

Current trends and future directions in surgery: A brief scoping review



Shubham Bobade^a ✉ | Sheetal Asutkar^a

^aDatta Meghe Institute of Higher Education & Research (DMIHER), Wardha, India.

Abstract Surgery is undergoing rapid transformation due to advancements in technology, innovative techniques, and a shift toward patient-centered care. This review explores current trends and future directions in the field of surgery, focusing on five major areas: minimally invasive surgery (MIS), robotic-assisted surgery, personalized medicine, enhanced recovery after surgery (ERAS) protocols, and the use of telemedicine. MIS techniques, including laparoscopy and NOTES, continue to evolve, offering benefits such as reduced recovery times and fewer complications. Robotic-assisted surgery has advanced with systems such as the da Vinci Surgical System, which enhances surgical precision and has expanded into new specialties. Personalized medicine, driven by genomics and bioinformatics, aims to tailor surgical interventions to individual patient profiles, improving treatment outcomes. ERAS protocols represent a significant shift toward optimizing perioperative care, with a focus on multimodal pain management and early mobilization to improve recovery. Additionally, the rise of telemedicine and remote monitoring has facilitated preoperative and postoperative care, mostly in the context of the COVID-19 pandemic. The future of surgery promises continued technological advancements, with potential developments including enhanced robotic systems, AI integration, and expanded applications of ERAS principles. However, challenges such as high costs, the need for ongoing training, and the integration of new technologies into healthcare systems must be addressed to fully realize these advancements. This review provides an overview of these trends and highlights areas for future research and development in the surgical field.

Keywords: laparoscopic surgery, minimally invasive surgery, robot surgery, video-assisted surgery

1. Introduction

Surgery has progressed substantially over the last few decades, driven by advances in technology, changes in healthcare delivery, and evolving patient expectations (Ayme et al., 2024). The integration of minimally invasive techniques, the advent of robotic-assisted surgery, and the development of personalized medicine are transforming the surgical field (Brunicardi et al., 2011). Minimally invasive surgery (MIS) techniques, including laparoscopy and natural orifice transluminal endoscopic surgery (NOTES), offer substantial benefits over traditional open surgery, such as reduced recovery times and fewer complications (Asiri et al., 2018). Robotic-assisted surgery enhances surgical precision, ergonomics, and visual feedback, facilitating complex procedures with improved outcomes (Tonutti et al., 2017). Personalized medicine, bolstered by advances in genomics and bioinformatics, enables the customization of surgical interventions on the basis of individual patient profiles, promising more effective and targeted treatments (Arezzo, 2014). Enhanced recovery after surgery (ERAS) protocols optimize perioperative care, focusing on multimodal pain management, early mobilization, and nutritional support to accelerate recovery and reduce complications (Lanfranco et al., 2004). The rise of telemedicine and remote monitoring, accelerated by the COVID-19 pandemic, has further transformed surgical care by facilitating preoperative consultations, postoperative follow-ups, and remote patient monitoring (Chatterjee et al., 2024). This review explores the current trends in surgery and discusses future directions for the discipline, focusing on technological advancements, emerging techniques, and potential areas for future research and development. By analyzing recent literature and highlighting key developments, we aim to provide a comprehensive overview of the rapidly evolving field of surgery.

2. Literature Search

To analyze current trends and future prospects in surgery, a comprehensive review of recent literature was conducted. Key databases, including PubMed, Google Scholar, and Scopus, were searched via keywords such as "current trends in surgery," "minimally invasive surgery," "robotic surgery," "future of surgical techniques," and "surgical innovations". Relevant review articles, original research studies, and clinical guidelines published in the last *twenty-five* years were selected for review. The included articles were assessed for their contributions to understanding current trends and future directions in the field of surgery.



3. Discussion

3.1. Minimally invasive surgery

Minimally invasive surgery (MIS) remains a dominant trend in the field. Compared with traditional open surgery, techniques such as laparoscopy, endoscopy, and percutaneous interventions reduce patient recovery times, decrease surgical risk, and minimize postoperative pain (St John et al., 2020). Advances in imaging technologies and instrument design have enhanced the precision and effectiveness of MIS. For example, single-port laparoscopic surgery and natural orifice transluminal endoscopic surgery (NOTES) are gaining traction because of their potential for reduced scarring and quicker recovery. Future research in this area should focus on improving instrument technology, expanding the range of procedures that can be performed minimally invasively, and enhancing training methods for surgeons (Zorron et al., 2012).

