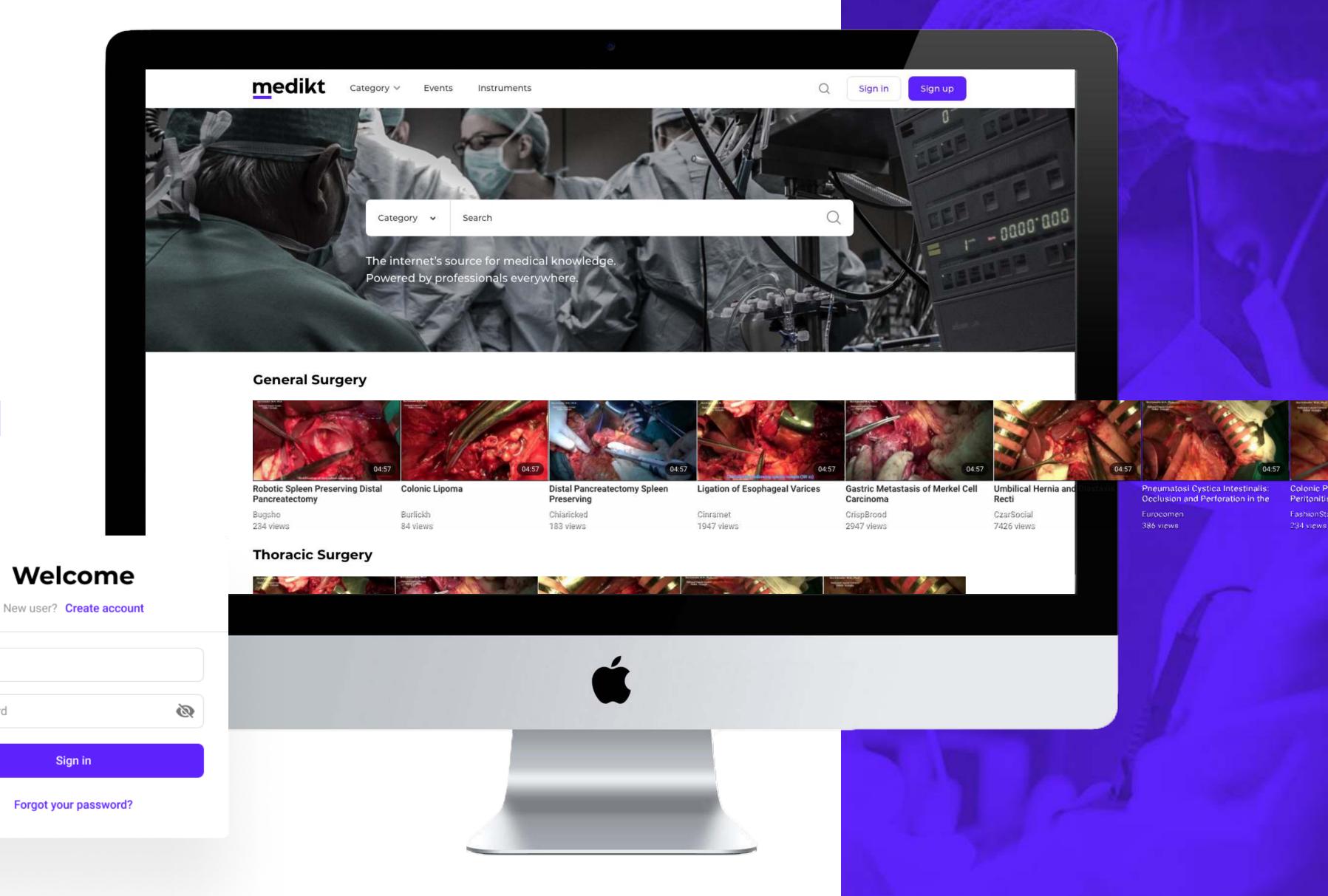
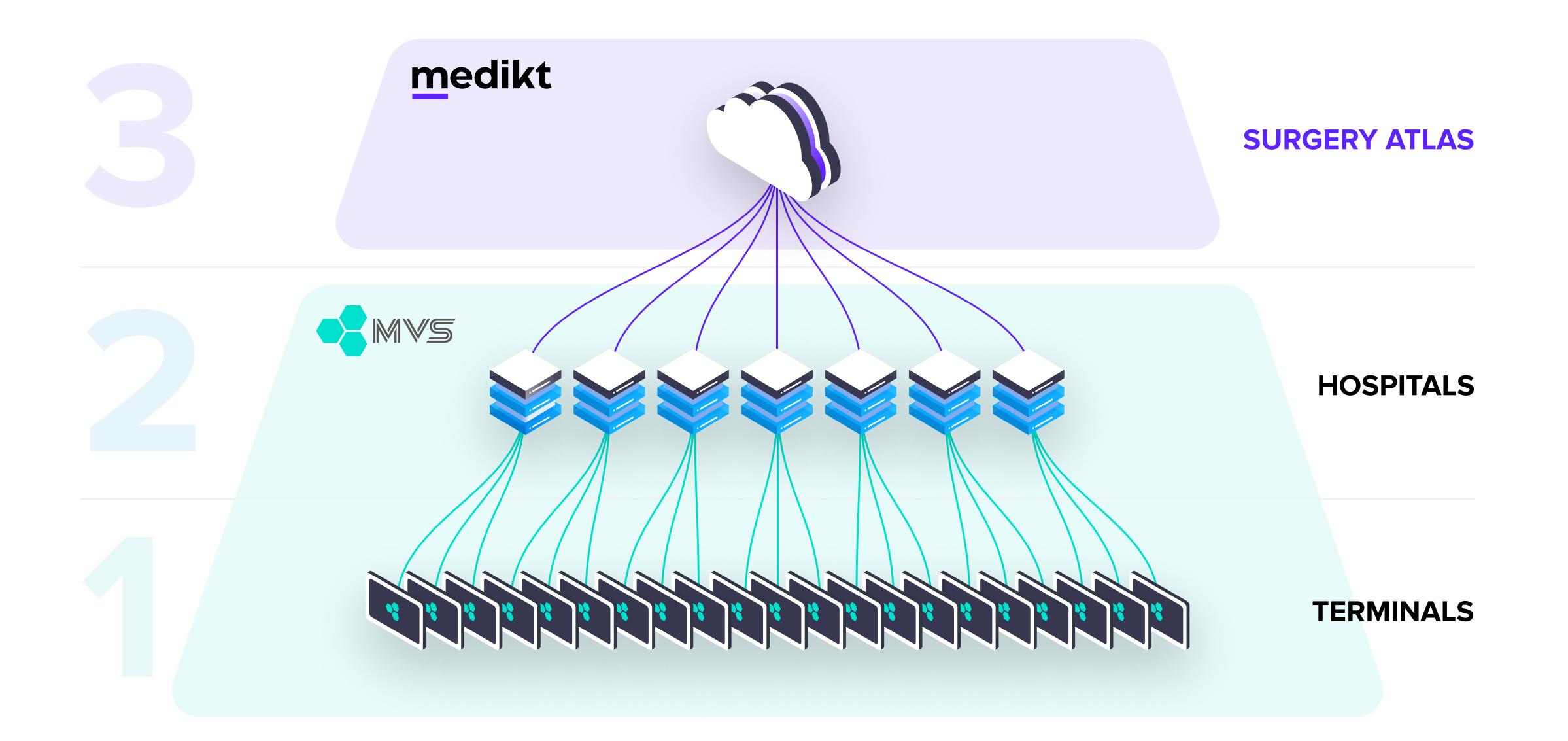


