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WORLD CONFERENCE ON
Surgical Techniques & Anesthesia

MARCH 12-14
PARIS, FRANCE
2026

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Chongsoo Park
Pusan National University

Assessing Aesthetic Outcomes of Different Incision Types for Nipple-Sparing Mastectomy Followed by Radiation Therapy in Prepectoral Direct-to-Implant Breast Reconstruction: A Retrospective Study

Abstract

Background: This study analyzes the aesthetic outcomes associated with inframammary fold (IMF) incisions compared to radial incisions, with or without a periareolar component (referred to as periareolar/radial, PR), considering nipple-sparing mastectomy (NSM) followed by prepectoral direct-to-implant (DTI) reconstruction and subsequent post-mastectomy radiotherapy (PMRT). We assessed changes in breast and nipple symmetry, nipple-to-IMF distance, and nipple Y-axis coefficients to understand how different incisions influence post-radiation aesthetic outcomes.

Methods: Forty patients who underwent NSM and prepectoral DTI reconstruction followed by PMRT between September 2019 and December 2022 in a single institution were included. Patients were divided into PR incision (n=9) and IMF incision (n=31) groups, with the latter further separated into IMF 1 group (surgeries from 2019 to 2021, n=13) and IMF 2 group (surgeries in 2022, n=18). Pre- and postoperative (6-18 months after surgery) analyses of body measurements and medical photographs were conducted using the Seoul Breast Esthetic Scoring Tool (S-BEST) software, developed by same institution, to calculate breast symmetry scores, nipple-to-IMF distance, and nipple Y-axis coefficients. Statistical analyses assessed differences between groups.

Results: All groups showed decreased breast symmetry scores postoperatively (PR group : -1.111, IMF 1 group : -0.539, IMF 2 group : -0.389) and increased nipple-to-IMF distance (PR group : 0-0.2cm, IMF 1 group : 0.2-0.5cm, IMF 2 group : 0.3-0.4cm). The changes in nipple y-axis coefficients were minimal across all groups. And the PR group received a lower average radiation dose (47.64 ± 5.2 Gy) than IMF 1 group (54.45 ± 5.28 Gy) and IMF 2 group (54.07 ± 4.79 Gy). Statistical analysis indicated no significant differences across the groups ($p > 0.05$, Kruskal-Wallis test).

Conclusions: While IMF and PR incisions yielded similar aesthetic outcomes post-radiation, IMF incisions showed trends toward better symmetry, especially at higher radiation doses. These findings support the IMF incision as a favorable choice in NSM with DTI reconstruction followed by PMRT, though patient anatomy and preferences remain critical for surgical planning.

Biography

Dr. Chongsoo Park is a board-certified plastic and reconstructive surgeon specializing in breast reconstruction and microsurgery. He received his M.D. from Seoul National University and completed his plastic surgery residency at Samsung Medical Center. He later served as Clinical Assistant Professor at Hallym University Dongtan Sacred Heart Hospital and as Clinical Fellow at Seoul National University Bundang Hospital. Dr. Park also volunteered as a military physician in Kenya for three years through the Korean International Cooperation Program, reflecting his dedication to global health. He has actively participated in medical missions across Asia and the Middle East and maintains a strong academic interest in reconstructive surgery. Currently affiliated with Pusan National University Hospital, he is committed to advancing surgical techniques and mentoring future clinicians through academic collaboration and clinical excellence.

Mendoza De Lama, Gaston Wilmer
Detecta Clínica, Lima, Perú

Clinicopathological Factors Associated with Sentinel Lymph Node Positivity in Breast Cancer Using Indocyanine Green: A Retrospective Study in Peru

Abstract

Background: Sentinel lymph node biopsy (SLNB) guided by indocyanine green is an innovative technique with a high detection rate in breast cancer; however, Latin American reports are scarce. This study describes the first series of patients in Peru who underwent this technique and evaluates the relationships between clinicopathological factors and lymph node positivity.

Methods: A retrospective study was conducted on breast cancer patients who underwent SLNB guided by indocyanine green between 2021 and 2024. Clinical and pathological variables were analyzed, and their associations with lymph node positivity were evaluated via bivariate and multivariate statistical tests.

Results: Sixty-nine patients were analyzed, and a detection rate of 100% was achieved with the indocyanine green technique. The sensitivity, specificity, positive predictive value, and negative predictive value were 96.9 % (CI: 90.8 % - 99.9 %), 97.3% (CI: 92.1 % - 99.9 %), 96.9% (CI: 90.8 % - 99.9 %), and 97.3% (CI: 92.0 – 99.9 %), respectively, all calculated with a 95% confidence interval (CI). SLN positivity was significantly associated with a larger preoperative ultrasound tumor size (25.4 ± 9.0 vs. 20.7 ± 9.2 mm; $p = 0.018$), pT stage (65.6% vs. 37.8%; $p = 0.023$), and the presence of lymphovascular invasion ($p < 0.001$). No significant differences were found in terms of age, body mass index, menopausal status, comorbidities, laterality, or histological

grade.

Conclusions: Tumor size, pT stage, and lymphovascular invasion were the main predictors of lymph node positivity in this Peruvian cohort. This study constitutes the first Peruvian series evaluating indocyanine green-guided SLNB, providing relevant evidence for its implementation in Latin America and supporting its use as a safe and effective technique for the treatment of breast cancer.

Biography

He is the founder, Chief Executive Officer (CEO), and majority shareholder of Detecta Clínica, a Peruvian center specialized in surgical treatments. He holds dual specialization in General and Oncologic Surgery and in Breast, Soft Tissue, and Skin Oncologic Surgery. After consolidating his career in this field, he currently serves as Vice President of the Peruvian Society of Surgical Oncology (SPOQ). He is recognized as one of the most prominent oncologic surgeons in Peru for his skill and excellence in surgical practice. This abstract was submitted as a poster to the 1st International Congress of Surgical Oncology (Peru, September 2025), where it won first place for best research. Although the congress will take place in Peru, the author's country of residence, it would be highly valuable to share the interesting results of this study through a presentation for an international audience.

