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Editorial

Modern surgery; dynamic frontiers and blurring boundaries

Surgery entails a physical intervention to treat disease and the nature of the intervention can vary in different situations. It can have different combinations and permutations of procedures. *e.g.* incisions, resections, reconstructions etc. Gone are the days of mere amputations and riddance of body parts and organs. Modern surgery is based on a sound scientific foundation. The current emphasis is on cure or palliation, based on resection, reconstruction, restoration of function and rehabilitation. Surgery currently has a role in prevention of disease as well. *e.g.* prophylactic mastectomy in selected cases with genetic predispositions or ductal carcinoma *in situ* to prevent breast cancer, total colectomy in patients with familial adenomatous polyposis coli to prevent colorectal cancer. This exemplifies the important role played by surgery at different levels of disease prevention; primary, secondary and tertiary.

Minimally invasive surgery has made strides during the past few decades with minimal pain and inconvenience to patients and shorter hospital stays. A case report by Jayathilake *et al.*, in this issue of *GMJ* describes laparoscopic resection of a hilar cholangiocarcinoma with Roux-en-Y reconstruction. Now almost all surgical specialties have minimally invasive procedures in their armamentarium. Day case surgery obviates the need for patient stay in hospital overnight. Furthermore, enhanced recovery after surgery (ERAS) protocols are multimodal perioperative care pathways designed to achieve early recovery after surgical operations.

There are situations where 'physical interventions' are being increasingly performed by non-surgeons *e.g.* coronary artery angioplasty and stenting by cardiologists and interventional procedures by radiologists. These pose

a 'challenge' on the very definitional basis of surgery which is traditionally based on 'physical interventions' and blur traditional boundaries of surgery. Interestingly in current practice non-surgeons perform procedures which used to be the forte of surgeons *e.g.* closure of patent ductus arteriosus and atrial septal defects by cardiologists.

Advances in pharmacotherapy have had a restrictive contribution of surgery in certain disease states. New medications have reduced complication rates and reduced the necessity for surgery, the best example being the influence of gastroprotectant drugs on peptic ulcer disease.

The approaches and scope of modern surgery are ever changing and expanding. In some situations, the place of surgery has been taken over by other interventions and medication as well, 'blurring' boundaries. Surgical practice in all its facets is bound to be so very different five years on, in the future!

Satish K Goonesinghe

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¹ Scally B, Emberson JR, Spata E, *et al.* Effects of gastroprotectant drugs for the prevention and treatment of peptic ulcer disease and its complications: a meta-analysis of randomised trials. *The Lancet Gastroenterology & Hepatology.* 2018;**3**:231-241