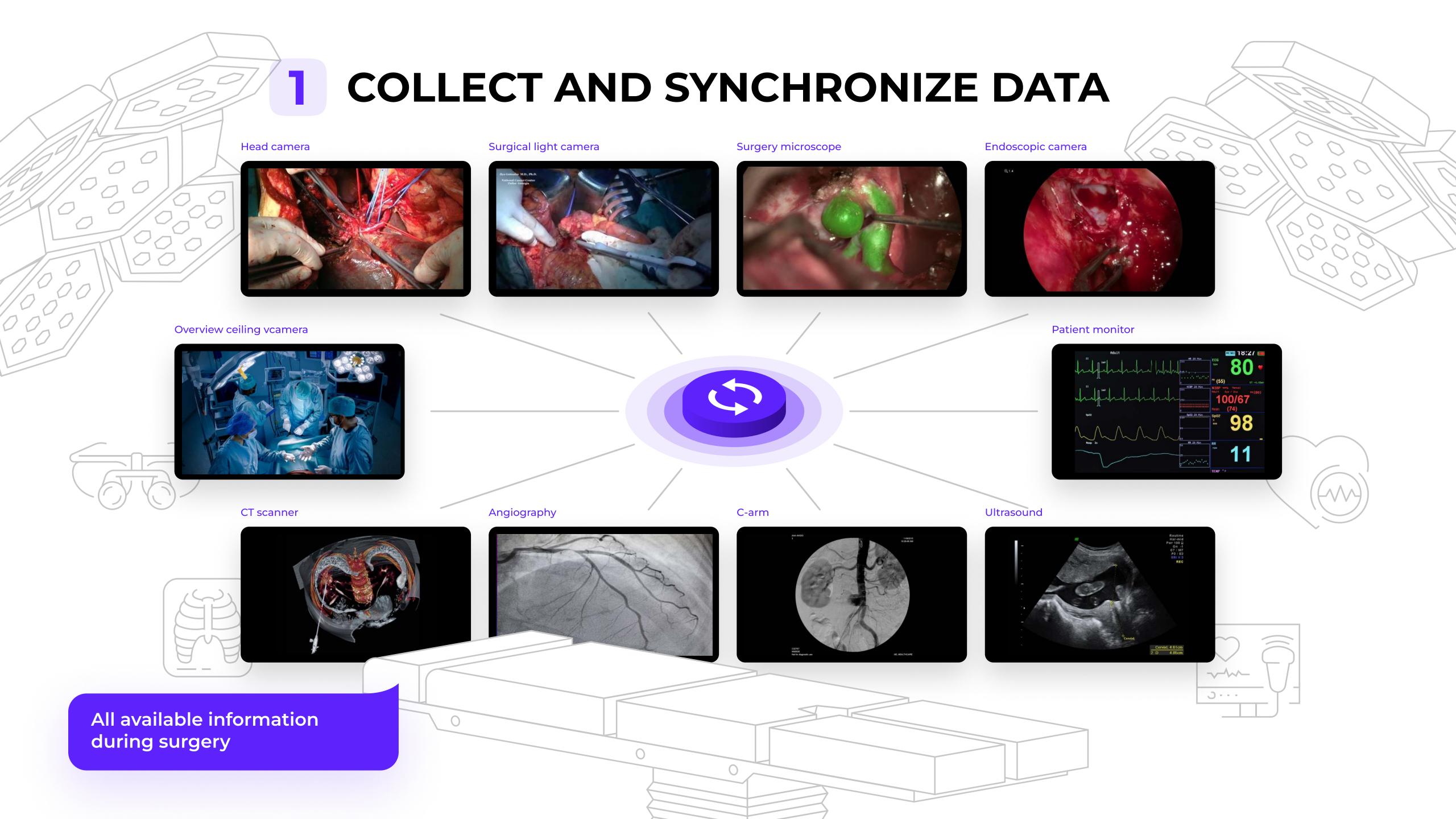
An open access library of surgical experience