Nasir M Bustangi
King Abdulaziz University Hospital, Saudi Arabia

The role of Minimal Invasive Surgery in the treatment of Gastric Outlet Obstruction by a Rare type of a bezoars (Vinyl Gloves) Video Presentation tips and tricks

Abstract

Foreign body ingestion still considering a major problem in pediatric population. A bezoar is a rare cause of abdominal pain and gastric outlet obstruction. Most of the cases in the literature treated by open approach, related to the nature of the presentation and the size of the bezoars. Diagnosis and treatment plan is challenging. Multidisciplinary approach including, pediatric Surgeon, Pediatric Gastroenterologist and Pediatric Radiologist, are crucial. We present a case of a of 5-year-old boy presented with postprandial abdominal pain, non-bilious projectile vomiting, and inability to tolerate solid foods for the last 5 days. Abdominal x-ray was done for him, and it was shown a fullness of the stomach with query mass, occupying it. CT-Scan was ordered for him and it showed, distended stomach reaching 9.2X4.5 cm containing a heterogenous materials with admixed air locules which occupy the entire gastric lumen including the pylorus. No Gastric wall thickening or adjacent fat stranding. Plan was decided after discussion to proceed for Upper GI endoscopy for diagnosis and treatment plan. Endoscopy showed a very hard materials that was not easy to be taken out, due to the size and the sharp nature that could cause injury to the esophagus. So Surgical removal was decided and it was done safely by laparoscopy. Child has an eventual post-operative course and discharged at day 5.

Conclusion: Foreign body ingestion, still a major problem in pediatric population. Vinyl gloves, it is a rare entity in children. Management of such cases is vey challenging. Awareness and prevention considered to be the corner stone. Minimal invasive surgery

is always an excellent option in the good hand for better surgical outcome and fast recovery, but it needs advanced surgical skills.

Dr. Richard Ibrahim
Specialist in Physical and Rehabilitative Medicine
München, Germany

Optimizing Patient Selection for Spinal Cord Stimulation Through Interdisciplinary Multimodal Pain Therapy (IMST)

Abstract

Spinal Cord Stimulation (SCS) is a well-established neuromodulatory intervention for patients with therapy-resistant chronic pain. Its clinical efficacy is closely linked to accurate patient selection. Interdisciplinary Multimodal Pain Therapy (IMST) has emerged as a validated pathway for identifying suitable candidates for SCS, integrating medical, psychological, and physiotherapeutic modalities within a biopsychosocial framework.

Standardized diagnostic instruments—including the German Pain Questionnaire (DSF), Mainz Pain Staging System (MPSS), Pain Disability Index (PDI), and psychometric scales such as HADS PHQ-9, and DASS-21—are employed to assess pain intensity, functional impairment, and psychosocial factors. Therapy goals are defined using SMART criteria and monitored longitudinally. Functional limitations are evaluated through objective physical assessments.

Evidence indicates that patients undergoing IMST prior to SCS demonstrate improved functional outcomes, reduced opioid consumption, and greater therapy adherence. IMST thus serves not only as a therapeutic intervention but also as a multidimensional diagnostic filter for neuromodulation eligibility. The interdisciplinary case conference plays a central role in ensuring evidence-based, patient-centered decision-making.

Biography

Dr. med. Richard Ibrahim is President of the German Pain Association and Medical Director for Specialized Pain Therapy. He is a specialist in Orthopaedics and in Physical and Rehabilitative Medicine. As a pioneer in the field of neuromodulation, Dr. Ibrahim has made significant contributions to the development and refinement of stimulation systems and their clinical application. He provides both outpatient care in his private practice and inpatient specialized pain therapy, ensuring continuity and depth in multimodal treatment approaches.

Hosam Mohamad Hamza
Minia University, Egypt

Evaluation of Persistent Symptoms after Nissen Fundoplication

Abstract

Background: Proton pump inhibitors (PPIs) remain the cornerstone of medical therapy for gastroesophageal reflux disease (GERD), with complete symptom resolution achieved in more than 60% of patients [1]. However, PPIs primarily alter refluxate pH without reducing the frequency of reflux events, leaving a subset of patients with persistent symptoms [2].

Antireflux surgery is a well–established treatment option for patients who experience persistent troublesome symptoms, reduced quality of life (QoL) and/or disease progression of despite adequate PPI therapy [3].

Although Nissen fundoplication (NF) demonstrated significantly better improvement with acid exposure compared to magnetic sphincter augmentation & transoral incisionless fundoplication (TIF), a proportion of patients experience recurrent reflux or new postoperative symptoms, including dysphagia, gas-bloat syndrome, and delayed gastric emptying [4]. These may result from technical factors, inappropriate patient selection, or previously unrecognized esophageal motility disorders.

Long-term results of NF can be variable, raising important questions about its durability, patient satisfaction, and the need for reintervention. Careful preoperative evaluation with high- resolution manometry, impedance–pH monitoring, and gastric emptying studies is essential to optimize selection and predict postoperative outcomes.

Conclusion: Persistent or new symptoms after NF remain a significant clinical issue. A better understanding of their mechanisms, coupled with standardized diagnostic algorithms, is crucial to refine surgical indications and improve long-term patient satisfaction.

References

1. Sandhu DS, Fass R (2018) Current trends in the management of gastroesophageal reflux disease. Gut Liver 12:7–16
2. Sobrino-Cossío S, Soto-Pérez J, Coss-Adame E, et al. (2017). Post-fundoplication symptoms and complications: Diagnostic approach and treatment. Síntomas y complicaciones posfunduplicatura: abordaje diagnóstico y tratamiento. Revista de gastroenterologia de Mexico, 82(3), 234–247.
3. Campos G, Peters J, DeMeester T, et al. (1999) Multivariate analysis of factors predicting outcome after laparoscopic nissen fundoplication. J Gastrointest Surg 3:292–300
4. 4. Tadé Y, Newman D, Walters R, Nandipati K (2025). Fundoplication significantly improves objective and subjective reflux outcomes-a meta-analysis. Surg Endosc. 10.1007/s00464-025- 11856-5 be used, and maybe adapted, in their specific contexts and research purpose.

Biography

Formerly Consultant Breast Surgeon at Imperial College Healthcare Trust (at Charing Cross Hospital 2006 -2014) London SW6 .Previously Consultant Breast Surgeon at Royal Marsden Hospital ,Fulham Road, London SW3.

