

THE IMPACT/ROLE OF ARTIFICIAL INTELLIGENCE IN ANESTHESIA: REMOTE PRE-OPERATIVE ASSESSMENT AND PERIOPERATIVE

ABSTRACT

Artificial intelligence is a thriving field in the modern world today. Almost every other operation in today's world is being integrated with the application of Artificial Intelligence (AI). Artificial Intelligence does not only include the automation of conventional processes, but also includes the introduction of several new programs and interactions that help make work easier for everyone.

The introduction of artificial intelligence (AI) into the realm of anesthesia, particularly in remote pre-operative assessment and perioperative care, brings forth a nuanced landscape of advantages and challenges. On the positive side, AI demonstrates remarkable efficiency and precision in the preoperative phase, rapidly analyzing extensive datasets to offer accurate insights into patient health and potential risks. Its expertise in predicting and struggling through anesthesia-related risks stands out, aiding healthcare professionals in anticipating challenges and allowing for personalized interventions. The capability to tailor anesthesia plans based on individual patient characteristics further adds a layer of sophistication, potentially optimizing administration and improving overall outcomes. In perioperative care, AI's remote monitoring capabilities provide real-time insights into vital signs and potential complications, enabling patient safety through prompt responses. Additionally, AI serves as a valuable decision support system, offering recommendations and additional information for more informed decision-making.

This article shall review the scope of artificial intelligence within the field of anesthesia and would reflect upon how it has helped people living in remote areas access better healthcare facilities through its proposition.

Keywords: Artificial intelligence, anesthesia, AI-based anesthesia, pre-operative care, post-operative care.

INTRODUCTION

The field of health and medical sciences is rapidly progressing over the years. New concepts and technologies are being introduced to fasten up various processes going on in the field. The introduction of artificial intelligence in the field of medicine and particularly anesthesia is one of the major milestones that has just been recently introduced and perceived greatly among the masses. (1)

However, this integration or association is not without its challenges. Data security and privacy concerns loom large, as the utilization of sensitive patient data raises questions about safeguarding privacy while deriving AI-driven insights. (2)

There is also the potential risk of “overreliance” on AI systems, with the associated danger of diminishing clinical judgment and critical thinking among healthcare professionals. The substantial upfront costs associated with implementing AI in anesthesia, covering technology, training, and infrastructure, pose financial challenges for healthcare facilities. (3)

The limited generalization of AI models across diverse patient populations and clinical settings is another hurdle that demands attention. Ethical considerations, especially regarding the responsible use of AI in critical decision-making, introduce a layer of complexity that necessitates clear ethical guidelines and transparency in AI development and deployment.(4)

Keeping all these concerns in mind,it is important that all the relevant experts in this field should do a safety background check before introducing such modalities on a large or global scale. The reason for this is the fact that once such large-scale changes are introduced, it becomes very difficult to reverse them or take accountability for them individually.(5)

THE ROLE OF AI-DRIVEN ANESTHESIA IN THE PREOPERATIVE STATE OF A PATIENT

Over the past five decades, advancements in short-acting drugs and patient monitoring have ignited a growing interest in automating the administration of anesthesia.

Within the field of anesthesia, the integration of Artificial Intelligence (AI) and Machine Learning (ML) has expanded across various health domains, experiencing a surge in applications. (6)

The proliferation of medical and health data, sourced from electronic medical records, perioperative monitoring devices, and wearable electronics worn by patients, has created a rich landscape for AI and ML utilization. (7)

Notably, these technologies offer substantial advantages in diverse areas such as airway management, ultrasound-assisted diagnosis, intelligent drug infusion systems, precise intraoperative monitoring with early warning capabilities, addressing perioperative complications, predicting fatalities, and optimizing intensive care treatments, among others.(8)

The transformative potential of AI and ML extends to reshaping clinical anesthesia practices, streamlining treatment processes, and ultimately enhancing patient prognosis. The increased number of data, coupled with the analytical capabilities of AI and ML, enables healthcare practitioners to provide anesthesia that is not only safe and efficient but also cost-effective. Consequently, acquiring proficiency in AI technology becomes imperative for healthcare professionals, as it plays a pivotal role in ensuring the delivery of high-quality clinical anesthesia in a rapidly evolving medical landscape.(9)

An important aspect of the responsibilities undertaken by clinical anesthesiologists is the comprehensive and precise evaluation conducted prior to surgery. This evaluation serves as a

vital tool to identify risk factors, identify patients at a higher risk, and assist in optimizing their preoperative preparation. (10)

Proactive intervention to reduce risks not only ensures an enhanced quality of anesthesia management but also contributes to a notable reduction in the occurrence of perioperative complications and mortality.

