations, providing students with a richer and more engaging educational experience.

- **1. Realism and Immersion:** AI-driven simulations enhance surgical training's realism and immersion. These simulations provide students with a realistic setting in which to practise procedures by simulating complex anatomical features, tissue responses, and surgical scenarios. An actual surgical experience is made possible by visual fidelity, tactile input, and realistic physics, which closes the gap between theory and practise.
- **2. Personalised Training and Adaptive Learning**: AI algorithms built into simulations adjust to each trainee's skill level and learning curve. AI continuously analyses the actions and choices that students do to deliver personalised feedback, challenges, and situations that are appropriate for each student's level of skill. This versatility speeds up the learning process and enables trainees to advance at their ideal rate.
- **3. Elimination of Risks Associated with Learning on Real Patients**: Elimination of Risks Associated with Learning on Real Patients is one of the most important benefits of AIpowered simulations. In a safe atmosphere, trainees are able to experiment, make errors, and learn from failures. This method of "mistake learning" encourages a deeper comprehension of the effects of various actions and choices, ultimately resulting in better choice-making in genuine surgical circumstances.
- **4. Enhanced Team Dynamics and Collaboration:** AI simulations go beyond individual training to include team training. Surgeons, nurses, anesthesiologists, and other team members can practise working in unison by simulating surgical team dynamics, communication, and teamwork. This encourages a more effective and cohesive surgical team, which results in better patient care.
- **5. Metrics for Objective Evaluation and Performance:** Simulations powered by AI introduce metrics for objective evaluation that quantify learner performance. AI algorithms analyse metrics including accuracy, instrument handling, and efficiency to give students quantifiable insights on their development. This data-driven feedback identifies trainees' areas of strength and growth, allowing for targeted skill development.

AI-powered simulations have the advantage of allowing for remote and ondemand learning. Through the transcendence of geographical boundaries, trainees can access simulations from multiple locations. This accessibility increases training schedule flexibility, making it especially relevant in the fast-paced, technologically linked world of today.

6. Future Implications and Challenges: The potential for surgical training simulations increases dramatically as AI technology develops. However, issues like assuring ethical use of AI, incorporating simulations into lessons, and addressing the possibility of overusing simulations call for careful thought.

III.USING AI TO IMPROVE SURGICAL VISUALISATION

All surgical disciplines, including neurosurgery, orthopaedics, maxillofacial, plastic, and general surgery, have benefited greatly from 3D visualisation.(3) By improving how surgeons view and engage with the surgical field, artificial intelligence (AI) is revolutionising surgical visualisation. Complex medical images are analysed by AI systems, which enhances our understanding of anatomical structures and anomalies. During procedures, real-time picture augmentation offers the best visibility possible, and augmented reality overlays give surgeons access to vital information right in their line of sight. Precision path planning is made possible by AI-driven navigation systems, and surgical methods are improved by personalised advice(4). Additionally, AI is enhancing surgical capabilities through its use in tumour diagnosis, margin assessment, and remote collaboration. As AI develops further, its incorporation into surgical visualisation offers the potential for safer, more accurate, more technologically sophisticated treatments that will eventually improve patient outcomes. The widespread adoption of 3D presurgical planning and its consistent progress since the 1980s attest to the significant advantages in shorter operating times, less blood loss, and shorter hospital stays, all while improving patient survival.(5) Convoluted neural network (CNN) methods are the most extensively used method for generating 3D simulations from 2D images.(6) By facilitating 3D segmentation and anatomical labelling, AI can supplement this approach . Additionally, AI is essential for the advancement of advanced visualisation techniques like 3D printing, VR simulation, and extended reality environments. Although 3Dprinted simulators have been demonstrated to assist preoperative planning, improve surgical outcomes, and shorten operation times , a number of obstacles have prevented its widespread use. The biggest obstacle to adopting 3D printing—the requirement for professional understanding of the technique and computer-based design—has been addressed by AI. AI algorithms that can effectively process vast amounts of data required to prefabricate a model, translate through slicer, detect and correct any problems, and print have automated manual procedures.(7) Additionally, AI-driven fabrication with real-time adaptation offers a solution to the difficulty of replicating in-vivo tissue with 3D printing. To support a VR environment and automate the workflow, AI technology is necessary. Instantaneous 3D printing and VR rendering choices are produced by software like DICOM to Print (D2P) and MEDIP PRO. AI is also successfully employed to partition the VR world, annotate its anatomy, and, most crucially, process human input required for user engagement. Additionally, AI is necessary to support the XR-environment, which is the most realistic and ideal kind of surgical simulation. Dynamic picture identification is made possible by deep learning (DL) based object detection in conjunction with computer vision technologies.(8) In 3D holographic projections, such intricate feedback processing from DL models fills the gap between the virtual and actual worlds. Additionally, AI is necessary to support the XR-environment, which is the most realistic and ideal kind of surgical simulation. Dynamic picture identification is made possible by deep learning (DL) based object detection in conjunction with computer vision technologies. In 3D holographic projections, such intricate feedback processing from DL models fills the gap between the virtual and actual worlds.(9)