Dr. Nidhi B Panda
Institute of Medical Education and Research Chandigarh, India

Gastric content assessment by ultrasonography in patients with isolated Traumatic Brain Injury: A Prospective Observational Study

Abstract

Introduction: Acute traumatic brain injury (TBI) can cause autonomic disturbances due to increased intracranial pressure (ICP), leading to gastroparesis. Point of care gastric ultrasonography (POGUS) is essential for assessing gastric volume and aspiration risk before airway manipulation in patients with low Glasgow Coma Scale (GCS) scores.

Methodology: This study evaluated gastric content in 92 TBI patients undergoing emergency neurosurgery using POGUS prior to induction. Patients with high risk for gastroparesis were not included in the study. Gastric volume and Perlas grading were assessed, with a volume >1.5 ml/kg or solid content indicating high aspiration risk. Optic nerve sheath diameter (ONSD) was used as a surrogate for ICP.

Results: A 13% incidence of full stomach was observed in moderate to severe TBI patients. Of these, 10.86% had solid content and 48.9% had liquid content. Among those with liquid content, 2.17% had a full stomach on quantitative exam. Perlas grading revealed 40.2% with grade 0, 44.5% with grade 1, and 15.2% with grade 2 antrum (high aspiration risk). Fasting duration influenced the incidence of a full stomach, with 100% incidence in those fasting ≤8 hours, 37.5% in patients fasting for 9-12 hours, 8.3% in those fasting for 13-16 hours and 4% patients in patients fasting for >16 hours. No significant correlation was found between GCS, ONSD and gastric volume.

Conclusion: Despite fasting for up to 16 hours, some TBI patients still had full stomach. We recommend POGUS for all TBI patients before airway management, regardless of fasting duration, to assess aspiration risk and guide intubation planning.

Biography

I am Professor Neuroanaesthesia in a renowned Institute of PGIMER Chandigarh India and incharge and course coordinator of DM Neuroanaesthesia and Neurocritical care in my Institute. I was past president of Indian Society of Neuroanaesthesia and Critical Care (ISNACC) India. I have more than 190 publications in national and international journals of repute and written 5 chapters in books. I have guided thesis of more than 60 students of MD, DM and PhD and received many awards for thesis papers. I have presented my research work in multiple International Conferences and delivered lectures in various national conferences. I had delivered Oration Talk during 24th Annual conference of ISNACC. I was selected as WINNER in FOCUS by SNACC USA in June 2022. I received Distinguished Teacher Award in February 2024 and honourary Fellowship in Neuroanaesthesiology and Neurocritical Care in 2025 from Indian Society of Neuroanaesthesiology and Critical Care (ISNACC).

Christine Binder-Mendl
University of Innsbruck, 6020 Innsbruck

Chronobiological aspects of nutrition and metabolic risk factors

Abstract

Almost all processes in living beings take place at regular intervals, controlled by an internal clock and guided by the environment. This internal clock is maintained with slight deviation even when environmental stimuli are switched off or if they are deliberately tricked by working night shifts. Previous studies have shown that shift workers are more prone to non-communicable diseases. This applies to life-sustaining professions in particular and is one of the reasons why those affected deserve more attention than the rest of the working population. The relationship between diet and health is well-researched, and there is also information regarding the effects of diet on mental and heart health by reducing heart rate. The present study not only investigates whether it is possible to improve the health of shift workers by nutritional information and lifestyle modification but is also aimed to investigate whether motivation to optimize lifestyles without regulations or restrictions could improve the health of rotating shift workers. In this exploratory study nineteen (28.5 years ± 7.4) respectively eighteen male rotating shift workers (39.7 ± 7.5 y) were randomly divided into two groups by using the urn model. All participants kept a seven-day diet diary during a night shift, completed the Short Form Health Survey-36 questionnaire (SF-36) before the start and at the end of the study. All subjects received a bioelectrical impedance analysis and a laboratory examination was performed at the beginning of the study, after one year and at the end of the study. The laboratory blood test included the main metabolic parameters, melatonin and serotonin. Besides all subjects wore a heart rate sensor for 24 hours during a night shift, repeated this after one year and at the end of the study. Group I (n = 9, mean age 42 ± 6.6 y) received the intervention immediately after the start of the study, while the other Group II (n = 9 mean age 36 ± 7.3 y) was informed that their

intervention would not take place for another year. All participants were motivated to follow the trained dietary recommendations and to engage in physical activity after the intervention. During the intervention period participants received every other month a dietary counselling for one year. They were also motivated to incorporate more physical training into their daily routine, endurance and strength training as well. The nutritional counseling was provided by a dietician/nutritionist and only contained information about healthy eating. By using the food diaries, nutritional errors were uncovered and could easily be corrected. After the intervention period, participants reduced energy intake, mean portion size, table salt, consumption of sugar and saturated fat. C-reactive protein (CRP), mean corpuscular volume (MCV), liver enzymes, triglycerides, and uric acid decreased, while melatonin level increased. Participants lost body weight and reduced waist circumference. Almost all SF-36 scores had improved. Surprisingly physical performance scores worsened, which was not expected. The impairment in mental health due to the change in ownership of the company could have been better explained.After the intervention, heart rate in group A decreased during the day from 75 ± 6.3 beats per minute (bpm) before to 73 ± 7.5 bpm afterward and during the night from 72 ± 9.8 bpm before to 70 ± 9.5 bpm afterward. In group B heart rate increased during the day from 72 ± 9.1 bpm before to 76 ± 7.2 bpm afterward and decreased at night from 69 ± 10.0 bpm before to 66 ± 11.2 bpm afterward. All values were highly significant ($p < 0.001$). Lifestyle modification and dietary information could contribute to the health of rotating shift workers. However, food intake is a very sensitive topic and advice should only be given by trained people with professional experience. The motivation to adopt a better lifestyle in terms of healthy eating and daily exercise could be a cost-effective contribution to physical, mental and heart health among rotating shift workers. However, the individually adapted interventions need to occur more frequently for a longer period in order to be effective. Further studies are needed to investigate whether this can prevent disease and whether melatonin production can be influenced by diet.

Biography

Training as a dietician at the Medical University of Innsbruck, dietician at the hospitals in Kitzbühel and Hallein, freelance work, studies in applied nutritional sciences at the UMIT in Hall, doctoral student for the PhD in biology at the University of Innsbruck.

