

Surgery – New Strides

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The history of disease is thought to be at least as old as the history of mankind and it is assumed that the surgical response to disease is of similar antiquity. It has been seen that broadly the basic forms of the disease have existed unchanged. Today's surgeon obviously manages them in different ways (1). The history of surgery has been a story of steady progress, with the advances in the 20th century being outstanding. Undoubtedly surgical researchers have hardly rested, even in the past, right from the inception of the surgical method. We have glaring examples of John Hunter, the father of experimental surgery and a superb anatomist and teacher and that of Joseph Lister, the originator of antiseptic surgery. We, the surgeons, owe a great lot to both. Lately, the pace of the progress has been so speedy that anything written today may find a place in the archives of the surgery only tomorrow. Operations common until recently, like vagotomy etc., are now very rarely performed and less invasive methods of treatment are steadily being introduced/ practised. This continually changing scene is attributed, in large measure, to the outcome of research - a discipline without which surgery would, as they call it, stagnate. A multiplicity of different sciences now interact within the broad title of surgical research including genetics, immunology, physiology, biochemistry, radiology, pharmacology and engineering (2).

Over the last two decades, the introduction and increased availability of new imaging modalities have

made the diagnostic process easier(3). In some instances interventional radiological procedures have replaced conventional surgical methods and in other cases they provide a useful addition to surgical management. Advanced image guided biopsy, drainage, recanalization, stenting and dilatations are routinely performed. Formation of extra-anatomic tracts, such as performing a trans-jugular intrahepatic portasystemic shunt (TIPSS), without a major anaesthesia in a high risk patient, is quite an advanced achievement. Image-guided microtherapy, which entails combination of surface viewing of the operative field or the target organ with real - time tomographic imaging of the operative tissue volume, is available in some medical centers of the world.

Surgical research has flourished and expanded greatly, especially in the recent years. The developments over less than past two decades have been both fascinating and interesting. The appetite for surgical advancement has led the surgeons to go to newer horizons from office surgery to the tele-surgery, from total dependence on the human assistance to the concept of robotics and from surgery on an adult to one on a foetus yet to be born. The usage of programmed robot and master slave-manipulator devices are under a detailed surveillance .

The hallmark of the new approach is the reduction of trauma of access without compromising exposure of the anatomical region for the intended operation/

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intervention. The minimal access therapy (MAT) has three arms viz. minimal access surgery (MAS), interventional flexible endoscopy (IFE) and percutaneous interventional radiology (PIR) (4). The trend towards a minimally invasive (MIS) or better known as Minimal Access Surgery (MAS), has prompted a general surgeon to scrutinize nearly all operations for possible conversion to lap- technique. The rate at which such drastic changes have occurred is unprecedented in the history of surgery. The explosive technology of Minimal Access Surgery has been described as a marriage of modern technology and surgical innovation which aims to accomplish surgical therapeutic goals with minimal somatic and psychological trauma causing less disability and disfiguring and at the same time ensuring cost-effectiveness with increasing experience.

In other words what was once seen only in mythological movies, can well be practically experienced

in reality and I am sure that all the departed legendary surgeons of the yore might as well be longing to perform a tele-surgery on earth from heaven.

References

1. Brieger GH. The development of the surgery. In: Sabiston DC Jr. (ed) Sabiston Textbook of Surgery - volume 115. W.B Saunders Company, Philadelphia, 1999 ; 1-15.
2. Jackson BT. An introduction to the history of surgery. In : Burnand KG, Young AE (eds). The New Aid's Companion in Surgical Studies 3rd edition Churchill Livingstone, Edinburgh, 1992 ; 1-25.
3. Mclean AM. Mclean Diagnostic and Interventional Radiology. In : Russel RCG, Norman S (eds), Baily & Love's Short Practice of Surgery, 23rd edition, Williams & Christopher JK. Bulstrode, Oxford University Press, New York, 2000 8-28.
4. Cuschieri SA, Houston G. Minimal Access Therapy. In : Cuschieri A, Steele RJC, Moosa AR. (eds) Essential Surgical Practice, Vol. 1. 4th edition. Butterworth - Heinemann Linacare House, Jordan Hill Oxford OX2 8DP. 2000 ; 493-519.

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