E-mail

Password







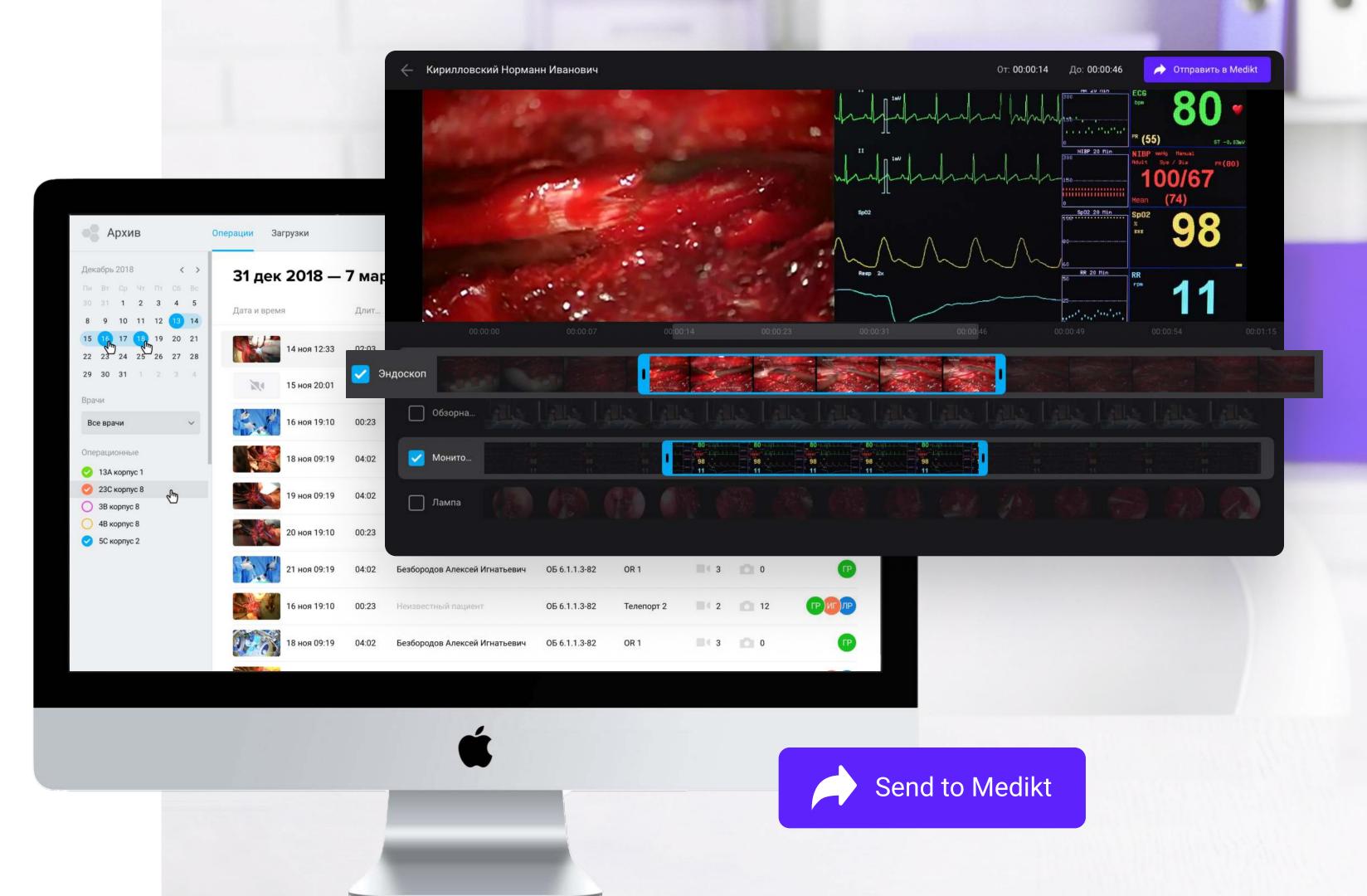
2 DOCTOR'S WORKPLACE



