Revolutionizing Gynecological Surgery: The Impact and Future of Artificial Intelligence

ARTICLE INFO

Article Type

Review Article

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Received: 18 November 2023
Accepted: 12 December 2023
e Published: 4 August 2024

Article History

ABSTRACT

This narrative review explores the revolutionary impact of Artificial Intelligence (AI) on gynecological surgeries, delineating its historical evolution, current applications, and prospective future developments. AI's integration into gynecology has transitioned surgical practices towards advanced, precision-oriented procedures, reshaping patient care. The review highlights the significant advancements in AI technologies, including robotic systems, machine learning algorithms, and AI-driven diagnostic tools, which have notably enhanced surgical precision, diagnostic accuracy, and personalized patient care. The clinical applications of AI are extensively examined across various gynecological procedures, emphasizing its role in minimally invasive surgeries, oncological interventions, and reproductive medicine. The review also critically assesses the impact of AI on surgical outcomes, patient safety, and healthcare efficiency, acknowledging both the benefits and challenges posed by these technological integrations. Ethical considerations, legal implications, technical barriers, and data privacy concerns are discussed, underscoring the need for balanced AI adoption in healthcare. The review concludes by acknowledging AI's transformative role in gynecological surgeries and its potential to further revolutionize this field, emphasizing the necessity for continuous interdisciplinary collaboration, research, and ethical vigilance to harness AI's full potential in enhancing patient care and surgical outcomes.

Keywords: Artificial Intelligence (AI), Gynecological Surgery, Robotics, Machine Learning, Personalized Medicine.

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Introduction

In the rapidly evolving landscape of medical technology, Artificial Intelligence (AI) has emerged as a revolutionary force, significantly influencing various medical specialties, including gynecological surgery. The integration of AI into this field marks a pivotal shift from traditional surgical practices to more advanced, precision-oriented procedures. This narrative review aims to explore the multifaceted impact of AI on gynecological surgeries, tracing its historical development, current applications, and potential future advancements (1, 2).

AI's journey in medicine, particularly in gynecology, reflects a blend of technological sophistication and clinical innovation. From the initial forays of robotics and automated systems in surgery to the latest advancements in machine learning and predictive analytics, AI has progressively reshaped the landscape of gynecological procedures. Its role in enhancing diagnostic accuracy, improving surgical outcomes, and personalizing patient care is increasingly evident. This review delves into various AI technologies currently employed in gynecological surgeries, including robotic systems, diagnostic algorithms, and data-driven predictive models (3, 4).

Furthermore, the review critically examines the clinical applications of AI in gynecological practices. It encompasses its use in minimally invasive surgeries, such as laparoscopy and hysteroscopy, and extends to more complex oncological and reproductive medicine procedures. The impact of AI on surgical outcomes, patient safety, and the overall efficiency of gynecological practices is scrutinized, offering insights into both the benefits and challenges of these technological integrations (3-5).

This review addresses the challenges and limitations accompanying the use of AI in gynecological surgeries. Ethical considerations, legal implications, technical barriers, and concerns regarding data privacy and security are discussed in detail. These aspects underscore the need for a balanced approach in adopting AI technologies, ensuring patient safety and adherence to ethical standards (6, 7).

Evolution of AI in Gynecological Surgery

The evolution of artificial intelligence (AI) in gynecological surgery marks a significant leap forward in medical technology, reshaping the landscape of surgical procedures and patient care. This transformation began with the advent of basic computer-assisted technologies and has now progressed to sophisticated AI systems capable of enhancing surgical precision and outcomes (8, 9).

In the early stages, the integration of AI in gynecological surgery was primarily focused on robotic assistance. The introduction of robotic systems, such as the da Vinci Surgical System, revolutionized minimally invasive procedures. These robots, guided by surgeons, provided greater precision, flexibility, and control than traditional techniques, allowing for more complex operations with smaller incisions and potentially less postoperative pain and quicker recovery times (10).

As AI technology advanced, machine learning algorithms began to play a pivotal role. These algorithms, trained on vast datasets of surgical procedures and outcomes, improved the ability of surgical robots to assist in complex tasks, making them more intuitive and responsive to the surgeon's commands. Additionally, predictive analytics started to be used for preoperative planning, helping surgeons evaluate the risks and benefits of various surgical approaches tailored to individual patient profiles (11, 12).