Recent advancements in MIS include the development of high-definition and 3D imaging systems, which provide surgeons with enhanced visualization of the operative field, and the introduction of advanced energy devices that enable precise tissue dissection and hemostasis (Arezzo et al., 2019). Additionally, innovations such as augmented reality (AR) and virtual reality (VR) are being integrated into surgical training and planning, offering immersive and interactive platforms for surgeons to refine their skills and practice complex procedures (McKnight et al., 2020).

3.2. Future directions in MIS

The future of MIS lies in the continuous improvement of existing techniques and the exploration of new minimally invasive approaches. Emerging technologies such as flexible endoscopes, which can navigate complex anatomical structures, and miniaturized robotic systems designed for specific procedures are expected to further expand the capabilities of MIS (Zhu et al., 2021). Moreover, the development of real-time intraoperative imaging and navigation systems will enhance surgical precision and outcomes (Kok et al., 2020).

3.3. Robotic-assisted surgery

Robotic-assisted surgery represents a significant advancement in surgical technology. Robotic systems, such as the da Vinci Surgical System, offer enhanced dexterity, precision, and control during procedures. Surgeons can perform complex maneuvers with improved ergonomics and visual feedback (DiMaio et al., 2011). Current trends include the expansion of robotic systems into new surgical specialties, such as orthopedics and neurosurgery, and the development of next-generation robots with advanced features, including artificial intelligence (AI) integration. Future directions involve improving the affordability of robotic systems, increasing their accessibility in various healthcare settings, and exploring AI-driven surgical assistance (Reddy et al., 2023). Robotic-assisted surgery is no longer confined to urology and gynecology; it is now being applied in general surgery, cardiothoracic surgery, and colorectal surgery, among other specialties (Ng & Tam, 2014). Compared with traditional techniques, this expansion is driven by the ability of robotic systems to perform intricate procedures with greater precision and less invasiveness.

3.4. Integration of AI in robotic surgery

The integration of artificial intelligence (AI) in robotic-assisted surgery holds promise for further advancements. AI can enhance robotic systems by providing real-time data analysis, predictive analytics, and decision support, thereby improving surgical planning and execution. AI-powered robots are being developed to assist with tasks such as suturing, tissue manipulation, and intraoperative imaging, potentially reducing the burden on surgeons and improving patient outcomes (Moglia et al., 2021).

3.5. Personalized medicine and genomics

Personalized medicine is an emerging trend that aims to tailor surgical treatments on the basis of individual patient characteristics, including genetic, environmental, and lifestyle factors. Advances in genomics and bioinformatics have enabled the identification of genetic markers associated with disease risk and treatment response. The integration of genetic information into surgical decision-making can lead to more effective and targeted interventions. Future research in this area should focus on the development of genetic testing methods, the application of genomics to predict surgical outcomes, and the incorporation of personalized medicine into standard surgical practice (Alkhatib et al., 2024).

Genomic medicine is revolutionizing the field of surgery by enabling the identification of genetic mutations and variations that influence disease progression and treatment response. This information can guide the selection of surgical techniques, the choice of adjuvant therapies, and the management of postoperative care. For example, genetic profiling can help identify patients who are at greater risk for complications or recurrence, allowing for more personalized and proactive care (Saidak et al., 2021).

The future of personalized medicine in surgery involves the integration of multiomics data, including genomics, proteomics, and metabolomics, to provide a comprehensive understanding of patient health and disease (Johnson et al., 2021).

Advances in bioinformatics and machine learning will enable the analysis of large datasets, facilitating the identification of novel biomarkers and therapeutic targets (Lai et al., 2015). Additionally, personalized surgical approaches are likely to incorporate individualized treatment plans that consider a patient's unique genetic makeup, lifestyle, and environmental factors, leading to more precise and effective interventions.

3.6. Enhanced recovery after surgery (ERAS)

The enhanced recovery after surgery (ERAS) protocol represents a shift toward optimizing perioperative care to improve surgical outcomes. The ERAS guidelines emphasize multimodal pain management, early mobilization, and nutritional support to accelerate recovery and reduce complications (Gustafsson et al., 2019). Recent studies have demonstrated that ERAS protocols lead to shorter hospital stays, reduced postoperative pain, and lower rates of complications. Future developments in this area aim to refine ERAS protocols for specific procedures, expand their application across different surgical specialties, and integrate ERAS principles into routine clinical practice (Melnik et al., 2011).

The successful implementation of ERAS protocols requires a multidisciplinary approach involving surgeons, anesthesiologists, nurses, and dietitians. The key components of ERAS protocols include preoperative counseling, carbohydrate loading, opioid-sparing analgesia, and early postoperative feeding and mobilization. These measures not only improve patient outcomes but also reduce healthcare costs by decreasing the length of hospital stay and minimizing complications (Ljungqvist et al., 2017).