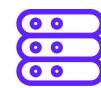












Collecting and publishing
valuable experience selected
by clinicians for their peers

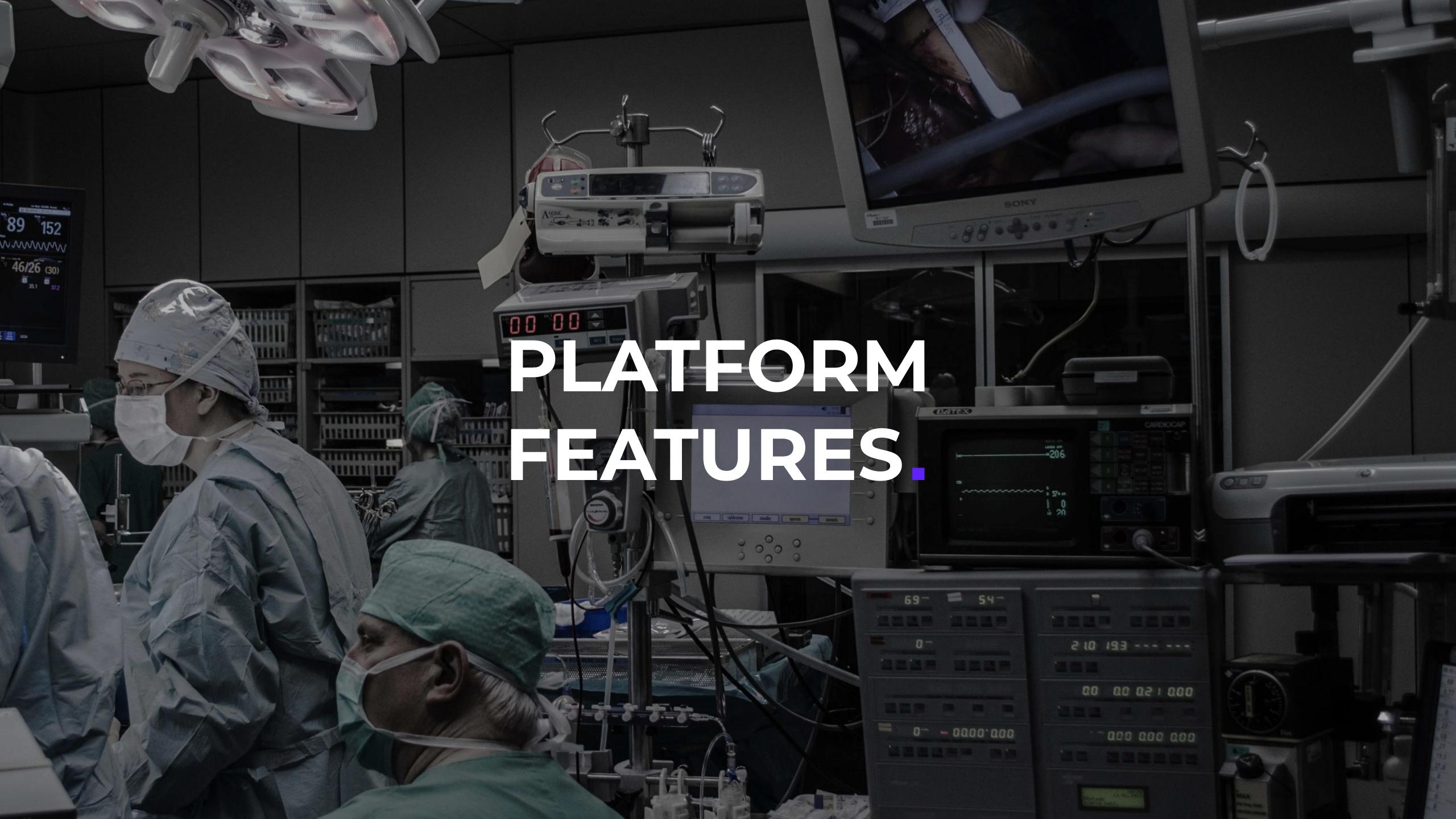


