

This is a repository copy of *Mental imagery with 3D visual aids augments surgical performance*.

White Rose Research Online URL for this paper: http://eprints.whiterose.ac.uk/100928/

Version: Accepted Version

Proceedings Paper:

Yiasemidou, M, Glassman, D, Mushtaq, F et al. (3 more authors) (2016) Mental imagery with 3D visual aids augments surgical performance. In: British Journal of Surgery. SARS 2016 Annual Meeting, 06-07 Jan 2016, London, UK. Wiley , p. 9.

https://doi.org/10.1002/bjs.10158

Reuse

Unless indicated otherwise, fulltext items are protected by copyright with all rights reserved. The copyright exception in section 29 of the Copyright, Designs and Patents Act 1988 allows the making of a single copy solely for the purpose of non-commercial research or private study within the limits of fair dealing. The publisher or other rights-holder may allow further reproduction and re-use of this version - refer to the White Rose Research Online record for this item. Where records identify the publisher as the copyright holder, users can verify any specific terms of use on the publisher's website.

Takedown

If you consider content in White Rose Research Online to be in breach of UK law, please notify us by emailing eprints@whiterose.ac.uk including the URL of the record and the reason for the withdrawal request.



eprints@whiterose.ac.uk https://eprints.whiterose.ac.uk/

Mental imagery with 3D visual aids augments surgical performance

M. Yiasemidou¹, D. Glassman², F. Mushtaq³, D. Jayne¹, M. Mon-Williams³, D. Miskovic¹

¹Academic Surgical Unit, St. James University Hospital, Leeds, ²Medical Education and Simulation Hub, Mid Yorkshire NHS Trust, ³School of Psychology, University of Leeds

Introduction: Mental imagery refers to visualising the performance of a task prior to physically executing it. Evidence from clinical psychology, music and performing arts demonstrates that engaging in such a process augments the subsequent task performance. Our study aims to assess the impact of mental rehearsal (MR) with interactive patient specific 3D imagery, on laparoscopic surgery performance.

Method: 15 laparoscopic cholecystectomy novices were matched into two groups in a 2:1 ratio. Group 1 (n = 10) performed a simulated laparoscopic cholecystectomy on a virtual reality (VR) simulator after watching a didactic video of a real procedure. Group 2 (n = 5) performed the same procedure after structured mental rehearsal with an interactive 3D visual aid. The anatomical features were modified to resemble the anatomy of the simulated model. Performance and safety variables were obtained from the VR simulator database after each procedure and compared between the two groups.

Result: Trainees who performed mental imagery had significantly less total number of movements (Group 2 median 553, Group 1 1391.5, p = 0.005) and total path length of instrument tip (Group 2 mean 1540.24, Group 1 mean 2837 p=0.007). Furthermore, trainees in Group 2 performed the procedure significantly faster than the trainees in Group 1 (Group 2 median 667 s, Group 1 mean 1283, p = 0.003). There was no statistical difference in the safety metrics (number of perforations p = 0.07, non-cauterised bleeding p = 0.114, damage to vital structures p = 0.529).

Conclusion: From this pilot data there are strong indications that MR using 3D patient specific models can enhance surgical performance.

Take-home message: Pre-operative mental rehearsal using 3D patient specific models may enhance surgical performance.