An IDEAL step for innovation

The IDEAL conference 2018 was for me, a second-year medical student, the first international surgical conference I have attended, and it did not disappoint. It boasted a programme of world-class experts in not only surgery but also a diverse multiplicity of fields such as ethics, law and medical journalism.

In an age of swift technological advancement, I was not surprised to see keynote speaker Professor David Jayne presenting his randomised clinical trial on robotic-assisted vs laparoscopic surgery for rectal cancer. My expectation was that the conference would have had more emphasis on the development of the technical aspects of surgical innovation. However, the dominant theme was not how we can focus on the evaluation and progression of the latest gadgets or glamorous technology within surgery, but how to adopt a more patient-orientated approach to innovation? How can we begin to define what is really meant by 'surgical innovation', and more importantly how can we move towards a more open discussion with patients to increase safety and transparency? There seems to be a misconception when patients hear the word 'innovation' that they are receiving tomorrow's treatment today. The proposed procedure is perceived to be one that has been tried and tested, not a device or technique still in the process of evolving.

An honest discussion about risk is vital, but in a treatment still in the development stages it can be difficult to determine exactly what needs to be covered. How frank can you be without conveying the impression you are unconfident? Patient representatives Sarah Squire and Liz Philpots provided an important perspective about how to move forward with a more transparent approach, highlighting the fact that, ultimately, patients want their experience to count. Therefore, if complications were to occur, this data should be collected and acknowledged by any surgeon wanting to develop the treatment further.

Gianluca Casali, a consultant thoracic surgeon at Bristol Royal Infirmary, presented a case study on his experience of surgical innovation that had not gone as planned. The technique that he performed was not something radically new, but a more incremental approach to innovation. The procedure would be done in a similar way, but with an incision that would result in less pain for the patient postoperatively. He suggested that, due to the familiar nature of many aspects of the operation, perhaps "the intrinsic validity of the boxes were ticked too quickly"; the opportunity to refine the technique using the new equipment in a cadaveric or simulation setting would have been helpful. Thankfully the complications weren't severe and didn't result in a large impact on the patient's life, but they should be recorded and recognised to prevent this from happening in the future. This courageous and inspiring story seemed to be a good start to opening a narrative about how to move forward when complications do happen.

Over these two days I began to see a picture of what the future of surgical innovation will look like as I progress through my training. With the rise in appreciation for the importance of shared decision making, it proposed a way in which this can be implemented not only within surgical practice, but in research too. By increasing the use of registries to record outcomes of new treatments and working with patients, we can get a clearer focus of how treatment can be more tailored towards them and their needs. The conference

demonstrated a move to adopt an international framework that will allow a safe, transparent and inclusive approach to introducing new techniques that have been thoroughly researched, providing an exciting and reliable evidence-base for the field of surgery.

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