Future research in ERAS focuses on customizing protocols for individual patients and specific surgical procedures, incorporating new evidence-based practices, and leveraging technology to enhance perioperative care. The use of mobile health applications and wearable devices for remote monitoring and patient engagement is an emerging trend that can further support the implementation of and adherence to ERAS protocols (Amin et al., 2021).

3.7. Telemedicine and remote monitoring

The use of telemedicine and remote monitoring has expanded rapidly, particularly in the wake of the COVID-19 pandemic. These technologies facilitate preoperative consultations, postoperative follow-ups, and remote patient monitoring. Telemedicine platforms have proven effective in managing patient care and reducing healthcare costs (Dekker et al., 2021). Future trends include the development of advanced telemedicine technologies, the enhancement of remote surgical training programs, and the exploration of the use of virtual reality (VR) for surgical simulation and education (Eadie et al., 2003). Telemedicine has transformed the way surgical care is delivered by enabling virtual consultations, remote diagnostics, and continuous patient monitoring. This approach improves access to care, especially for patients in remote or underserved areas, and reduces the need for in-person visits, thereby minimizing the risk of infection and lowering healthcare costs (Atilgan et al., 2021).

Remote monitoring technologies, such as wearable sensors and mobile health applications, allow real-time tracking of patient health metrics, including vital signs, physical activity, and wound healing (Majumder et al., 2017). These tools provide valuable data that can inform clinical decision-making, enhance patient engagement, and enable timely interventions in cases of complications (Anikwe et al., 2022).

3.8. Evaluation and future prospects

The current trends in surgery highlight a shift toward more minimally invasive, precise, and personalized approaches to patient care. Minimally invasive techniques, robotic-assisted surgery, and personalized medicine are at the forefront of this transformation, offering numerous benefits, including reduced recovery times, improved surgical outcomes, and increased patient satisfaction. The future of surgery is likely to be characterized by continued technological innovation, with a focus on integrating advanced technologies into clinical practice, expanding the applications of current techniques, and improving accessibility and affordability (Satava, 1999).

3.9. Technological integration and challenges

The integration of advanced technologies into surgical practice presents several challenges, including high costs, the need for ongoing surgeon training, and the complexities of integrating new systems into existing healthcare infrastructure. Addressing these challenges requires collaborative efforts among healthcare providers, policymakers, and technology developers to ensure that the benefits of these advancements are accessible to a broad patient population (Angelos, 2016).

3.10. Future innovations in surgery

Future innovations in surgery are expected to include the development of next-generation robotic systems with enhanced capabilities, the use of AI and machine learning to support surgical decision-making, and the application of regenerative medicine and tissue engineering to improve surgical outcomes. Additionally, the continued evolution of

telemedicine and remote monitoring technologies will further enhance the delivery of surgical care and patient management (Wong et al., 2012).

4. Conclusion

Surgery is in a period of rapid evolution, driven by advancements in technology and a shift toward more patient-centered approaches. Current trends, such as minimally invasive techniques, robotic-assisted surgery, and personalized medicine, are reshaping the field, while future developments promise even greater innovations. Ongoing research and technological advancements hold the potential to further transform surgical practice, improving patient outcomes and enhancing the efficiency of surgical care. The future of surgery will likely involve a continued emphasis on technological innovation, interdisciplinary collaboration, and the application of new knowledge to improve patient care.

Ethical Considerations

Not applicable.

Conflict of Interest

The authors declare that they have no conflicts of interest.

