

Securing Surgical Exposure – Key to surgical excellence *

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Surgical training stands and falls with surgical exposure. Case numbers are not abstract figures; they form the basis for every form of development in surgery. Competence, proficiency, and ultimately excellence do not come from observation, but from doing. Every operation is a test—and an opportunity.

However, these opportunities are becoming increasingly scarce. As administrative requirements and pressure to improve efficiency increase, it is becoming increasingly difficult for young doctors to actively learn in the operating room. The pool of cases is shrinking—often unnoticed and gradually—with immediate consequences for the quality of our continuing education [1].





There is another aspect to consider: even experienced colleagues are now under completely new pressure to learn. For many senior surgeons, the introduction of robotic systems means re-entering a learning curve—with all the uncertainties, time investment, and focus on their own skills that this entails. This is understandable and deserves recognition. At the same time, however, it means that operations for teaching purposes are being eliminated or shifted to higher hierarchical levels. In this context, robotics is often perceived as the enemy by younger colleagues.



In such moments, it is particularly important to remember the central responsibility of surgical training. Those who are confident in surgery can and should teach. Teaching does not jeopardize patient safety—it ensures it in the long term. New technologies should therefore not be viewed as exclusive, but rather as integrative: as tools that facilitate training rather than hinder it.

Another point concerns attitudes toward personal development. Too often in surgery, the idea is conveyed that excellence is a state—but it is actually a process. Only those who are willing to develop themselves can inspire others to do the same. This requires planning, goal orientation, and actively creating learning opportunities. Quality education does not happen by chance—it is the result of conscious decisions.

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CONCLUSION	
	
RESIDENT	SENIOR
Have a plan	Give advice on how to complete the plan
Seek every possibility to perform	Teach every procedure possible!
Get to know the robot	Teach on the robot early

In conclusion, it can be said that ensuring surgical exposure is not a technical issue. It is a question of culture, attitude, and the structural organization of our everyday lives. If you want surgical excellence, you must enable further training in surgery—today, not tomorrow!

References

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2 Joana Rodrigues Ribeiro et al. The Influence of Surgical Teaching on Laparoscopic Cholecystectomy Outcomes: A Retrospective Propensity Score-Matched National Cohort Study. Under review.(9.9.2025).

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