The anticipation and assessment of difficulty in managing the airway have long been focal points in preoperative anesthesia evaluations, dating back to the inception of anesthesia practices. Traditional methods have relied on a combination of patient history and physical examination to gauge the challenges associated with airway management. (11)

Various AI methods have emerged that incorporate objective measures such as body mass index and thyroid distance as predictive features. Some methods even integrate computerized facial analysis and photographs.

Notably, the latter approach holds particular promise, especially in the current era where many preoperative assessments have shifted, either partially or entirely, to telemedicine modalities due to the impact of the COVID-19 pandemic. It will not be unfair to say that it was, in fact, the COVID-19 pandemic that led people to think about automating things for a better future. (12)

The automatic generation of alerts indicating challenging airways can be particularly advantageous in facilitating preoperative discussions between physicians and patients. This includes a comprehensive exploration of potential airway management techniques, along with a thorough discussion of associated risks and benefits. Moreover, these alerts can also serve to inform intraoperative clinicians, enabling them to adequately prepare with the necessary airway equipment. (13)

This integration of AI into preoperative evaluations not only enhances the efficiency of healthcare delivery but also demonstrates adaptability in response to evolving circumstances such as the rise of telemedicine during the ongoing pandemic.(11)

The early identification of high-risk groups and the optimization of induction, maintenance, and recovery regimens have become paramount in the realm of healthcare.

A notable study conducted by Kendale et al. conducted a descriptive analysis of induced hypotension across a substantial cohort of 13,320 patients. The study incorporated a comprehensive set of clinical characteristics, encompassing preoperative comorbidities, preoperative medication, induction medication, and intraoperative vital signs.(2)

To unravel the complexities within this extensive dataset, a range of machine learning algorithms, including logistic regression, random forest, support vector machine, Naive Bayes, k-nearest neighbors, linear discriminant analysis, neural network, and gradient boosting, were employed for modeling purposes. The goal was to optimize a predictive model capable of discerning the occurrence of induced hypotension following general anesthesia.(14)

The results yielded by the optimized machine learning algorithm were compelling, affirming its efficacy in successfully predicting instances of hypotension after the administration of general anesthesia. This study reflects upon the transformative potential of machine learning in healthcare, particularly in predicting and mitigating complications, thereby contributing to the continual improvement of patient care and safety.(15)

THE ROLE OF AI-DRIVEN ANESTHESIA IN THE POST-OPERATIVE STATE OF A PATIENT

Similarly, the integration of AI technology presents valuable tools for surgical patient management.

The decision-making process regarding patient discharge is a complex one, often requiring the simultaneous analysis of multiple factors. The foundation of research into differentiated surveillance pathways lies in understanding how to effectively identify the most vulnerable patients in the postoperative stage.(16)

Postoperative pain emerges as a prevalent complication during the perioperative phase, with over 60% of surgical patients experiencing moderate to severe acute pain after surgery. (17)

A study conducted by Dolin et al further highlighted that 41% of surgical patients encountered moderate to severe postoperative pain, and 24% faced inadequate pain relief. Inadequate postoperative analgesia can potentially transform acute pain into chronic pain, contributing to the development of hyperalgesia and neuropathic pain, thereby impacting postoperative rehabilitation and overall quality of life. (18)

The incidence of chronic postsurgical pain ranges widely from 3% to 80%. Pain experienced during the perioperative period constitutes both a physiological trauma for patients and a significant psychological stressor. Notably, a 10% increase in the time spent in severe pain within the initial 24 hours post-surgery correlates with a one-third increase in the incidence of postoperative CPSP.(19)

Given the substantial individual differences in pain experiences, effective pain assessment is crucial for evaluating pain levels and determining the optimal timing for administering individualized treatment regimens. Patient-controlled analgesia (PCA) technology plays a pivotal role, enabling patients to self-administer additional doses (bolus) based on their perceived pain intensity. This personalized approach acknowledges the diverse nature of pain experiences among patients and contributes to a more tailored and effective postoperative pain management strategy.(20)

THE CONS OR CHALLENGES OF INTRODUCING AI-DRIVEN ANESTHESIA IN THE FIELD OF MEDICINE

There are several challenges that could arise with the use of AI-driven anesthesia in the field of medicine. Some of these issues might even be severe enough to cause grave damage to the patient and their privacy, and so, need to be acted upon with great consideration.