Alaa Adel Elmaddawi
Mansoura faculty of medicine, Egypt

A comparative study between interlaminar nerve root targeted epidural versus infraneural transforaminal epidural steroids for treatment of intervertebral disc herniation

Abstract

Low back pain (LBP) is one of the most common musculoskeletal abnormalities. Epidural corticosteroid injections (ESIs) have been used long time ago for treatment of lumbar radiculopathy or discogenic back pain in case of failed medical and conservative management. Different techniques for ESIs include the interlaminar, the caudal, and the transforaminal approaches.

Purpose: The aim of our study is to compare between the efficacy of infraneural transforaminal ESI and lumbar paramedian nerve root targeted interlaminar steroid injection in reduction of unilateral radicular pain secondary to disc prolapse.

This prospective double-blind randomized study was performed on 40 patients randomized into two equal groups, each of 20: the infraneural transforaminal ESI (IN group) and the interlaminar parasagittal ESI (IL group). Patients with backache without leg radiation, or with focal motor neurological deficit, previous spine surgery, S1 radiculopathy, lumbar ESI in the past month, systemic steroid used recently within 4 weeks before the procedure, allergy to any medication or addiction to opioids, and pregnancy were excluded from the study. The duration and efficacy of pain relief (defined as >= 40% reduction of pain perception) by 0-10 visual analog scale (VAS) is the primary outcome. Functional assessment using Modified Oswestry Disability Questionnaire (MODQ) and possible side effects and complications are the secondary outcomes.

The results showed that the VAS and MODQ scores were significantly lower in both groups in comparison with the basal values. There was also a lower VAS in the infraneural group than the parasagittal (IL) group up to 6 months after injection. , In conclusion The infraneural (IN) epidural steroid is more favorable than the parasagittal (IL) interlaminar epidural steroid owing to its long-term improvement in physical function than the parasagittal technique with no serious side effects

Biography

I finished my PhD 16 years back in anesthesia, surgical intensive care Mansoura faculty of medicine, Egypt . currently lecturer in anesthesia , pain management , Mansoura university , Egypt.

former head of pain management unit, kamc, saudi arabia, currently consultant anesthetist, pain management KAMC, Saudi Arabia . I has Published around 8 papers in different journals .

Monica Tan
Singapore General Hospital

Reducing Unnecessary Preoperative ECGs for Low-Risk Eye Surgery: A Quality Improvement Initiative

Abstract

Background:

International guidelines consistently advise against routine preoperative electrocardiograms (ECGs) for patients undergoing low-risk surgeries. Despite this, routine preoperative ECG screening remains entrenched in many Singaporean institutions, particularly for ophthalmic procedures under local anaesthesia (LA) with sedation. There is much resistance to move away from the illusory safety net of a preoperative ECG. This contributes to avoidable delays, increased healthcare costs, and unnecessary referrals, with limited impact on perioperative safety.

Methods:

We implemented a quality improvement initiative at a high-volume tertiary centre to reduce unnecessary preoperative ECGs in patients scheduled for elective eye surgeries under LA with sedation. The project included stakeholder engagement, development of risk-stratified assessment protocols, and clinician education and stepwise implementation over a 2 year period. Data were collected prospectively.

Results:

During a 6 month study period, 9,955 ophthalmic procedures were performed under LA with sedation. Routine ECG utilisation was reduced by 83%. Only 0.1% of cases experienced intraoperative events potentially related to cardiac causes, none of which could have been anticipated or prevented by a preoperative ECG. There was a 57%

reduction in preoperative cardiology referrals. Based on annual surgical volumes (~20,000 cases), projected cost savings from reduced ECGs and downstream investigations are estimated at SGD $1.05 million per year.

Conclusion:

A targeted, evidence-based preoperative assessment approach for low-risk surgeries under sedation can safely replace routine ECG screening. This initiative demonstrates improved alignment with best practice guidelines, enhances perioperative efficiency, reduces unnecessary investigations and referrals, and delivers significant cost savings—without compromising patient safety.

Biography

Monica is a Consultant Anaesthesiologst at Singapore General Hospital and Clinical Faculty of Duke-NUS School of Medicine. Her field of interest is in Perioperative Medicine, Education, and Sustainability in Anaesthesia. She has led the hospital in various quality improvement projects such as improving time to hip fracture surgery and has written many workflows to improve perioperative care.

Prof. Umair Rashid
Ihsan Mumtaz Teaching Hospital, Lahore, Pakistan

Ozoneucleolysis in disc lesions - Surgery can be Avoided

Abstract

BACKGROUND AND PURPOSE: Direct injection of Oxygen-Ozone in to the discs has proved to be the effective alternative for surgery in patients with disc herniation in many countries around the world. We report our experience with ozonucleolysis with patients effected by lower backache, sciatica and pain cervical region (Brachalgia) due to disc herniation including post operative recurrence or disc prolapse.

MATERIAL & METHODS: Seventy thousands patients were treated with single, two, multiple sessions of Oxygen Ozone treatment (March 2003 to December 2024). All the patients had CT or MRI evidence of annulus tear/ disc prolapse with clinical signs of nerve root compression. In few cases Myelo CT were also performed. The procedure was performed under angio fluoroscopy using 22/23 G spinal needle without any form of anesthesia. All the patients received intra discal injection of Oxygen Ozone mixture with and without periganglionic infiltration at ozone concentration 30 Ugm/ml. Among these patients 42,000 were males and 28,000 were females between the age of 14-80 years. Therapeutic out come was assessed 6 to 8 weeks after treatment by using modified MacNab method.

RESULTS: A satisfactory therapeutic outcome was obtained. 65% of the patients showed complete recovery with resolution of symptoms in cervical disc lesions. 20% of the patients complained of occasional episodic pain and with no limitation of occupational activity in lumber disc lesions. 10% of cases showed insufficient improvement. 5% of cases had insufficient improvement and went for surgery. 10% of cases never turned up after the first visit.

CONCLUSION: In cervical discs significantly improvement clinically after one intradiscal injection. In lumber disc lesions needs multiple sessions as compared to Cervical disc lesions. Intradiscal with periganglionic injection of Ozone for lumber herniated discs has revolutionized percutaneous approach to nerve root diseases making it safer, cheaper and easier to repeat than treatments currently use in Pakistan.