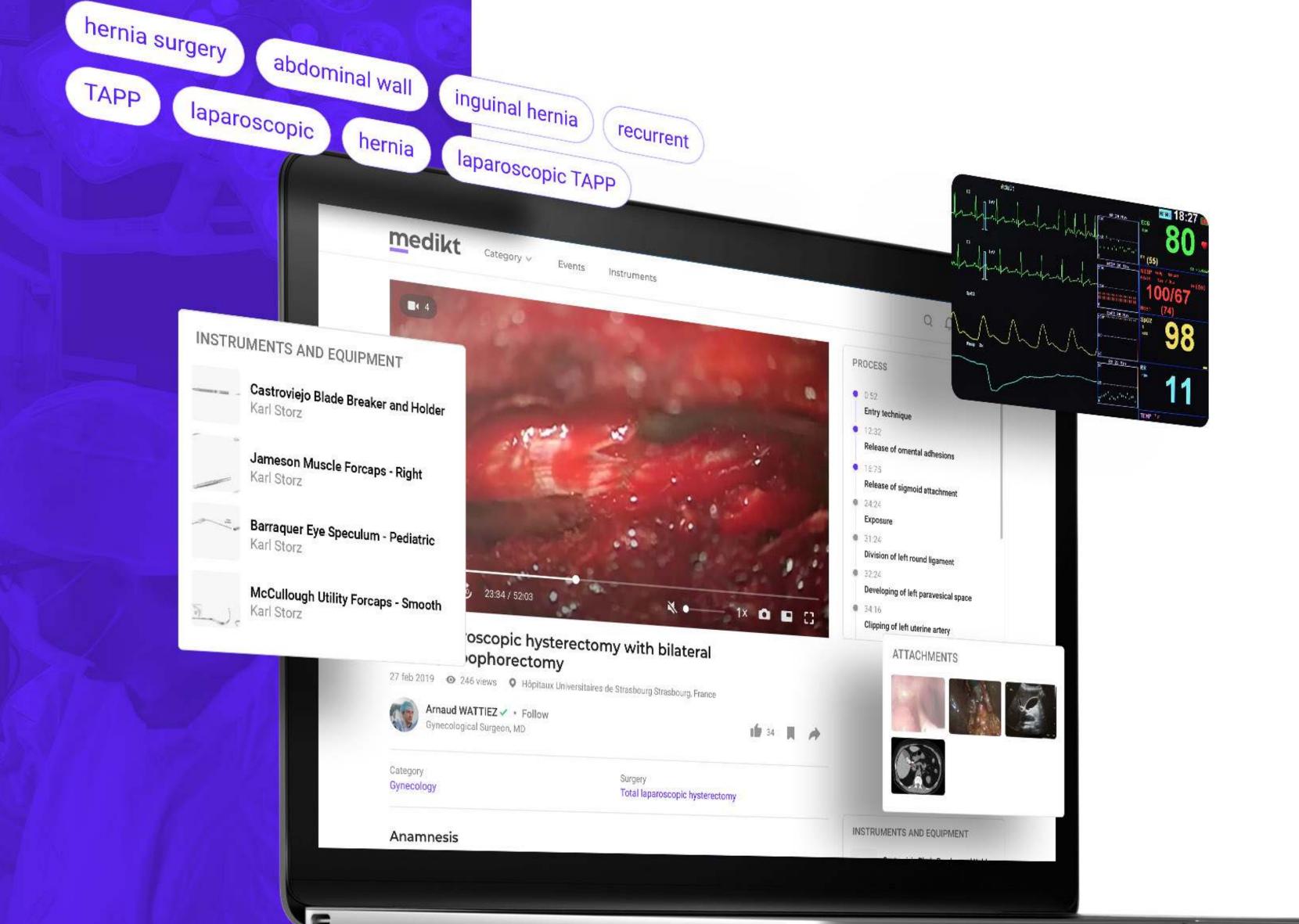
Uploads surgical videos securely