IV. MACHINE LEARNING

The fusion of operational technology (OT) with artificial intelligence (AI) has ushered in a transformational era of innovation in the constantly changing landscape of industries. The fusion of AI and Virtual Intelligence (VI) has emerged as a dynamic force in optimising operational procedures, predictive maintenance, cybersecurity, and decision-making within OT as businesses embrace digitalization. The powerful potential of machine learning, a subset of AI, to fundamentally alter how OT systems function, learn, and adapt in a complex and interconnected world, is at the core of this shift.(10)

Operational technology in the age of Al-The variety of hardware and software systems that regulate and keep track of crucial operations in industries including manufacturing, energy, transportation, and utilities are together referred to as operational technology. These systems, which were once dependent on deterministic algorithms, have advanced to embrace AI and machine learning, allowing them to use data-driven insights to improve performance.

- **1. Predictive Maintenance and Anomaly Detection:** When it comes to predictive maintenance, which is the process of seeing probable equipment breakdowns before they happen, machine learning is a game-changer. Machine learning algorithms can forecast when equipment is likely to break down by analysing past and current data, allowing for proactive maintenance measures.(11) Additionally, machine learning algorithms are excellent at quickly detecting departures from typical operating conditions, known as anomalies. In industries where disruptions can result in significant financial losses, this early warning system reduces downtime and optimises resource allocation.
- **2. Process Optimisation and Resource Utilization:** OT systems sometimes entail complex procedures with numerous aspects that affect productivity and efficiency. These complex processes can be analysed using machine learning models, which can also reveal hidden patterns and improve operations by instantly changing parameters. As a result, the system performs better overall and better use of resources while using less energy.(12) For instance, process optimisation driven by machine learning increases production yields and reduces costs in the manufacturing industry.
- **3. Cyber Physical Security and Risk Mitigation:** AI and VI integration is essential for enhancing the cyber-physical security of OT systems. Network traffic irregularities can be spotted by machine learning algorithms, revealing possible security vulnerabilities and breaches. They provide an active defence against cyber attacks by adapting to changing attack patterns. Additionally, machine learning increases intrusion detection accuracy and guarantees quick action, protecting crucial infrastructures from potential interruptions.
- **4. Data Driven Decision Making and Situational Awareness:** Machine learning powered by AI gives OT systems the ability to make decisions based on data. These models analyse huge information and offer insights that help with everything from resource allocation to supply chain optimisation. Furthermore, situational awareness is improved by machine learning by analysing real-time data inputs and providing forecast insights.(13) This is especially useful in the transportation industry, where quick judgements can reduce traffic and boost overall system effectiveness.

5. Virtual Intelligence: the catalyst for Al intrgration in OT-Machine learning is crucially incorporated into OT through Virtual Intelligence, a potent AI component. VI facilitates simulations, testing, and scenario analysis through the development of digital twins virtual representations of actual objects and procedures. By providing a safe environment for experimentation, this feature not only supports risk assessment and performance optimisation but also improves decision-making.

The synergistic interaction of AI, machine learning, and VI is anticipated to reshape operating environments across sectors in the upcoming years. These technologies, which range from cybersecurity to predictive maintenance, offer increased productivity, adaptability, and innovation. It is a transformative step towards utilising the power of data-driven decision-making and assuring a future where industries thrive in a connected world to embrace AI's transformative potential in OT.

V. AI'S REVOLUTION IN HEALTHCARE: PERSONALISED TREATMENT AND DRUG DISCOVERY

One of the most important developments in medicine has been the paradigm change from universal medical treatments to personalised medicine. The application of artificial intelligence (AI) to the fields of personalised medicine and drug discovery is at the heart of this transformation. Healthcare is evolving towards a future where therapies are customised for specific patients and drug development is accelerated with unparalleled precision by utilising AI's capabilities.