For example, the concept of “privacy security” has always held great importance. Patient privacy, traditionally associated with physical confidentiality, encompasses the right for individuals to safeguard intimate details such as their medical history, physical condition, personal experiences, and encounters from unauthorized access. (21)

However, the advent of Artificial Intelligence (AI), sensor technology, and the Internet of Things (IoT) has stimulated such a new era where interactions between patients, medical staff, institutions, and equipment are intelligent and interconnected.

While the integration of data-driven intelligent medicine promises enhanced medical services, it concurrently introduces the risk of data exposure during the processes of collection, sharing, and utilization. (22)

The security of medical information within the scope of AI-powered smart hospitals primarily hinges on network security. Any breach, whether through a virus attack or security vulnerabilities, poses the threat of compromising patient privacy and medical data. Adhering to the General Data Protection Regulation (GDPR) and various data security laws in different countries, the legal and compliant use of patient data becomes a significant challenge for intelligent medicine.(23)

In addressing these challenges, some scholars propose the application of desensitization technology to hide the patient data before making it publicly accessible. Desensitization involves

the removal of sensitive information, such as names, ID numbers, and phone numbers, to protect the patient's identity. (24)

However, despite these measures, there remains the risk of information disclosure, as attackers could potentially deduce the patient's identity by cross-referencing with public databases. The delicate balance between advancing intelligent medicine and upholding patient privacy underscores the evolving landscape of medical data security in an interconnected and technologically driven healthcare environment.(25)

The evolution of Artificial Intelligence (AI) in the field of medicine is intricately linked to the cultivation of skilled professionals. This connection is particularly pronounced in the context of two pivotal disciplines, namely AI and medicine, each representing specialized interdisciplinary fields demanding proficiency in both domains. (26)

AI engineers, while possessing advanced technological skills, often lack a comprehensive understanding of medical intricacies and the complexities of clinical practice. This deficiency can potentially impede the seamless research and development of AI systems tailored for medical applications. (27)

Conversely, doctors with medical backgrounds may struggle with grasping intricate engineering algorithms, presenting challenges in navigating the intricacies of the system development process. This mutual gap in expertise has the potential to hinder the standardization of AI products in the medical domain. (28)

Bridging these interdisciplinary divides and fostering collaboration between AI experts and medical professionals is essential for the holistic advancement and successful implementation of AI in medicine.

CONCLUSION

While AI in anesthesia offers several potential benefits in remote pre-operative assessment and perioperative care, it is essential to address the associated challenges to ensure responsible and effective integration into healthcare practices. Continuous monitoring, regular updates, and ethical considerations are key components in maximizing the positive impact of AI in anesthesia. The responsible integration of AI into anesthesia practices holds the potential to significantly enhance patient care and safety, provided that ongoing efforts focus on mitigating risks and fostering a harmonious collaboration between AI and human expertise.

REFERENCES

1. Singh M, Nath G. Artificial intelligence and anesthesia: A narrative review. *Saudi J Anaesth.* 2022;16(1):86–93.
2. Kendale S, Kulkarni P, Rosenberg AD, Wang J. Supervised Machine-learning Predictive Analytics for Prediction of Postinduction Hypotension. *Anesthesiology.* 2018 Oct;129(4):675–88.
3. Singhal M, Gupta L, Hirani K. A Comprehensive Analysis and Review of Artificial Intelligence in Anaesthesia. *Cureus.* 15(9):e45038.
4. Song B, Zhou M, Zhu J. Necessity and Importance of Developing AI in Anesthesia from the Perspective of Clinical Safety and Information Security. *Med Sci Monit Int Med J Exp Clin Res.* 2023 Feb 22;29:e938835-1-e938835-15.
6. Bellini V, Valente M, Gaddi AV, Pelosi P, Bignami E. Artificial intelligence and telemedicine in anesthesia: potential and problems. *Minerva Anesthesiol.* 2022 Sep;88(9):729–34.
7. Artificial Intelligence: A Modern Approach, 4th US ed. [Internet]. [cited 2023 Nov 25]. Available from: <https://aima.cs.berkeley.edu/>
8. Lee HC, Ryu HG, Chung EJ, Jung CW. Prediction of Bispectral Index during Target-controlled Infusion of Propofol and Remifentanyl: A Deep Learning Approach. *Anesthesiology.* 2018 Mar;128(3):492–501.