Another significant milestone in this evolution was the incorporation of enhanced imaging and diagnostic tools powered by AI. These tools provided real-time, high-resolution images during surgery, allowing for more accurate identification of anatomical structures and better decision-making. For instance, AI-driven imaging techniques improved the detection and treatment of gynecological cancers by enabling surgeons to differentiate between cancerous and healthy tissues more effectively (13, 14).

The impact of AI in gynecological surgery has been profound. It has not only improved the precision and safety of surgical procedures but also contributed to the development of personalized surgical plans. The ability to analyze large datasets of patient information and past surgeries enables AI systems to assist in creating highly individualized surgical strategies that consider the unique anatomical and health profiles of each patient (15).

Despite these advancements, challenges remain. The integration of AI into clinical practice requires significant investment in technology, training, and infrastructure. Additionally, there's an ongoing need to address concerns related to data privacy, security, and the ethical implications of AI in medicine (16, 17).

The evolution of AI in gynecological surgery represents a paradigm shift in the way surgical care is delivered. From the initial steps of robotic assistance to the current era of advanced machine learning and predictive analytics, AI has become an indispensable tool in the surgical suite. As technology continues to advance, AI's role in gynecological surgery is poised to expand further, offering exciting possibilities for enhanced patient care and surgical outcomes (18).

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AI Technologies in Gynecological Surgeries

AI Technologies in Gynecological Surgeries have experienced a significant evolution in recent years, reshaping the landscape of surgical practices in the field of gynecology. The integration of artificial intelligence (AI) into this domain is not just a futuristic concept but a present reality, bringing about transformative changes in how gynecological surgeries are planned, executed, and evaluated (19, 20).

At the forefront of this revolution is the use of robotics in surgery. Robotic systems, like the da Vinci Surgical System, have become increasingly common in performing complex procedures such as hysterectomies and myomectomies. These robotic systems offer enhanced precision, flexibility, and control, far exceeding the capabilities of the human hand. They also allow for minimally invasive approaches, leading to reduced postoperative pain, quicker recovery times, and lower risks of infection (21).

Beyond robotics, machine learning and predictive analytics are playing crucial roles in preoperative planning and intraoperative decision-making. Machine learning algorithms are being developed to analyze preoperative imaging data, helping in the accurate mapping of surgical sites and identification of potential complications. This advanced analysis aids in creating more effective surgical plans tailored to individual patient anatomy and conditions (21).

Another critical area is the use of AI in imaging and diagnostics. AI-powered tools are improving the accuracy of diagnosing gynecological conditions such as ovarian cysts, fibroids, and cancers. These tools analyze imaging data, often detecting subtleties that might be missed by the human eye, leading to earlier and more accurate diagnoses. This early detection is vital in planning effective surgical interventions, particularly in oncological cases (22, 23).

Moreover, AI is revolutionizing postoperative care and monitoring. AI systems are being developed to monitor patients' recovery, predict potential complications, and provide personalized recommendations for postoperative care. This not only enhances patient outcomes but also reduces the workload on healthcare professionals (22-25).

However, the integration of AI into gynecological surgeries is not without challenges. There are concerns about the ethical implications, the need for robust data privacy measures, and the potential for AI to misinterpret complex clinical scenarios. Additionally, the high cost of AI technologies and the need for specialized training for healthcare professionals pose significant barriers to widespread adoption (26, 27).

AI technologies are dramatically reshaping the field of gynecological surgeries, offering unprecedented precision, efficiency, and personalized care. While there are challenges to overcome, the potential benefits of these technologies make them an invaluable asset in the quest to improve surgical outcomes and patient care in gynecology. As these technologies continue to evolve and become more integrated into clinical practice, they promise to further revolutionize this critical area of medicine (28, 29).

Clinical Applications of AI in Gynecology

Clinical Applications of AI in Gynecology represents a significant and evolving domain within medical science, particularly focusing on how artificial intelligence (AI) is revolutionizing the field of gynecological care and surgery. In recent years, AI has been increasingly integrated into various aspects of gynecological practice, from diagnostics to surgical procedures (30).