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References

- Alkhatib, O., Miles, T., Jones, R. P., Mair, R., Palmer, R., Winter, H., & McDermott, F. D. (2024). Current and future genomic applications for surgeons. *Annals of the Royal College of Surgeons of England*, *106*(4), 321–328. <https://doi.org/10.1308/rcsann.2024.0031>
- Amin, T., Mobbs, R. J., Mostafa, N., Sy, L. W., & Choy, W. J. (2021). Wearable devices for patient monitoring in the early postoperative period: a literature review. *mHealth*, *7*, 50. <https://doi.org/10.21037/mhealth-20-131>
- Angelos, P. (2016). The ethics of introducing new surgical technology into clinical practice: the importance of the patient-surgeon relationship. *JAMA surgery*, *151*(5), 405–406. <https://doi.org/10.1001/jamasurg.2016.0011>
- Anikwe, C. V., Nweke, H. F., Ikegwu, A. C., Egwuonwu, C. A., Onu, F. U., Alo, U. R., & Teh, Y. W. (2022). Mobile and wearable sensors for data-driven health monitoring system: State-of-the-art and future prospect. *Expert Systems with Applications*, *202*, 117362. <https://doi.org/10.1016/j.eswa.2022.117362>
- Arezzo, A. (2014). The past, the present, and the future of minimally invasive therapy in laparoscopic surgery: a review and speculative outlook. *Minimally Invasive Therapy & Allied Technologies*, *23*(5), 253–260. <https://doi.org/10.3109/13645706.2014.900084>
- Arezzo, A., Vettoretto, N., Francis, N. K., Bonino, M. A., Curtis, N. J., Amparore, D., ... & Mintz, Y. (2019). The use of 3D laparoscopic imaging systems in surgery: EAES consensus development conference 2018. *Surgical endoscopy*, *33*, 3251–3274. <https://doi.org/10.1007/s00464-018-06612-x>
- Asiri, A., AlBishi, S., AlMadani, W., ElMetwally, A., & Househ, M. (2018). The Use of Telemedicine in Surgical Care: a Systematic Review. *Acta informatica medica : AIM : journal of the Society for Medical Informatics of Bosnia & Herzegovina : casopis Društva za medicinsku informatiku BiH*, *26*(3), 201–206. <https://doi.org/10.5455/aim.2018.26.201-206>
- Atilgan, K., Onuk, B. E., Köksal Coşkun, P., Yeşil, F. G., Aslan, C., Çolak, A., ... & Bozbaş, H. (2021). Remote patient monitoring after cardiac surgery: the utility of a novel telemedicine system. *Journal of Cardiac Surgery*, *36*(11), 4226–4234. <https://doi.org/10.1111/jocs.15962>
- Ayme, A. P. P., Suárez, J. M. C., Ortega, M. M. P., Gualoto, D. S. G., Lima, J. C. S., Campoverde, A. E. R., ... & Serrano, G. D. M. (2024). Advancements in Minimally Invasive Surgical Techniques: A Comprehensive Review. *Salud, Ciencia y Tecnología*, *4*, 745–745. <https://doi.org/10.56294/saludcyt2024745>
- Brunicardi, F. C., Gibbs, R. A., Wheeler, D. A., Nemunaitis, J., Fisher, W., Goss, J., & Chen, C. (2011). Overview of the development of personalized genomic medicine and surgery. *World journal of surgery*, *35*, 1693–1699. <https://doi.org/10.1007/s00268-011-1056-0>
- Chatterjee, S., Das, S., Ganguly, K., & Mandal, D. (2024). Advancements in robotic surgery: innovations, challenges and future prospects. *Journal of Robotic Surgery*, *18*(1), 28. <https://doi.org/10.1007/s11701-023-01801-w>
- Dekker, P. K., Bhardwaj, P., Singh, T., Bekeny, J. C., Kim, K. G., Steinberg, J. S., ... & Fan, K. L. (2021). Telemedicine in the wake of the COVID-19 pandemic: increasing access to surgical care. *Plastic and Reconstructive Surgery—Global Open*, *9*(1), e3228. DOI: 10.1097/GOX.00000000000003228
- DiMaio, S., Hanuschik, M., & Kreaden, U. (2011). The da Vinci surgical system. *Surgical robotics: systems applications and visions*, 199–217. https://doi.org/10.1007/978-1-4419-1126-1_9
- Eadie, L. H., Seifalian, A. M., & Davidson, A. (2003). Telemedicine in surgery. *Journal of British Surgery*, *90*(6), 647–658. <https://doi.org/10.1002/bjs.4168>
- Gustafsson, U. O., Scott, M. J., Hubner, M., Nygren, J., Demartines, N., Francis, N., ... & Ljungqvist, O. (2019). Guidelines for perioperative care in elective colorectal surgery: Enhanced Recovery After Surgery (ERAS®) Society recommendations: 2018. *World journal of surgery*, *43*, 659–695. <https://doi.org/10.1007/s00268-018-4844-y>
- Johnson, K. B., Wei, W. Q., Weeraratne, D., Frisse, M. E., Misulis, K., Rhee, K., Zhao, J., & Snowdon, J. L. (2021). Precision Medicine, AI, and the Future of Personalized Health Care. *Clinical and translational science*, *14*(1), 86–93. <https://doi.org/10.1111/cts.12884>
- Kok, E. N., Eppenga, R., Kuhlmann, K. F., Groen, H. C., van Veen, R., van Dieren, J. M., ... & Ruers, T. J. (2020). Accurate surgical navigation with real-time tumor tracking in cancer surgery. *NPJ precision oncology*, *4*(1), 8. <https://doi.org/10.1038/s41698-020-0115-0>
- Lai, X., & Chen, S. (2015). Identification of Novel Biomarker and Therapeutic Target Candidates for Diagnosis and Treatment of Follicular Adenoma. *Cancer genomics & proteomics*, *12*(6), 271–281.