Evangelia Nikouli
Democritus University of Thrace, Greece

Timing Matters: An Observational Study on Circadian Effects of Spinal Anesthesia in Cesarean Delivery

Abstract

Background: The timing of anesthesia administration may affect drug efficacy and recovery outcomes. Understanding these variations is important for optimizing anesthetic care.

Aim: To assess how spinal anesthesia timing affects block duration, postoperative pain, and CRP and cortisol levels in cesarean deliveries.
Methods: Ninety women were divided into three groups based on spinal anesthesia timing: Group A(08:00–16:00), Group B (16:00–00:00), and Group C (00:00–08:00). Standardized spinal anesthesia was administered. Sensory/motor blockade and pain (NRS) were assessedevery 10 min. Blood samples for CRP and cortisol were collected preoperatively and at 2,4, 24, and 48 h post operation.

Results: Group C showed shorter sensory and motor
blockade than Groups A and B ($p < 0.05$). The time to first analgesic request was longestin Group A, while Group C reported the highest pain scores ($p < 0.05$). CRP levels were significantly higher in Group B vs. Group A at 24 and 48 h, and vs. Group C at 48 h ($p <0.05$). Group B demonstrated the steepest CRP velocity, indicating a more rapid physiological stress response. BMI differences may have influenced biomarker dynamics.

Conclusions:
Spinal anesthesia timing significantly impacts block duration, pain experience, and the rate of the physiological stress response. CRP velocity may offer additional insights into perioperative inflammation. Circadian considerations should be integrated into anesthetic planning for cesarean deliveries.

Keywords: circadian rhythms; spinal anesthesia; local anesthetics; surgical stress.

Saurabh Mittal
Mahatma Gandhi University of Medical Seinces and Technology, India

Comparison of Intrathecal Morphine Versus Transversus Abdominis Plane Block for Postoperative Pain Control in Patients Undergoing Kidney Transplantation-a Prospective Randomised Controlled Study

Abstract

Background and Aims: Intrathecal morphine (ITM) or Transverse abdominis plane (TAP) block reduces postsurgical pain in patients who underwent kidney transplantation surgeries. We aimed to compare the effectiveness of both modalities in terms of duration and quality of postoperative analgesia along with postoperative fentanyl consumption.

Methods: We conducted a randomised study and analysed 60 patients posted for elective live related kidney transplantation surgery. They were randomised into two groups. Group M patients received ITM, whereas Group T patients received TAP block. We standardised the postoperative analgesia for both groups with intravenous fentanyl based patient controlled analgesia. The primary outcome was to compare the quality of analgesia using the numerical rating scale score between the groups. The secondary outcome was to observe the effect of both modalities on the duration of analgesia, postoperative fentanyl consumption, rescue analgesics requirement, and any complications.

Results: We found significantly lower pain scores at rest and while coughing in Group M at all time intervals, except at 24 h while coughing. The mean time to first analgesia requirement was significantly longer in Group M than in Group E (P = 0.004). No significant difference was found in postoperative consumption of total fentanyl (P =

0.076) and rescue analgesia in both groups. In Group M, there was significantly more nausea, vomiting and pruritus (P = 0.001).

Conclusions: ITM provides long lasting postoperative analgesia at the cost of higher side effects than TAP block.

Keywords: Analgesia, fascial plane block, transverse abdominal plane, intrathecal morphine, kidney transplantation.

Biography

Dr. Saurabh Mittal is a dedicated anaesthesiologist specializing in organ transplant anaesthesia and critical care. He earned his MD and DNB in Anaesthesiology from Swami Rama Himalayan University, India, by the age of 30, and subsequently completed his DM in Organ Transplant Anaesthesia and Critical Care at Mahatma Gandhi Medical College and Hospital, Jaipur. Currently, he serves as Assistant Professor in the same department, contributing actively to both clinical excellence and academic advancement. Dr. Mittal has authored 19 peer-reviewed publications in reputed national and international journals, reflecting his commitment to evidence-based practice and research innovation. His academic interests include perioperative management in transplant surgery, pain control strategies, and critical care optimization. With a strong foundation in clinical research and a passion for advancing transplant anaesthesia, Dr. Mittal continues to shape the future of anaesthesiology through teaching, research, and collaborative care.

Dr Medha Bhardwaj
Mahatma Gandhi University of Medical Seinces and Technology, India

Comparison of recovery profile in patients receiving regular dose versus additional anticonvulsant dose during supratentorial craniotomy

Abstract

Background:
Seizures are a frequent complication in patients with brain tumors, occurring in up to 40% of cases and potentially exacerbated by surgery. Although antiepileptic drugs (AEDs) are routinely used perioperatively for seizure prevention, the benefit of administering additional intraoperative doses remains uncertain. Excessive dosing may deepen anesthesia or delay postoperative recovery.

Objectives:
This prospective randomized study evaluated the effect of an additional intraoperative dose of anticonvulsant on anesthetic recovery profile, hemodynamics, and plasma drug levels in patients undergoing supratentorial tumor resection.

Methods:
Sixty patients on regular fosphenytoin or levetiracetam therapy were randomized into two subgroups: one receiving only the maintenance dose and the other an additional intraoperative dose administered at burr-hole creation. Anesthetic technique was standardized. Emergence parameters—including time to extubation, eye opening, command following, and orientation—were recorded. Pre- and postoperative plasma anticonvulsant levels were measured.

Results:
No significant differences were observed between regular and additional therapy groups for extubation time, eye opening, or command following in either fosphenytoin or levetiracetam cohorts. However, time to orientation was significantly prolonged with supplemental fosphenytoin (48.7 ± 15.9 vs. 36.3 ± 4.6 min; p = 0.010), while levetiracetam showed no such effect. Plasma anticonvulsant levels remained comparable across groups. No intraoperative or postoperative seizures occurred.

Conclusions:
An additional intraoperative dose of fosphenytoin, but not levetiracetam, was associated with delayed cognitive recovery without altering serum concentrations or seizure incidence. These findings suggest that supplemental fosphenytoin may impair higher cognitive emergence, underscoring the importance of cautious perioperative dosing and vigilant postoperative assessment to distinguish drug effects from neurological complications.