- **1. Al's Role in Personalized Treatment:** The paradigm shift from general medical treatments to individualised medical care has been one of the most significant advancements in medicine. The core of this change is the use of artificial intelligence (AI) in the areas of drug discovery and personalised medicine. With the help of AI, healthcare is moving towards a future in which treatments are tailored for individual patients and medication discovery is accelerated with unmatched precision.
- **2. Genomic Analysis and Disease Prediction:** Genomic research has benefited greatly from AI. Genomic data on a patient can be combed through by AI algorithms to find genetic variants, mutations, and disease susceptibilities. Clinicians can anticipate disease risks using this information, which permits early intervention and preventive actions.
- **3. Treatment Selection and Optimization:** AI analyses a patient's genetic makeup, lifestyle choices, and medical history to decide the best course of action. These algorithms examine the results of numerous patients' treatments to suggest interventions that are most likely to produce the best outcomes for a particular person.
- **4. Adverse Reaction Production:** Based on a person's genetic profile, AI may forecast future negative drug interactions. The likelihood of adverse events is reduced because to this proactive strategy, which also enables clinicians to select safer and more efficient drugs for a certain patient.
- **5. Virtual Screening and Compound Prioritization:** Virtual screening enabled by AI assesses large chemical libraries to foretell how compounds will interact with the target

proteins. This makes it possible for researchers to swiftly identify new drug candidates and rank those with the best chances of being successful.

VI. ROBOTIC SURGERIES

The so called laparoscopic revolution of the 1990s saw the conversion of numerous procedures from open surgery to the minimal access method. Operations like laparoscopic cholecystectomy have become the norm for treating cholelethiasis due to shorter hospital stays, decreased postoperative pain, a decreased risk of wound infections, and improved cosmetic results.(14) Due to positive outcomes, surgeons have tried to create less invasive approaches for the majority of surgical procedures. However, due to technological restrictions inherent in laparoscopic surgery, many complex procedures (such as pancreatectomy) proved challenging to learn and perform. Due to positive outcomes, surgeons have tried to create less invasive approaches for the majority of surgical procedures. However, due to technological restrictions inherent in laparoscopic surgery, many complex procedures (such as pancreatectomy) proved challenging to learn and perform.

A self-powered, computer-controlled tool known as a surgical robot can be designed to assist in the positioning and manipulation of surgical instruments, freeing up the surgeon to perform more difficult procedures.(14) The systems now in use are not meant to function independently of or in place of human surgeons.Instead, these devices function as totally under the control of the surgeon's remote extensions, and are thus better referred to as masterslave manipulators. Two master-slave systems, the da Vinci Surgical System (Intuitive Surgical, Mountain View, California)(15) and the ZEUS system (Computer Motion, Goleta, California), have been approved by the US Food and Drug Administration (FDA) and are in use Each system consists of a computer, two fundamental parts connected by data connections.(16)

Robotic surgery has effectively overcome the drawbacks of conventional laparoscopic and thoracoscopic techniques, enabling the completion of intricate and advanced surgical operations with higher precision and a smaller incision. The surgeon is sitting comfortably on the robotic control console, which lessens the physical strain on the surgeon compared to the awkward positions needed for laparoscopic surgery.The operating surgeon is given a 3 dimensional vision that improves depth perception in place of the flat, 2-dimensional image received by the standard laparoscopic camera; camera motion is steadily and conveniently controlled by the operating surgeon using voice-activated or manual master controls. Additionally, using robotic arm tools offers a greater range of motion than using conventional laparoscopic tools, enabling the surgeon to carry out more difficult surgical procedures.(17) Robotic surgery is a brand-new, cutting-edge technology that is revolutionising the surgical field. But up until now, the market has played a major role in the battle to acquire and adopt this new technology. Despite the absence of current practical uses, purchasing surgical robots has become the prerequisite for centres that want to be recognised for their proficiency in minimally invasive surgery. Therefore, it appears that robotic technology serves more of a marketing purpose than a functional purpose. It remains to be seen if robotic technology will develop into a more useful role.