- Lanfranco, A. R., Castellanos, A. E., Desai, J. P., & Meyers, W. C. (2004). Robotic surgery: a current perspective. *Annals of surgery, 239*(1), 14–21. <https://doi.org/10.1097/01.sla.0000103020.19595.7d>
- Ljungqvist, O., Scott, M., & Fearon, K. C. (2017). Enhanced Recovery After Surgery: A Review. *JAMA surgery, 152*(3), 292–298. <https://doi.org/10.1001/jamasurg.2016.4952>
- Majumder, S., Mondal, T., & Deen, M. J. (2017). Wearable sensors for remote health monitoring. *Sensors, 17*(1), 130. <https://doi.org/10.3390/s17010130>
- McKnight, R. R., Pean, C. A., Buck, J. S., Hwang, J. S., Hsu, J. R., & Pierrie, S. N. (2020). Virtual reality and augmented reality—translating surgical training into surgical technique. *Current reviews in musculoskeletal medicine, 13*, 663–674. <https://doi.org/10.1007/s12178-020-09667-3>
- Melnyk, M., Casey, R. G., Black, P., & Koupparis, A. J. (2011). Enhanced recovery after surgery (ERAS) protocols: Time to change practice?. *Canadian Urological Association journal = Journal de l'Association des urologues du Canada, 5*(5), 342–348. <https://doi.org/10.5489/cuaj.11002>
- Moglia, A., Georgiou, K., Georgiou, E., Satava, R. M., & Cuschieri, A. (2021). A systematic review on artificial intelligence in robot-assisted surgery. *International Journal of Surgery, 95*, 106151. <https://doi.org/10.1016/j.ijssu.2021.106151>
- Ng, A. T., & Tam, P. C. (2014). Current status of robot-assisted surgery. *Hong Kong medical journal. http://dx.doi.org/10.12809/hkmj134167*
- Reddy, K., Gharde, P., Tayade, H., Patil, M., Reddy, L. S., & Surya, D. (2023). Advancements in Robotic Surgery: A Comprehensive Overview of Current Utilizations and Upcoming Frontiers. *Cureus, 15*(12), e50415. <https://doi.org/10.7759/cureus.50415>
- Saidak, Z., Lailler, C., Testelin, S., Chauffert, B., Clatot, F., & Galmiche, A. (2021). Contribution of Genomics to the Surgical Management and Study of Oral Cancer. *Annals of surgical oncology, 28*(11), 5842–5854. <https://doi.org/10.1245/s10434-021-09904-0>
- Satava, R. M. (1999). Emerging technologies for surgery in the 21st century. *Archives of Surgery, 134*(11), 1197–1202. <https://doi.org/10.1001/archsurg.134.11.1197>
- St John, A., Caturegli, I., Kubicki, N. S., & Kavic, S. M. (2020). The Rise of Minimally Invasive Surgery: 16 Year Analysis of the Progressive Replacement of Open Surgery with Laparoscopy. *JSLS : Journal of the Society of Laparoendoscopic Surgeons, 24*(4), e2020.00076. <https://doi.org/10.4293/JSLS.2020.00076>
- Tonutti, M., Elson, D. S., Yang, G. Z., Darzi, A. W., & Sodergren, M. H. (2017). The role of technology in minimally invasive surgery: state of the art, recent developments and future directions. *Postgraduate medical journal, 93*(1097), 159–167. <https://doi.org/10.1136/postgradmedj-2016-134311>
- Wong, V. W., Wan, D. C., Gurtner, G. C., & Longaker, M. T. (2012). Regenerative surgery: tissue engineering in general surgical practice. *World journal of surgery, 36*, 2288–2299. <https://doi.org/10.1007/s00268-012-1710-1>
- Zhu, J., Lyu, L., Xu, Y., Liang, H., Zhang, X., Ding, H., & Wu, Z. (2021). Intelligent soft surgical robots for next-generation minimally invasive surgery. *Advanced Intelligent Systems, 3*(5), 2100011. <https://doi.org/10.1002/aisy.202100011>
- Zorron, R., Gash, K., & Dixon, A. R. (2012). Single-Port Surgery. *Natural Orifice Translumenal Endoscopic Surgery (NOTES) Textbook and Video Atlas, 80–93*. <https://doi.org/10.1002/9781118307915.ch8>