Keywords: Antiepileptic drugs, Fosphenytoin, Levetiracetam, Perioperative seizures, Supratentorial craniotomy.

Biography

Dr. Medha Bhardwaj is an Assistant Professor in the Department of Neuroanaesthesia at Mahatma Gandhi Medical College and Hospital, Jaipur, India. She holds an M.D. and D.N.B. in Anaesthesiology and Critical Care and D.M. in Neuroanaesthesia. Her clinical expertise includes awake and sitting craniotomies, transsphenoidal and aneurysm surgeries, intraoperative neuromonitoring, and neurocritical care management. A university topper in M.D. Anaesthesiology, she has received several academic awards and has presented her research at national and international conferences, including the World Congress of Anaesthesiologists and the Asia Pacific Neurocritical Care Conference. Dr. Bhardwaj serves as an educational board member and reviewer for NYSORA (New York School of Regional Anesthesia) and has contributed to Anesthesia Updates 2025 by NYSORA Press. Her academic interests include perioperative neuromonitoring, hemodynamic optimization, and recovery outcomes in neurosurgical patients.

She is a life member of the Indian Society of Anaesthesiologists (ISA), the Indian Society of Neuroanaesthesia and Critical Care (ISNACC), the Society for Neuroscience in Anaesthesiology and Critical Care (SNACC), and the National Academy of Medical Sciences (MNAMS).

Alice Nunes Carvalho
Unidade Local de Saúde Santa Maria, Portugal

Anaesthesia for Multiple Sclerosis in Urologic Surgery: A Case Report

Abstract

Multiple Sclerosis (MS) is an autoimmune demyelinating disorder of the central nervous system, characterized by a wide range of neurological symptoms. It presents unique challenges for anesthesiologists due to compromised neural structures, where surgical and anaesthetic interventions increase the risk of disease exacerbation. Autonomic dysfunction, particularly bladder dysfunction, requiring surgical intervention is frequent. This report describes the anesthetic management of an MS patient undergoing urological surgery.

A 42-year-old woman with relapsing-remitting MS was scheduled for elective intradetrusor Botulinum toxin A injections for overactive bladder. She exhibited muscle weakness (EDSS score of 7). After discussing anesthetic risks, balanced general anesthesia (GA) was selected. Induction was achieved with propofol, fentanyl and rocuronium, and maintained with sevoflurane. The airway was secured with a laryngeal mask airway. Neuromuscular blockade and core body temperature were monitored via TOF and esophageal thermometer, respectively, ensuring normothermia. Rocuronium reversal was accomplished with sugammadex. The procedure and recovery were uneventful. The patient was discharged on postoperative day four, with no symptoms or MS relapse at one-month follow-up.

Anesthetic care in MS requires a tailored approach. Factors such as hyperthermia, stress, and infection can exacerbate the disease. With limited formal guidelines, decisions often rely on clinical judgment and case reports. GA is typically favored over

neuraxial techniques in patients with high disability scores or autonomic dysfunction. In this case, balanced GA was chosen to minimize neurophysiological stress. Non-depolarizing neuromuscular blockers are generally safe, however resistance may occur from receptor upregulation, while muscle weakness and atrophy can increase sensitivity. Continuous neuromuscular monitoring is essential for safe dosing and recovery. Normothermia is crucial to prevent neurological deterioration. Patients should be informed of potential postoperative neurological changes. Here, a multidisciplinary strategy and vigilant monitoring ensured a safe perioperative course.

Careful perioperative planning and vigilant monitoring are key to safe anesthetic management in multiple sclerosis.

Biography

The presenting author is currently an Anesthesiology Resident at ULS Santa Maria (Hospital de Santa Maria), having started her residency in 2024. Despite being in the early stages of her career, she has been actively involved in improving clinical practice through the development of several institutional protocols for the Anesthesiology Department. Her academic contributions include the presentation of three scientific posters at specialty congresses.

Megi Cela
American Hospital Tirana, Albania

Indocyanine Green Fluorescence in Benign Minimally Invasive Gynecology: Applications, Limitations, and Lessons from Complex Cases

Abstract

Urinary tract injury remains a significant concern in benign minimally invasive gynecologic surgery, particularly in patients with prior cesarean sections, advanced endometriosis, and distorted or atypical pelvic anatomy. While indocyanine green (ICG) near-infrared fluorescence imaging is well established in gynecologic oncology, its role in benign gynecology is still evolving and lacks standardization. This presentation explores the practical use of ICG fluorescence in benign robotic and minimally invasive gynecologic surgery, focusing on ureteral and bladder visualization. Through a series of representative cases, including deep infiltrating endometriosis and a rare anatomic variant with an ectopic kidney, we highlight both the strengths and limitations of different ICG application techniques. Intravesical ICG was used for bladder demarcation in patients with previous cesarean deliveries and demonstrated inconsistent, patchy fluorescence, particularly in fibrotic areas. In contrast, cystoscopic retrograde ureteric instillation of ICG provided reliable, continuous visualization of the ureters during complex dissection, facilitating safe ureterolysis and preservation throughout surgery. In the ectopic kidney case, fluorescence imaging allowed early identification of an altered ureteral course, guided dissection in distorted posterior planes, and confirmed bilateral ureteral integrity at the conclusion of the procedure. ICG fluorescence serves as a valuable adjunct in selected benign gynecologic surgeries, particularly in endometriosis and cases with abnormal anatomy. When applied thoughtfully, it enhances intraoperative orientation and safety; however, it does not replace sound

anatomical knowledge and meticulous surgical technique. This talk aims to provide a practical, case-based perspective on when and how ICG adds real value in benign minimally invasive gynecology.

Biography

Dr Megi Cela is an obstetrician and gynecologist at the American Hospital Tirana, Albania. She completed her medical degree at the Medical University of Tirana and her residency training in Obstetrics and Gynecology at Queen Geraldine University Hospital. Her clinical interests include benign gynecologic surgery, endometriosis, and minimally invasive techniques. Dr Cela completed advanced training in gynecologic laparoscopy with exposure to robotic surgery at Aster Medcity, Kochi, India, under the mentorship of Dr Urmila Soman. She has also undertaken international training in hysteroscopy and gynecologic ultrasound and is an author of peer-reviewed publications.