The return of normal hand-eye coordination and an ergonomic position is another significant benefit. By doing away with the fulcrum effect, these robotic systems improve the intuitiveness of instrument manipulation. Current systems also eliminate the necessity for the surgeon to twist and spin in uncomfortable postures in order to manoeuvre the tools and see the display because they have the surgeon seated at a remote, ergonomically designed workstation.(18)

Most people agree that these systems' improved vision is astonishing. Comparing the 3-dimensional image with depth perception to the traditional laparoscopic camera views reveals a significant improvement. The surgeon's direct control over a steady visual field with improved magnification and manoeuvrability is another benefit. With more degrees of freedom and dexterity, all of this results in images with higher resolution, which considerably improves the surgeon's capacity to recognise and dissect anatomical structures as well as build microanastomoses.(19)

- **1. Advantages of Assisted Robotic Sirgeries:** Numerous advantages of assisted robotic surgery have changed the practise of modern medicine. These innovations have transformed surgical operations in a variety of disciplines by fusing surgeon skill with the accuracy and capability of robotic equipment.
	- During surgical procedures, robotic systems offer unequalled precision and accuracy. Robotic arms are more steady and precise than human hands, lowering the possibility of mistakes and minimising injury to nearby tissues.
	- When compared to open surgery, assisted robotic operations allow for less invasive procedures that require smaller incisions. Smaller incisions result in less blood loss, less discomfort, quicker healing times, and a lower chance of infection, which ultimately improves patient comfort.
	- High-definition, three-dimensional visualisation of the surgical site is provided by robotic devices. Complex anatomical features can be navigated by surgeons with increased precision and clarity, enabling better decision-making throughout the process.
	- Even the most experienced surgeons might become exhausted during lengthy operations or develop slight hand tremors that can impair accuracy. These restrictions are removed by robotic devices, which also guarantee smooth and regulated movements throughout the procedure.
	- Robotic arms can manoeuvre and reach in places that could be difficult for human hands. This is especially helpful during treatments where it can be challenging to access specific anatomical components.
	- Since there is less tissue trauma as a result of the smaller incisions used during robotic surgeries, patients experience less pain and suffering following their procedures. Additionally, smaller incisions leave less scars, which enhances the cosmetic results.
	- Robotic surgeries with assistance are safer and easier to control. The risk of complications is lower because surgeons can do complex operations with more precision, especially in confined places or challenging locations.
	- 8.compared to open surgery, patients who have assisted robotic surgery frequently stay in the hospital for less time and recover more quickly. This results in lower medical expenses and a quicker return to regular activities.
	- Telemedicine and remote surgery are made possible by robotic equipment. Patients in isolated or underserved places now have access to specialised care thanks to skilled surgeons' remote control of robotic devices.
- **2. Disadvantages of Assisted Robotic Sirgeries:** While assisted robotic operations have many benefits, there are also a number of drawbacks and difficulties related to these cutting-edge technologies. Before using robotic systems for surgical procedures, it's vital to weigh the advantages and disadvantages.
	- Purchasing and setting up robotic surgical equipment can entail a sizable upfront cost. This covers the price of the robotic hardware, as well as maintenance, instruction, and infrastructural changes. The high expense of robotic procedures may make them inaccessible in some medical settings.
	- To manage and operate robotic systems efficiently, surgeons and operating room staff need specialised training. The high learning curve required to grasp these technologies could result in prolonged operating durations and a period of adjustment.
	- The capacity to give surgeons haptic feedback a sensation of touch via robotic devices is currently lacking. It can be difficult to recreate tactile input with robotic equipment since surgeons rely on it to assess tissue qualities.
	- Robotic systems are intricate machinery that are susceptible to technological problems. When equipment breaks down, surgical plans can be disrupted, and the risk of complications rises if traditional methods must be used.
	- Robotic systems are exceptional at certain types of operations, but they might not be appropriate in all surgical situations. Robotic assistance may not be as effective during procedures requiring a lot of flexibility, quick instrument changes, or unusual strategies.
	- Because the surgeon performs robotic surgery from a console, there is less direct contact with the patient. This could make it more difficult for the surgeon to gauge the patient's reactions and make quick decisions as needed.
	- Robotic technology dependence adds a layer of dependency. In the event of technical difficulties, surgeons must be ready to switch to standard procedures or make quick alterations, which might be difficult in urgent situations.
	- During surgery, surgeons rely on tactile feedback to evaluate tissue consistency, recognise structures, and come to wise conclusions. The tactile sensation that surgeons are used to is not available with robotic devices.