One of the most prominent applications of AI in gynecology is in the realm of diagnostic imaging. Advanced AI algorithms are now capable of analyzing ultrasound images, MRI scans, and other diagnostic tools with a high degree of accuracy. This not only aids in the early detection of gynecological conditions, such as ovarian cysts or uterine fibroids, but also in monitoring fetal health during pregnancy. The precision of AI in imaging analysis helps in reducing diagnostic errors and enables personalized treatment planning (31).

Moreover, AI is playing a crucial role in gynecological oncology. Machine learning models are being used to predict patient outcomes, response to treatments, and to identify potential high-risk factors for diseases like cervical or ovarian cancer. This predictive capability is crucial for early intervention and improving the chances of successful treatment (32).

In the sphere of reproductive medicine, AI technologies are transforming the approach to infertility treatments. AI systems can analyze a multitude of factors, from hormonal levels to genetic information, to optimize in-vitro fertilization (IVF) procedures and improve success rates. This not only enhances the efficiency of the treatment but also offers hope to countless couples struggling with infertility (33, 34).

Furthermore, the advent of AI has been a game changer in the field of minimally invasive gynecological surgery. Robotic surgery, guided by AI algorithms, has become increasingly common. These robotic systems provide surgeons with enhanced precision, flexibility, and control, leading to more successful surgical outcomes with reduced recovery times and fewer complications. AI-driven surgical robots are particularly useful in complex procedures like hysterectomies or endometriosis surgery, where precision is paramount (35).

Despite these advancements, it's important to acknowledge the challenges and limitations associated with the integration of AI in gynecological care. Issues

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such as data privacy, ethical considerations in AI decision-making, and the need for extensive training for healthcare providers are critical aspects that need addressing. Additionally, ensuring the accessibility and affordability of AI-driven treatments remains a significant challenge, especially in low-resource settings (36).

Overall, the integration of AI into gynecology is not just a futuristic concept but a present reality with immense potential. It is reshaping the way gynecological care is delivered, offering more accurate diagnoses, personalized treatments, and safer surgical options. As AI technology continues to evolve, its potential to further enhance gynecological care and improve patient outcomes is vast, promising a new era in women's health (37, 38).

Impact Assessment

The advent of Artificial Intelligence (AI) in gynecological surgeries has ushered in a transformative era in medical practice, marked by significant enhancements in surgical outcomes, patient safety, and overall healthcare efficiency (39).

One of the most notable impacts of AI in this field has been the improvement in surgical outcomes. AI-driven tools, including advanced robotics and machine learning algorithms, have enabled a higher precision in surgical procedures. This precision is particularly crucial in complex gynecological operations, where the margin for error is minimal. By aiding in accurate diagnoses and providing real-time guidance during surgeries, AI technologies have drastically reduced the rates of surgical complications, postoperative recovery times, and have improved the overall success rates of gynecological procedures (39).

In terms of patient safety, AI's role cannot be overstated. AI algorithms are increasingly used for preoperative planning and risk assessment, tailoring surgical approaches to individual patient profiles. This personalized approach helps in minimizing the risks associated with surgery, such as infections or unintended damage to adjacent organs. Furthermore, AI systems equipped with predictive analytics can foresee potential complications, enabling timely interventions. The continuous monitoring capabilities of AI tools during surgeries enhance the safety net, providing an additional layer of security (40, 41).

Efficiency and cost-effectiveness are other critical areas where AI's impact in gynecological surgery becomes evident. AI systems streamline various aspects of surgical procedures, from logistics and resource management to postoperative care. By optimizing surgical pathways and reducing the time taken for procedures, AI contributes to the better utilization of operating rooms and medical staff. In the long run, this efficiency translates into cost savings for healthcare facilities, making advanced surgical care more accessible. Additionally, AI's role in reducing the length of hospital stays and the need for repeat surgeries further contributes to the cost-effectiveness of gynecological care (42).

However, it is important to acknowledge that the full potential of AI in improving surgical outcomes, patient safety, and efficiency is contingent on several factors. These include the continued advancement and integration of AI technologies, the training of healthcare professionals to effectively use these tools, and the ongoing evaluation of AI's impact in clinical settings. As AI continues to evolve, its role in gynecological surgeries promises not only to enhance current practices but also to open new horizons in women's health care (43).