9. Zaouter C, Joosten A, Rinehart J, Struys MMRF, Hemmerling TM. Autonomous Systems in Anesthesia: Where Do We Stand in 2020? A Narrative Review. *Anesth Analg*. 2020 May;130(5):1120–32.
10. Zaouter C, Joosten A, Rinehart J, Struys MMRF, Hemmerling TM. Autonomous Systems in Anesthesia: Where Do We Stand in 2020? A Narrative Review. *Anesth Analg*. 2020 May;130(5):1120–32.
11. Eleveld DJ, Proost JH, Wierda JMKH. Evaluation of a closed-loop muscle relaxation control system. *Anesth Analg*. 2005 Sep;101(3):758–64.
12. Ehrenfeld JM, Rehman MA. ANESTHESIA INFORMATION MANAGEMENT SYSTEMS: A REVIEW OF FUNCTIONALITY AND INSTALLATION CONSIDERATIONS. *J Clin Monit Comput*. 2011 Feb;25(1):71–9.
13. Hashimoto DA, Witkowski E, Gao L, Meireles O, Rosman G. Artificial Intelligence in Anesthesiology: Current Techniques, Clinical Applications, and Limitations. *Anesthesiology*. 2020 Feb;132(2):379–94.
15. Hetherington J, Lessoway V, Gunka V, Abolmaesumi P, Rohling R. SLIDE: automatic spine level identification system using a deep convolutional neural network. *Int J Comput Assist Radiol Surg*. 2017 Jul;12(7):1189–98.
16. Mišić VV, Gabel E, Hofer I, Rajaram K, Mahajan A. Machine Learning Prediction of Postoperative Emergency Department Hospital Readmission. *Anesthesiology*. 2020 May 1;132(5):968–80.
17. Kehlet H, Jensen TS, Woolf CJ. Persistent postsurgical pain: risk factors and prevention. *Lancet Lond Engl*. 2006 May 13;367(9522):1618–25.
18. Dolin SJ, Cashman JN, Bland JM. Effectiveness of acute postoperative pain management: I. Evidence from published data. *Br J Anaesth*. 2002 Sep;89(3):409–23.
19. Qureshi HA, Rawlani R, Mioton LM, Dumanian GA, Kim JYS, Rawlani V. Burnout phenomenon in U.S. plastic surgeons: risk factors and impact on quality of life. *Plast Reconstr Surg*. 2015 Feb;135(2):619–26.
20. Song B, Zhou M, Zhu J. Necessity and Importance of Developing AI in Anesthesia from the Perspective of Clinical Safety and Information Security. *Med Sci Monit Int Med J Exp Clin Res*. 2023 Feb 22;29:e938835-1-e938835-15.
21. Alexander JC, Joshi GP. Anesthesiology, automation, and artificial intelligence. *Proc Bayl Univ Med Cent*. 2018 Jan;31(1):117–9.
22. Voigt P, Bussche A. The EU General Data Protection Regulation (GDPR): A Practical Guide. 2017.

23. Xiong A, Wang T, Li N, Jha S. Towards Effective Differential Privacy Communication for Users' Data Sharing Decision and Comprehension. 2020.
24. Ahmed ST, Hammood DA, Chisab RF, Al-Naji A, Chahl J. Medical Image Encryption: A Comprehensive Review. Computers. 2023 Aug;12(8):160.
25. Piccialli F, Lyu Z. The Security of Medical Data on Internet Based on Differential Privacy Technology. ACM Trans Internet Technol. 2020 Mar 14;21.
26. Kumari KA, Sharma A, Chakraborty C, Ananyaa M. Preserving Health Care Data Security and Privacy Using Carmichael's Theorem-Based Homomorphic Encryption and Modified Enhanced Homomorphic Encryption Schemes in Edge Computing Systems. Big Data. 2022 Feb;10(1):1–17.
27. Boulemtafes A, Derhab A, Braham N, Challal Y. PReDIHERO – Privacy-Preserving Remote Deep Learning Inference based on Homomorphic Encryption and Reversible Obfuscation for Enhanced Client-side Overhead in Pervasive Health Monitoring. In 2021. p. 1–8.
28. Al Kuwaiti A, Nazer K, Al-Reedy A, Al-Shehri S, Al-Muhanna A, Subbarayalu AV, et al. A Review of the Role of Artificial Intelligence in Healthcare. J Pers Med. 2023 Jun 5;13(6):951.