VII. LIMITATIONS AND FUTURE CHALLENGES

While the incorporation of AI and VR into operational technology (OT) has enormous promise, there are number of current constraints and upcoming difficulties that must be resolved in order to fully realise their potential. Understanding these issues is essential for the successful development and application of AI and VR solutions in OT. They cover technological, ethical, and practical elements.

- **1. Data Accessibility and Quality:** For accurate insights and lifelike virtual environments, AI and VR largely rely on high-quality data. It might be difficult to guarantee the availability, reliability, and accessibility of pertinent data from multiple sources, especially in sectors with complex and heterogeneous systems.
- **2. Data Privacy and Security:** Gathering and examining private operational data prompts questions regarding data privacy and security. It is crucial to safeguard confidential data

from unauthorised access and security breaches, especially when working with vital infrastructures.

- **3. Algorithm Interpretability and Bias:** The results of AI algorithms may be unfair or erroneous depending on the data they were trained on. In order to increase confidence in AI-driven choices, it is essential to provide algorithmic fairness, transparency, and interpretability
- **4. Technical Complexity and Expertise:** Putting AI and VR solutions into practise calls on specialised technical knowledge, from building algorithms to integrating intricate systems. A issue can be finding qualified individuals who can create and maintain these technologies.
- **5. Integration with Legacy Systems:** Many sectors are dependent on antiquated operational technology (OT) systems that weren't created with AI and VR in mind. It can be challenging to integrate these new technologies with current infrastructure and may call for significant changes.
- **6. Cost and Return on Investment:** From equipment purchases to staff training, implementing AI and VR solutions entails significant up-front costs. In order to justify the initial investment, it is crucial to show a distinct return on investment and long-term cost reductions.
- **7. Ethical Considerations:** As AI and VR technology proliferate, moral conundrums present themselves. It is important to give considerable thought to decisions about data utilisation, algorithmic decision-making, and the effect on human labour.
- **8. Network Infrastructure and Latency:** VR applications need a strong network infrastructure with low latency, especially those that involve remote operation and collaboration. Making sure communication is dependable and quick in industries with farflung sites can be difficult.
- **9. User Experience and Training:** The user experience of VR apps is crucial to their success. Adoption success depends on creating user-friendly interfaces and offering sufficient training to users. The future of AI and VR in OT remains promising despite these difficulties. It will take coordinated efforts from scientists, engineers, decisionmakers, and business executives to get through these constraints. Industries can use the revolutionary power of AI and VR to improve decision-making, streamline operations, and spur innovation in the field of operational technology by tackling these problems head-on.