Marcus Abbawy

University College London Hospitals NHS Trust, United Kingdom

The role of the rectus sheath block in modern perioperative care for midline laparotomy: A review of the evidence

Abstract

Perioperative management of pain is crucial in optimising patient outcomes after laparotomy. This review focuses on the rectus sheath block (RSB) and its use in midline laparotomies. This article will examine the current evidence on the clinical efficacy of this method, comparing it to alternative anaesthetic methods and outlining the numerous benefits of its use. The future of the RSB is considered, with an emphasis on where advancements may be achieved and the areas that require further research. We refer to the complications associated with RSB, which are uncommon. If a rectus sheath block is performed in accordance with the evidence-based steps outlined in this review, the likelihood of complications should be minimal.

Biography

Marcus is a resident doctor with a strong interest in pursuing a career in anaesthesia, with a keen interest in perioperative care and pain medicine. He has experience working in surgery and has undertaken selective placements in Anaesthesia, developing a keen interest in academia and sustainability in anaesthesia.

Geema Shetty Masson
Memorial Sloan Kettering Cancer Center, United States

Innovation in Ambulatory Cancer Surgical Care

Abstract

Background

Intravenous (IV) fentanyl was used as a first line narcotic at our free-standing ambulatory cancer surgery center. During a national shortage of pre-loaded intravenous (IV) fentanyl syringes, we recognized an opportunity for a quality improvement project that continues innovative cancer care. We perform complex cancer cases where patients fall into two categories: Outpatient who are discharged the same day and AXR (ambulatory extended recovery) who are discharged after a single night. A Post-Anesthetic Discharge Scoring Tool is utilized in our Post Anesthesia Care Unit (PACU) to advance patients to phase 2 of their recovery, a score of 8 or above is needed.1 The Discharge Scoring Tool score is calculated based on the patient's level of consciousness, pulse oximeter readings, blood pressure values, acceptable pain level and nausea/vomiting. IV hydromorphone is associated with a longer onset and duration compared to IV fentanyl.2 Due to the perceived longer acting duration of IV hydromorphone, we implemented a strategy where IV hydromorphone is routinely administered as a first-line postoperative IV narcotic among AXR patients who have a longer postoperative stay. Our goal was to assess whether this change was associated with a difference in time from PACU arrival to the transition to phase 2 of the postoperative recovery period versus our existing strategy where IV fentanyl is first-line analgesic for acute pain.

Methods

A work group composed of Nursing, Advanced Practice Providers, Pharmacists and Anesthesiologists established the appropriate dosing scheme for IV hydromorphone(hydromorphone IV 0.2 or 0.4mg IVP q 15 min prn moderate(scale 4-7) to severe

pain(scale >=8) up to a max of 4 doses).
Our goal is to assess whether this change in strategy for AXR cases was associated with a clinically meaningful delay in recovery–defined as the difference in time from entry into the PACU to the transition to phase 2. The analyses was conducted comparing those treated from April 15, 2019 to August 24, 2020 (standard of care uses fentanyl as the first line) versus treated on August 24, 2020 through September 30, 2020 (standard of care uses hydromorphone as the first line) following “intent to treat” principles. A clinically meaningful delay was defined as a 20 minutes increase in time from PACU arrival to transition to phase 2 of recovery. We tested the association between study period and the time to transition using multivariable linear regression adjusting for anesthesia type (general vs MAC), ASA Score (1-2 vs 3-4), age, service, and robotic procedure. We had no compelling reason to believe that the proportion of patients who receive an IV narcotic would differ by study period however, to address any potential differences in the proportion of patients where a postoperative IV narcotic was administered we will conduct a sensitivity analysis repeating the primary analysis testing for an association between study period and time to transition. As another additional sensitivity analysis, we performed a per-protocol analysis comparing patients who received first-line postoperative IV fentanyl versus hydromorphone among those who received a postoperative IV narcotic.

Results
1,943 (53%) patients treated in the first study period received fentanyl as a first-line postoperative IV narcotic compared to 19 (6.6%) in the second period. 108 (3.0%) patients treated in the first study period received hydromorphone compared to 146 (51%) in the second period. Median (quartiles) time to transition to phase 2 was 116 minutes (84, 155) and 115 minutes (86, 151) among those treated in the first and second study periods, respectively (Figure 1). Other patient characteristics were similar by study period (Table 1).

We did not have sufficient evidence of an association between study period and whether a patient received a postoperative IV narcotic (p=0.4) after adjusting for age, BMI, ASA Score (1-2 vs 3-4), operative time, service and intraoperative total narcotics however, we were unable to exclude moderate differences; the adjusted estimated difference in the rate of postoperative IV narcotic was 2.3% (95% CI -3.5%, 7.9%) higher among those who were treated in the second period. We therefore don’t have strong evidence that the decision to administer a postoperative IV narcotic was largely influenced by study period.

The association between study period and time to transition was not significant (p=0.7) those treated in the second study period had, on average, a 1.7 minute (95% CI -5.7, 9.1) shorter time to transition. Results were similar when we compared the outcome

by study period among only those who received a postoperative IV narcotic; the adjusted absolute decrease in the time to transition in the second study period was 2.2 minutes (95% CI -13, 8.3; p=0.7). For the per-protocol sensitivity analysis testing the association between patients who received first-line postoperative IV fentanyl versus hydromorphone among those who received a postoperative IV narcotic results were also not statistically significant and we were able to exclude an increase of 20 minutes associated with receiving first-line postoperative IV hydromorphone; the estimated increase in time to transition in minutes associated with receiving hydromorphone as a first-line postoperative IV narcotic was 5.1 (95% CI -3.4, 14; p=0.2).

Based on the 95% CI from our primary analysis we can exclude over a 5.7 minute increase in the time to transition from phase 1 associated with being treated in the second study period. Our primary and all sensitivity analyses indicate that we are able to exclude an increase in the time to transition of 20 minutes associated with the second study period or associated with the administration of first-line postoperative IV hydromorphone versus fentanyl.

Conclusion

Our preliminary analysis establishes that the time to transition to Phase 2 recovery was not clinically meaningfully impacted by implementing IV hydromorphone as a first line opiate. Accordingly, we expect that IV hydromorphone can be administered in the outpatient setting without meaningful increases in the time to transition. Although we were unable to exclude up to a 7.9% increase in the administration of an IV narcotic we have implemented IV hydromorphone as the first line opiate in outpatients and an analysis of time to transition and IV narcotic usage will be presented in future work.