Future Directions and Innovations

As we look towards the horizon of gynecological surgery, the integration of artificial intelligence (AI) presents a landscape rich with potential and innovation. The rapid evolution of AI technologies promises to redefine the standards of patient care, surgical precision, and educational paradigms in this field (44-46).

Emerging trends in AI, particularly in machine learning and robotics, are poised to enhance personalized medicine in gynecology. The future may see AI systems that can analyze patient data in real-time, offering customized surgical plans tailored to individual anatomical and physiological characteristics. This approach could significantly improve surgical outcomes and patient satisfaction, particularly in complex cases such as cancer or reproductive surgeries (47, 48).

The potential for AI to augment surgical training and skill development cannot be overstated. Virtual reality (VR) and augmented reality (AR) simulations, powered by AI, could provide trainee surgeons with highly realistic, scenario-based learning experiences. These simulations could mimic a wide range of surgical scenarios, enabling novice surgeons to practice and hone their skills in a risk-free environment. Furthermore, AI-driven analytics could offer personalized feedback, identifying specific areas for improvement and accelerating the learning curve (47-49).

Moreover, the incorporation of AI in gynecological surgical devices and tools is anticipated to advance significantly. AI-enhanced surgical robots, for instance, could offer greater precision and flexibility than ever before. These advancements could lead to minimally invasive procedures becoming the norm, reducing patient recovery times and enhancing overall surgical safety (50, 51).

However, the path forward is not without challenges. There is a pressing need for comprehensive frameworks to regulate AI integration in medical practices, ensuring patient safety, data privacy, and

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ethical AI use. The medical community must collaborate with regulatory bodies, AI technologists, and ethicists to establish guidelines that govern the use of AI in surgery (52, 53).

Overall, the future of AI in gynecological surgeries is vibrant and promising, characterized by advancements that could revolutionize patient care and surgical education. While embracing these innovations, it is crucial to tread thoughtfully, balancing technological advancement with ethical responsibility and patient-centric care. The ongoing collaboration between gynecologists, AI researchers, and policymakers will be pivotal in shaping a future where AI not only complements but enhances the art and science of gynecological surgery (54-57).

Conclusion

In concluding this review on the impact of Artificial Intelligence (AI) in gynecological surgeries, it is evident that AI has begun to play a transformative role in the field of gynecology. The integration of AI technologies, especially in surgical procedures, has shown promising potential in enhancing surgical precision, improving patient outcomes, and facilitating personalized treatment approaches.

Ethical Issue

There was no ethical issue in this review.

Conflict of Interests

There was no conflict of interest in this study.

Source of Funding

This study has been financially supported by Sarem Gynecology, Obstetrics and Infertility Research Center, Sarem Women's Hospital

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Reference:

1. Asciutto KC, Kalapotharakos G, Löfgren M, Högberg T, Borgfeldt C. Robot-assisted surgery in cervical cancer patients reduces the time to normal activities of daily living. Acta Obstet Gynecol Scand. 2015;94(3):260-5.

2. Olsen RG, Hartwell D, Dalsgaard T, Madsen ME, Bjerrum F, Konge L, Røder A. First experience with the Hugo™ robot-assisted surgery system for endometriosis: A descriptive study. Acta Obstet Gynecol Scand. 2024;103(2):368-77.

3. Moustafa S, Burn M, Mamillapalli R, Nematian S, Flores V, Taylor HS. Accurate diagnosis of endometriosis using serum microRNAs. Am J Obstet Gynecol. 2020;223(4):557.e1-.e11.

4. Wysham WZ, Kim KH, Roberts JM, Sullivan SA, Campbell SB, Roque DR, et al. Obesity and perioperative pulmonary complications in robotic gynecologic surgery. Am J Obstet Gynecol. 2015;213(1):33.e1-.e7.

5. Moglia A. Pilot study of Society of European Robotic Gynecological Surgery (SERGS) curriculum for robot-assisted surgery. Arch Gynecol Obstet. 2018;297(6):1595-6.

6. Rusch P, Kimmig R, Lecuru F, Persson J, Ponce J, Degueldre M, Verheijen R. The Society of European Robotic Gynaecological Surgery (SERGS) Pilot Curriculum for robot assisted gynecological surgery. Arch Gynecol Obstet. 2018;297(2):415-20.