REFERENCES

- [1] Park, J. J., Tiefenbach, J., & Demetriades, A. K. (2022). The role of artificial intelligence in surgical simulation. *Frontiers in Medical Technology*, *4*[. https://doi.org/10.3389/fmedt.2022.1076755](https://doi.org/10.3389/fmedt.2022.1076755)
- [2] Bakshi, S. K., Lin, S., Ting, D. S. W., Chiang, M. F., & Chodosh, J. (2020). The era of artificial intelligence and virtual reality: transforming surgical education in ophthalmology. *British Journal of Ophthalmology*, *105*(10), 1325–1328.<https://doi.org/10.1136/bjophthalmol-2020-316845>
- [3] Soon, D. S., Chae, M. P., Pilgrim, C., Rozen, W. M., Spychal, R., & Hunter-Smith, D. J. (2016). 3D haptic modelling for preoperative planning of hepatic resection: A systematic review. *Annals of Medicine and Surgery*, *10*, 1–7.<https://doi.org/10.1016/j.amsu.2016.07.002>
- [4] Miyamoto, R., Oshiro, Y., Nakayama, K., Kohno, K., Hashimoto, S., Fukunaga, K., Oda, T., & Ohkohchi, N. (2016). Three-dimensional simulation of pancreatic surgery showing the size and location of the main pancreatic duct. *Surgery Today*, *47*(3), 357–364[. https://doi.org/10.1007/s00595-016-1377-6](https://doi.org/10.1007/s00595-016-1377-6)
- [5] Khor, W. S., Baker, B., Amin, K., Chan, A. D. C., Patel, K. M., & Wong, J. (2016). Augmented and virtual reality in surgery—the digital surgical environment: applications, limitations and legal pitfalls. *Annals of Translational Medicine*, *4*(23), 454[. https://doi.org/10.21037/atm.2016.12.23](https://doi.org/10.21037/atm.2016.12.23)
- [6] Sewell, C., Morris, D., Blevins, N. H., Dutta, S., Agrawal, S., Barbagli, F., & Salisbury, K. (2008). Providing metrics and performance feedback in a surgical simulator. *Computer Aided Surgery*, *13*(2), 63– 81.<https://doi.org/10.3109/10929080801957712>
- [7] Bissonnette, V., Mirchi, N., Ledwos, N., Alsidieri, G., Winkler-Schwartz, A., & Del Maestro, R. F. (2019). Artificial intelligence distinguishes surgical training levels in a virtual reality spinal task. *Journal of Bone and Joint Surgery, American Volume*, *101*(23), e127.<https://doi.org/10.2106/jbjs.18.01197>
- [8] Sadeghi, A. H., Maat, A. P., Taverne, Y. J., Cornelissen, R., Dingemans, A. C., Bogers, A. J., & Mahtab, E. a. F. (2021). Virtual reality and artificial intelligence for 3-dimensional planning of lung segmentectomies. *JTCVS Techniques*, *7*, 309–321. https://doi.org/10.1016/j.xjtc.2021.03.016
- [9] Beam, A. L., & Kohane, I. S. (2018). Big data and machine learning in health care. *JAMA*, *319*(13), 1317. <https://doi.org/10.1001/jama.2017.18391>
- [10] Haux, R., Knaup, P., & Leiner, F. (2007). On Educating about Medical Data Management. *Methods of Information in Medicine*, *46*(01), 74–79[. https://doi.org/10.1055/s-0038-1628137](https://doi.org/10.1055/s-0038-1628137)
- [11] Mirchi, N., Bissonnette, V., Yilmaz, R., Ledwos, N., Winkler-Schwartz, A., & Del Maestro, R. F. (2020). The Virtual Operative Assistant: An explainable artificial intelligence tool for simulation-based training in surgery and medicine. *PLOS ONE*, *15*(2), e0229596.<https://doi.org/10.1371/journal.pone.0229596>
- [12] Hamabe, A., Imamura, M., Kamoda, R., Sasuga, S., Okuya, K., Okita, K., Akizuki, E., Sato, Y., Miura, R., Onodera, K., Hatakenaka, M., & Takemasa, I. (2022). Artificial intelligence–based technology for semi-automated segmentation of rectal cancer using high-resolution MRI. *PLOS ONE*, *17*(6), e0269931. <https://doi.org/10.1371/journal.pone.0269931>
- [13] Townsend, C. M. (2007). *Sabiston Textbook of Surgery: The Biological Basis of Modern Surgical Practice*.<https://ci.nii.ac.jp/ncid/BA49395188>
- [14] Tsuda, S., Oleynikov, D., Gould, J. C., Azagury, D. E., Sandler, B. J., Hutter, M. M., Ross, S., Haas, E. M., Brody, F., & Satava, R. M. (2015). SAGES TAVAC safety and effectiveness analysis: da Vinci® Surgical System (Intuitive Surgical, Sunnyvale, CA). *Surgical Endoscopy and Other Interventional Techniques*, *29*(10), 2873–2884.<https://doi.org/10.1007/s00464-015-4428-y>
- [15] Hashizume, M., & Tsugawa, K. (2004). Robotic Surgery and Cancer: the Present State, Problems and Future Vision. *Japanese Journal of Clinical Oncology*, *34*(5), 227–237. <https://doi.org/10.1093/jjco/hyh053>
- [16] Moorthy, K., Munz, Y., Dosis, A., Hernández, J. D., Martin, S., Bello, F., Rockall, T., & Darzi, A. (2004). Dexterity enhancement with robotic surgery. *Surgical Endoscopy and Other Interventional Techniques*, *18*(5), 790–795.<https://doi.org/10.1007/s00464-003-8922-2>
- [17] Kim, V., Chapman, W. H., Albrecht, R., Bailey, B., Young, J. A., Nifong, L. W., & Chitwood, W. R. (2002). Early Experience with Telemanipulative Robot-Assisted Laparoscopic Cholecystectomy Using da Vinci. *Surgical Laparoscopy, Endoscopy & Percutaneous Techniques*, *12*(1), 33–40. https://doi.org/10.1097/00129689-200202000-00006
- [18] Lanfranco, A. R., Castellanos, A., Desai, J. P., & Meyers, W. C. (2004). Robotic surgery. *Annals of Surgery*, *239*(1), 14–21. <https://doi.org/10.1097/01.sla.0000103020.19595.7d>