LIAO Boya
Faculty of Medicine, Hong Kong

Brown Adipose Tissue Derived Nrg 4 Attenuates the Diabetics Neuropathic Pain

Abstract

Diabetes is a chronic disease with high prevalence and numerous comorbidities. Diabetic neuropathic pain (DNP) affects approximately 10–70% of people with diabetes and significantly impairs mental health, leading to social withdrawal, isolation, depression, anxiety, and sleep disturbances, all of which severely diminish quality of life. So far, there is no effective method to reduce DN and it is very important to develop new therapy without side effects. Therefore, the development of new therapies and strategies to treat DNP is critically important to patient well-being. However, the precise mechanisms underlying DNP remain unclear. Brown adipose tissue (BAT) plays a protective role in metabolic diseases by improving insulin sensitivity and lipid metabolism. Nrg4 is a highly secreted “batokine” produced by BAT that exhibits neuroprotective and metabolic regulatory functions. In our study, we demonstrated that the absence of BAT significantly exacerbates both thermal and mechanical pain sensitivity in an STZ- induced diabetic model, primarily due to reduced Nrg4 secretion. Mechanistically, wefound that Nrg4 promotes Schwann cell autophagy, as evidenced by increased LC3- I/II expression in the spinal cord. To our knowledge, this is the first study to elucidate the role of BAT in protecting against DNP. These findings provide strong evidence that targeting BAT activation—and thus increasing Nrg4 secretion—may represent a promising new therapeutic approach for diabetic neuropathic pain.

Biography

Boya Liao is a Research Assistant Professor in the Department of Anaesthesiology at The University of Hong Kong. She got her PhD in Pharmacology & Pharmacy from The University of Hong Kong at 2019. Her research investigates how metabolic signaling drives neurovascular dysfunction in ischemic stroke, with a focus on A-FABP, branched-chain amino acid catabolism, and brown-adipose-tissue–derived exosomes. She has authored multiple high-impact publications, including first-author papers in the British Journal of Pharmacology (2023) and European Heart Journal (2020).

Dr Gabriel Thierry
University Hospital of Liège, Belgium

When Surgeons and Anesthesiologists Work as One: Optimizing Outcomes in Liver Surgery

Abstract

Liver surgery represents one of the most challenging surgical procedures due to its hemorrhagic, hemodynamic, and metabolic complexity. Achieving optimal outcomes requires a multidisciplinary approach, where anesthesiologists and hepatobiliary surgeons jointly implement structured perioperative pathways. Enhanced Recovery After Surgery (ERAS) programs have been shown to reduce postoperative morbidity and length of stay, provided that both surgical and anesthetic teams adhere to the highest number of items. Our institutional protocol at CHU Liège, labeled by the GRACE association, demonstrated significant improvements in postoperative outcomes. These benefits are now being extended to liver transplantation.

Intraoperative collaboration remains equally crucial, especially when Pringle maneuvers are required. Our recent findings established that hepatic clamping independently increases the risk of postoperative hyperglycemia and infectious morbidity, underscoring the need for early, aggressive glycemic management.

This work highlights how ERAS implementation, prehabilitation strategies, and proactive intraoperative management illustrate the necessity of a truly multidisciplinary approach. Such balanced and collegial collaboration between anesthesiologists and surgeons ensures the safest and most effective perioperative care in liver surgery.

Biography

Dr Gabriel Thierry is an anesthesiologist and intensivist at the University Hospital of Liège, Belgium, where he serves as Chef de Clinique adjoint. His clinical and academic work focuses on perioperative medicine in hepatobiliary surgery and liver transplantation, with a strong emphasis on Enhanced Recovery programs, perioperative nutrition, and metabolic homeostasis. He has authored multiple peer-reviewed publications in journals such as Surgical Endoscopy, World Journal of Surgery, Le Praticien en Anesthésie Réanimation, and European Journal of Anaesthesiology. He is actively involved in international collaborations within the GRACE group and the ERAS Society. Dr Thierry is currently pursuing his PhD on optimizing perioperative management in liver surgery.

Harmeen Kaur Jagpal
Department of Psychiatry, University Hospitals Birmingham, UK

The Surgeon's Blind Spot: A Narrative Review of Psychological Risks and Assessment Strategies in Invasive Aesthetic Surgery Patients

Abstract

Cosmetic surgery aims to enhance appearance and psychological well-being, and its popularity is rapidly increasing. Cosmetic surgery patients are much more likely to report mental health concerns than other surgical groups, yet clinicians often lack understanding of psychological outcomes and assessment strategies. A literature search was performed using PubMed, MEDLINE (Medical Literature Analysis and Retrieval System Online), and Google Scholar with the keywords "cosmetic surgery", "aesthetic surgery", "self-esteem", "anxiety", and "body dysmorphia" to evaluate the psychological effects of invasive cosmetic procedures. Additionally, this review evaluates the use of pre-operative psychological assessments within the United Kingdom cosmetic surgery practices. Most studies showed cosmetic surgery improved body image but had limited or no effect on self-esteem. Depression often persisted or worsened postoperatively. Women undergoing breast augmentation were two to three times more likely to die by suicide than other cosmetic surgery patients. Individuals with body dysmorphic disorder (BDD) consistently experienced no improvement or a decline in psychological well-being after surgery. Pre- and post-operative psychological assessment is essential but underused, with over half of the plastic surgeons in the United Kingdom not routinely screening patients. Standardised assessment guidelines are urgently needed to mitigate psychological harm.

Biography

Harmeen graduated from Hull York Medical School in 2023 at the age of 23. She has since completed her first two years of Foundation Training within the NHS. She aspires to pursue a career in Ear, Nose and Throat surgery and is currently applying for Core Surgical Training. During her foundation training, she published a first-author paper, was heavily involved in teaching pen-ultimate and final-year medical students, and completed two quality improvement projects.

5 Recent Publications: The Surgeon's Blind Spot: A Narrative Review of Psychological Risks and Assessment Strategies in Invasive Aesthetic Surgery Patients DOI: 10.7759/cureus.99284.


Thank You