7. Nishizawa K, Katsunaga Y, Hattahara K, Yoshida T, Segawa T. Near-infrared ray catheter and indocyanine green via nephrostomy in delayed robotic reconstruction of injured ureter: A case report. Asian J Endosc Surg. 2023;16(3):500-4.

8. Meyer R, Hamilton KM, Truong MD, Wright KN, Siedhoff MT, Brezinov Y, Levin G. ChatGPT compared with Google Search and healthcare institution as sources of postoperative patient instructions after gynecological surgery. Bjog. 2024.

9. Bartos P, Struppl D, Trhlík M, Czudek S, Skrovina M, Adamcík L, Soumarová R. [Da vinci robotic surgery in gynaecological oncology: a critical interim appraisal]. Ceska Gynekol. 2007;72(5):354-9.

10. Iftikhar P, Kuijpers MV, Khayyat A, Iftikhar A, DeGouvia De Sa M. Artificial Intelligence: A New Paradigm in Obstetrics and Gynecology Research and Clinical Practice. Cureus. 2020;12(2):e7124.

11. Patel N, Chaudhari K, Jyotsna G, Joshi JS. Surgical Frontiers: A Comparative Review of Robotics Versus Laparoscopy in Gynecological Interventions. Cureus. 2023;15(11):e49752.

12. Chen M, Kong W, Li B, Tian Z, Yin C, Zhang M, et al. Revolutionizing hysteroscopy outcomes: AI-powered uterine myoma diagnosis algorithm shortens operation time and reduces blood loss. Front Oncol. 2023;13:1325179.

13. Mabrouk M, Frumovitz M, Greer M, Sharma S, Schmeler KM, Soliman PT, Ramirez PT.

[Downloaded from saremjrm.com on 2026-09-05]

Trends in laparoscopic and robotic surgery among gynecologic oncologists: A survey update. Gynecol Oncol. 2009;112(3):501-5.

14. Szpurek D, Moszynski R, Smolen A, Sajdak S. Artificial neural network computer prediction of ovarian malignancy in women with adnexal masses. Int J Gynaecol Obstet. 2005;89(2):108-13.

15. Moszynski R, Szpurek D, Smolen A, Sajdak S. Comparison of diagnostic usefulness of predictive models in preliminary differentiation of adnexal masses. Int J Gynecol Cancer. 2006;16(1):45-51.

16. Cho SA, Lee SJ, Yoon S, Sung TY. Risk Factors for Postoperative Hypothermia in Patients Undergoing Robot-Assisted Gynecological Surgery: A Retrospective Cohort Study. Int J Med Sci. 2022;19(7):1147-54.

17. Heo JE, Kang SK, Lee J, Koh D, Kim MS, Lee YS, et al. Outcomes of single-port robotic ureteral reconstruction using the da Vinci SP(®) system. Investig Clin Urol. 2023;64(4):373-9.

18. Moon S, Carlson LA, Moser ED, Agnikula Kshatriya BS, Smith CY, Rocca WA, et al. Identifying Information Gaps in Electronic Health Records by Using Natural Language Processing: Gynecologic Surgery History Identification. J Med Internet Res. 2022;24(1):e29015.

19. Bush AJ, Morris SN, Millham FH, Isaacson KB. Women's preferences for minimally invasive incisions. J Minim Invasive Gynecol. 2011;18(5):640-3.

20. Guan X, Guan Z, Sunkara S, Thigpen B. Indocyanine Green-Assisted Retrograde Ureterolysis in Robotic Transvaginal NOTES for the Management of Stage IV Endometriosis with Obliterated Cul-de-sac. J Minim Invasive Gynecol. 2023;30(4):266-7.

21. Madad Zadeh S, François T, Comptour A, Canis M, Bourdel N, Bartoli A. SurgAI3.8K: A Labeled Dataset of Gynecologic Organs in Laparoscopy with Application to Automatic Augmented Reality Surgical Guidance. J Minim Invasive Gynecol. 2023;30(5):397-405.

22. Tang X, Chen Q, Huang Z, Liang J, An R, Liu H. Comparison of the carotid corrected flow time and tidal volume challenge for assessing fluid responsiveness in robot-assisted laparoscopic surgery. J Robot Surg. 2023;17(6):2763-72.

23. Cadeddu JA. Re: The New Robotic TELELAP ALF-X in Gynecological Surgery: Single-Center Experience. J Urol. 2016;196(1):139.

