

Guest editorial

Surgery

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General surgery ain't what it used to be. There have been several changes and challenges in general surgery in recent years. Firstly, there has been a natural tendency for general surgeons to want to focus on, and hence sub-specialise in, a particular area of general surgery. Consequently, it is difficult to find a surgeon in a tertiary centre who is comfortable doing all types of general surgery. The current sub-specialties in general surgery include hepatobiliary surgery, colorectal surgery, vascular surgery, breast surgery, endocrine surgery, trauma surgery, paediatric surgery, transplantation, and other that are being proposed.

The benefit is undoubtedly that the quality of care given to patients is of a very high standard.

The down-side of sub-specialisation has been the unskilling of surgeons in emergency surgery. The sub-specialist tends to focus on elective surgery in a particular sub-specialist area, and is reluctant to do after-hour calls, resulting in the treatment of the acute surgical

emergency being far from ideal. A possible solution would be to create a non-trauma emergency surgery sub-specialty.

Minimally invasive surgery has become the norm and many complex operations are currently performed laparoscopically, including cholecystectomy, appendectomy, fundoplication, colectomy, splenectomy, adrenalectomy, nephrectomy and liver resection. Advances in laparoscopic surgery include NOTES (Natural Orifice Transluminal Endoscopic Surgery), SILS (Single Incision Laparoscopic Surgery) and robotic surgery.

In NOTES the gallbladder can be removed through the stomach via an endoscope (i.e. no skin incision) and in SILS laparoscopic surgery can be performed through a small, single abdominal incision.

In the current issue of *CME* we have tried to address some of these changes and challenges facing general surgery.