

General Surgery Calmanization

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Introduction

The field of general surgery has recently experienced significant changes. Issues that arise as a result of the specialty's growth and development as well as training programs. Appearance of a general surgery subspecialty. All of this takes place in the midst of a global economic crisis. In many cases, these changes have led to burnout syndrome, a mental and emotional exhaustion. However, not everything is bad and in recent years, the development of minimally invasive surgery techniques like NOTES and single port surgery has motivated surgeons. The current increase in these procedures' costs must be taken into consideration. Despite reflecting a very specific point of view, I believe they convey the sentiments of many surgeons, as I reflect on these topics. I believe that we must fundamentally improve our efficiency and safety in daily practice in this time and age.

Discussion

The crisis in general surgery has been the subject of more and more discussions, but few solutions have been offered. Despite departmental fragmentation, there is no doubt that general surgery should continue to serve as an effective coordinator of undergraduate surgical education. Many specialties' residents have received core surgical training from general surgery over the years. "The specialties of surgery, other than general surgery, continue to depend upon the discipline and specialty of general surgery for education, research and clinical practice," Snow has stated. As a result, general surgery has continued to be the unifying force in surgery. General surgery, according to Organ, is the "gatekeepers" of surgical education, research and patient care.

Additionally, the results of the general surgery national residency match program conducted in the United States in 2001 revealed an unprecedented 7% unfilled first-year training positions. According to an examination of the data provided by the Canadian Residency Matching Service, the percentage of applicants who stated that general surgery was their first choice dropped from 5.68 percent in 1996 to 4.25 percent in 2001. In Europe, there are no official figures, but there is general agreement that general surgery is now one of the surgical specialties with the least competition. The length of the training period (residency programs of five or six years) may also be a significant obstacle to pursuing a career in general surgery. Furthermore, their training programs may frequently be extended in the future. In light of the current circumstance, it might be said that general surgery has probably lost its identity as a specialty [1,2].

Even in the kitchen, evidence-based practice has been helpful. The "molecular gastronomy" structured methodological analysis explains which

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culinary dogmas are relevant and why. It provides justification for reducing errors, streamlining procedures, improving outcomes and fostering creativity. Virtual databases of structured culinary experiments can be found at E Bulli in Catalonia and the Fat Duck in Berkshire, as well as professorships and international seminars in the field. Specialist researchers have altered practice, for instance following the broad examination of the impact of temperature on quiet result during a medical procedure. The gourmet chef can now use sous-vide waterbaths to poach the best steaks and liquid nitrogen to make smooth, crystal-free ice cream thanks to research. In addition to providing novelty and excitement, technological advancements have the potential to enhance patient care, as has been demonstrated by minimally invasive surgery. However, in light of the fact that a well-tuned traditional fruit crumble is superior to any sloppy bacon and egg ice cream, we must be certain that surgical innovation offers a genuine advancement over the current situation [3,4]. For instance, Da Vinci surgical robots (Intuitive Surgical, California) may theoretically offer a number of advantages over open or laparoscopic surgery; however, cost-effective clinical benefits must first be demonstrated before more widespread adoption can occur. The field of proctology has evolved into the general surgery specialty of colon and rectal surgery. Patients with benign anorectal disorders have seen an improvement in their quality of life and patients with primary and recurrent colorectal cancer have seen more favorable outcomes as a result of clinical care. Clinical inquiries like the molecular biology of colorectal cancer, the use of cyclooxygenase inhibitors and polyp regression and novel cytokine antagonists in inflammatory bowel disease have sparked basic science investigations. Surgeons with expertise in anorectal anatomy and physiology, the mechanisms of carcinogenesis, the significance of screening for colorectal cancer detection and novel treatments for inflammatory bowel disease are shown to medical students [5].

Conclusion

By repeatedly being exposed to anorectal surgery, low pelvic anastomoses, stoma creation and closure and small intestine surgery, surgical residents benefit from having a colorectal surgeon on the faculty. Senior colorectal surgeons will create crucial pathways for providing colorectal disease patients with healthcare. Colorectal surgery will continue to have a positive impact on academic medicine by providing expertise for student and resident training and producing highly sophisticated clinical and basic science investigations, both of which will lead to improved patient care.

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Conflict of Interest

There are no conflicts of interest by author.

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