

The future of surgery is “hybrid” and lies in the reduction of the invasiveness where appropriate, the development of innovative surgical concepts where possible and the revision of old surgical dogmas where indicated.

In order to partake in the definition and guidance of this new direction for surgeons, we need to educate ourselves, share our knowledge and formally train our residents and peers in both new ways of practice and new ways of thinking to ensure their full utilization and safe use.

EAES is uniquely positioned to be “THE surgical society” that advocates this new future.

The last decade has seen a radical change in how we perceive and practice surgery. We are witnessing the crux of another grand evolutionary step, akin to laparoscopy in the 1990s. There is a strong movement away from practice specific approaches to disease care and a new mandate that care should be patient specific, personalized and value based. In the field of surgery this means that traditional practice silos, like surgery, interventional radiology and medical endoscopy, are no longer pragmatic, patient friendly or economically viable. The emphasis is, and should be, on patient customized approaches that use all the available tools and technology to provide care that optimizes outcomes while minimizing patient impact namely complications, pain, and life disruption.

I strongly believe that the EAES can play a major role in granting a “future” to surgeons, providing high quality, modern, and comprehensive education in Minimally Invasive Surgical Strategies (MISS) in a multidisciplinary and disease-oriented way. The society should be the home for surgical innovation and surgical education in the digital age, hosting a vibrant community of minimally invasive interventionalists and dynamic educators promoting new methods of learning, open, accessible and intuitive based on contemporary internet-based smart technologies, simulation and validated quality measures to disseminate and standardize MISS education internationally.

The full structure of the society should be representative of this evolution and shaped to boost its intellectual dimension and broaden its horizon.

***Fast renewal of leadership positions and new models such as matched interdisciplinary fellows and junior faculty with senior mentors to draft the annual congress program and sessions, will improve mentorship opportunities for junior faculty and trainees, and may increase pursuit of commitment and interest in the society, while attracting sister disciplines such as interventional radiology and endoscopy.***

Such societal innovations will enhance the full structure of the EAES, increasing the likelihood that current mentees will become future mentors, continuing the cycle of EAES leadership development.

***-This model, open to the younger generation, will also further the development of new areas of interest and research, inject new energy by attracting new members and expand developmental networks to provide support for young men and women transitioning to leadership roles in the society and in the field.***

***-Last but not least, I believe that for the society to thrive, the EAES should be fully involved in European health care politics, promoting the access to minimally invasive surgical strategies training in all European countries, working with the national societies to promote globalisation and evolution of surgical education and coordinating the safe introduction of disruptive technologies and techniques.***

EAES General Secretary application letter Silvana Perretta, MD

I fully understand the role and duties of the EAES general secretary and I believe that I am capable to honour them and carry them out with the unique experience and perspective that my current position and personal multidisciplinary international background grant me. I look forward to working with the EAES members, committees, Past President and President to serve the society, and the future of surgery and surgeons.

Thank you for your consideration,

Sincerely yours,

A handwritten signature in black ink, consisting of several loops and a horizontal line at the end, positioned above the printed name.

Silvana Perretta, MD

Professor of Surgery, University of Strasbourg, France