24. Nezhat C, Saberi NS, Shahmohamady B, Nezhat F. Robotic-assisted laparoscopy in gynecological surgery. Jsls. 2006;10(3):317-20.

25. Bottura B, Porto B, Moretti-Marques R, Barison G, Zlotnik E, Podgaec S, Gomes MTV. Surgeon experience, robotic perioperative outcomes, and complications in gynecology. Rev Assoc Med Bras (1992). 2022;68(11):1514-8.

26. Carregal A, Lorenzo A, Taboada JA, Barreiro JL. [Intraoperative control of mean arterial pressure and heart rate with alfentanyl with fuzzy logic]. Rev Esp Anestesiol Reanim. 2000;47(3):108-13.

27. Dällenbach P, Petignat P, Dubuisson JB, Wenger JM. [LESS, NOTES and robotic surgery in gynecology: an update and upcoming perspectives]. Rev Med Suisse. 2010;6(268):2024, 6-9.

28. Gumbs AA, Grasso V, Bourdel N, Croner R, Spolverato G, Frigerio I, et al. The Advances in Computer Vision That Are Enabling More Autonomous Actions in Surgery: A Systematic Review of the Literature. Sensors (Basel). 2022;22(13).

29. Metsker O, Kopanitsa G, Malushko A, Komlichenko E, Bolgova K, Paskoshev D. Gynecological Surgery and Machine Learning: Complications and Length of Stay Prediction. Stud Health Technol Inform. 2021;281:575-9.

30. Sgarbura O, Vasilescu C. The decisive role of the patient-side surgeon in robotic surgery. Surg Endosc. 2010;24(12):3149-55.

31. Loniewski S, Farah K, Mansouri N, Albader F, Settembre N, Litré CF, et al. Da Vinci Robotic Assistance for Anterolateral Lumbar Arthrodesis: Results of a French Multicentric Study. World Neurosurg. 2024;181:e685-e93.

32. Seufert R, Knapstein PG. [Current responsibilities of information processing in gynecology]. Zentralbl Gynakol. 1997;119(9):405-7.

33. Zhao Q, Wang M, Chen M. Tumor polo-like kinase 4 protein expression reflects lymphovascular invasion, higher Federation of Gynecology and Obstetrics stage, and shortened survival in endometrial cancer patients who

[Downloaded from saremjrm.com on 2026-09-05]

undergo surgical resection. BMC Womens Health. 2024;24(1):101.

34. Melaet R, de Vries IR, Kok RD, Guid Oei S, Huijben IAM, van Sloun RJG, et al. Artificial intelligence based cardiotocogram assessment during labor. Eur J Obstet Gynecol Reprod Biol. 2024;295:75-85.

35. Guo XG, Zhang YJ, Lu YX, Lu JM, Zhang J, Li HX, et al. Causal association between genetically predicted circulating immune cell counts and frailty: a two-sample Mendelian randomization study. Front Immunol. 2024;15:1336498.

36. Cepolina F, Razzoli R. Review of robotic surgery platforms and end effectors. J Robot Surg. 2024;18(1):74.

37. Hanai A, Ishikawa T, Sugao S, Fujii M, Hirai K, Watanabe H, et al. Explainable Machine Learning Classification to Identify Vulnerable Groups Among Parenting Mothers: Web-Based Cross-Sectional Questionnaire Study. JMIR Form Res. 2024;8:e47372.

38. Pigat L, Geisler BP, Sheikhalishahi S, Sander J, Kaspar M, Schmutz M, et al. Predicting Hypoxia Using Machine Learning: Systematic Review. JMIR Med Inform. 2024;12:e50642.

39. Rietjens JAC, Griffioen I, Sierra-Pérez J, Sroczynski G, Siebert U, Buyx A, et al. Improving shared decision-making about cancer treatment through design-based data-driven decision-support tools and redesigning care paths: an overview of the 4D PICTURE project. Palliat Care Soc Pract. 2024;18:26323524231225249.

40. Tenner ZM, Cottone MC, Chavez MR. Harnessing the open access version of ChatGPT for enhanced clinical opinions. PLOS Digit Health. 2024;3(2):e0000355.

41. Kim HM, Ko T, Kang H, Choi S, Park JH, Chung MK, et al. Improved prediction of clinical pregnancy using artificial intelligence with enhanced inner cell mass and trophectoderm images. Sci Rep. 2024;14(1):3240.

42. Taksoee-Vester CA, Mikolaj K, Petersen OBB, Vejlstrup NG, Christensen AN, Feragen A, et al. Role of AI-assisted automated cardiac biometrics in screening for fetal coarctation of aorta. Ultrasound Obstet Gynecol. 2024.

43. Gong L, Tang Y, Xie H, Zhang L, Sun Y. Predicting cervical intraepithelial neoplasia and determining the follow-up period in high-risk human papillomavirus patients. Front Oncol. 2023;13:1289030.

44. Bradfield JP, Kember RL, Ulrich A, Balkiyarova Z, Alyass A, Aris IM, et al. Trans-ancestral genome-wide association study of longitudinal pubertal height growth and shared heritability with adult health outcomes. Genome Biol. 2024;25(1):22.

45. Levin G, Meyer R, Guigue PA, Brezinov Y. It takes one to know one-Machine learning for identifying OBGYN abstracts written by ChatGPT. Int J Gynaecol Obstet. 2024.

46. Toyohara Y, Sone K, Noda K, Yoshida K, Kato S, Kaiume M, et al. The automatic diagnosis artificial intelligence system for preoperative magnetic resonance imaging of uterine sarcoma. J Gynecol Oncol. 2023.

47. Wang Q, Chang Z, Liu X, Wang Y, Feng C, Ping Y, Feng X. Predictive Value of Machine Learning for Platinum Chemotherapy Responses in Ovarian Cancer: Systematic Review and Meta-Analysis. J Med Internet Res. 2024;26:e48527.

48. Ito H, Shimomai W, Matsuzaki Y, Suzuki J, Kuroiwa K, Ashizawa N, et al. Validate robot-assisted total laparoscopic hysterectomy with four equally-spaced ports without an assistant port. J Robot Surg. 2024;18(1):55.

49. Calhoun BC, Uselman H, Olle EW. Development of Artificial Intelligence Image Classification Models for Determination of Umbilical Cord Vascular Anomalies. J Ultrasound Med. 2024.

50. Alkatout I, O'Sullivan O, Peters G, Maass N. Expanding Robotic-Assisted Surgery in Gynecology Using the Potential of an Advanced Robotic System. Medicina (Kaunas). 2023;60(1).

51. Luo L, Luo F, Wu C, Zhang H, Jiang Q, He S, et al. Identification of potential biomarkers in the peripheral blood of neonates with bronchopulmonary dysplasia using WGCNA and machine learning algorithms. Medicine (Baltimore). 2024;103(4):e37083.

52. Aeberhard JL, Radan AP, Soltani RA, Strahm KM, Schneider S, Carrié A, et al. Introducing Artificial Intelligence in Interpretation of Foetal Cardiotocography: Medical Dataset Curation and Preliminary Coding-An Interdisciplinary Project. Methods Protoc. 2024;7(1).

[Downloaded from saremjrm.com on 2026-09-05]

53. Lee Y, Kim SY. Potential applications of ChatGPT in obstetrics and gynecology in Korea: a review article. Obstet Gynecol Sci. 2024.

54. Wang Y, Lin W, Zhuang X, Wang X, He Y, Li L, Lyu G. Advances in artificial intelligence for the diagnosis and treatment of ovarian cancer (Review). Oncol Rep. 2024;51(3).

55. Lebatteux D, Soudeyns H, Boucoiran I, Gantt S, Diallo AB. Machine learning-based approach KEVOLVE efficiently identifies SARS-CoV-2 variant-specific genomic signatures. PLoS One. 2024;19(1):e0296627.

56. Lee CI, Huang CC, Lee TH, Chen HH, Cheng EH, Lin PY, et al. Associations between the artificial intelligence scoring system and live birth outcomes in preimplantation genetic testing for aneuploidy cycles. Reprod Biol Endocrinol. 2024;22(1):12.

57. Jeong S, Yu H, Park SH, Woo D, Lee SJ, Chong GO, et al. Comparing deep learning and handcrafted radiomics to predict chemoradiotherapy response for locally advanced cervical cancer using pretreatment MRI. Sci Rep. 2024;14(1):1180.

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