and seamlessly



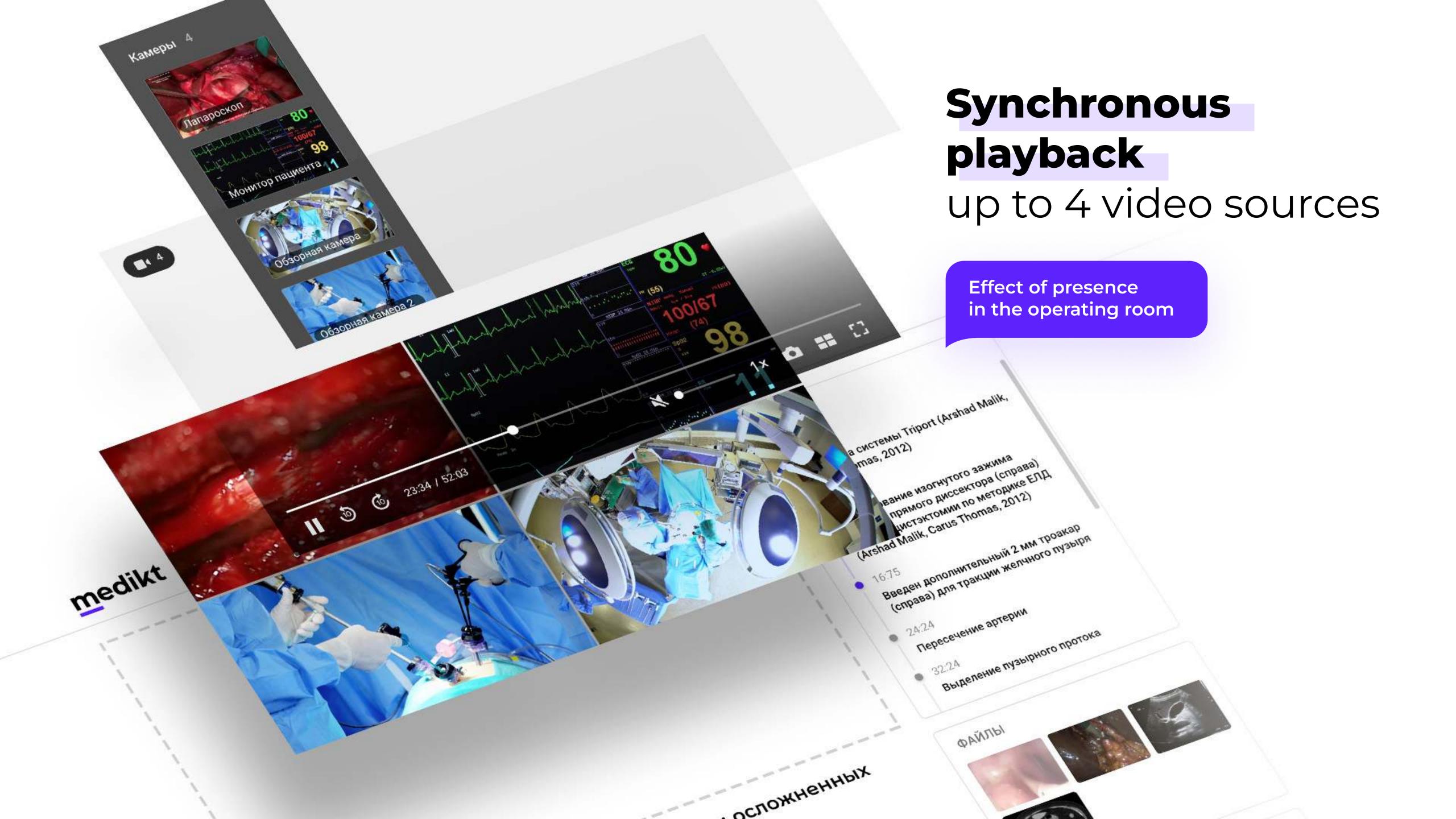
Manual video uploading

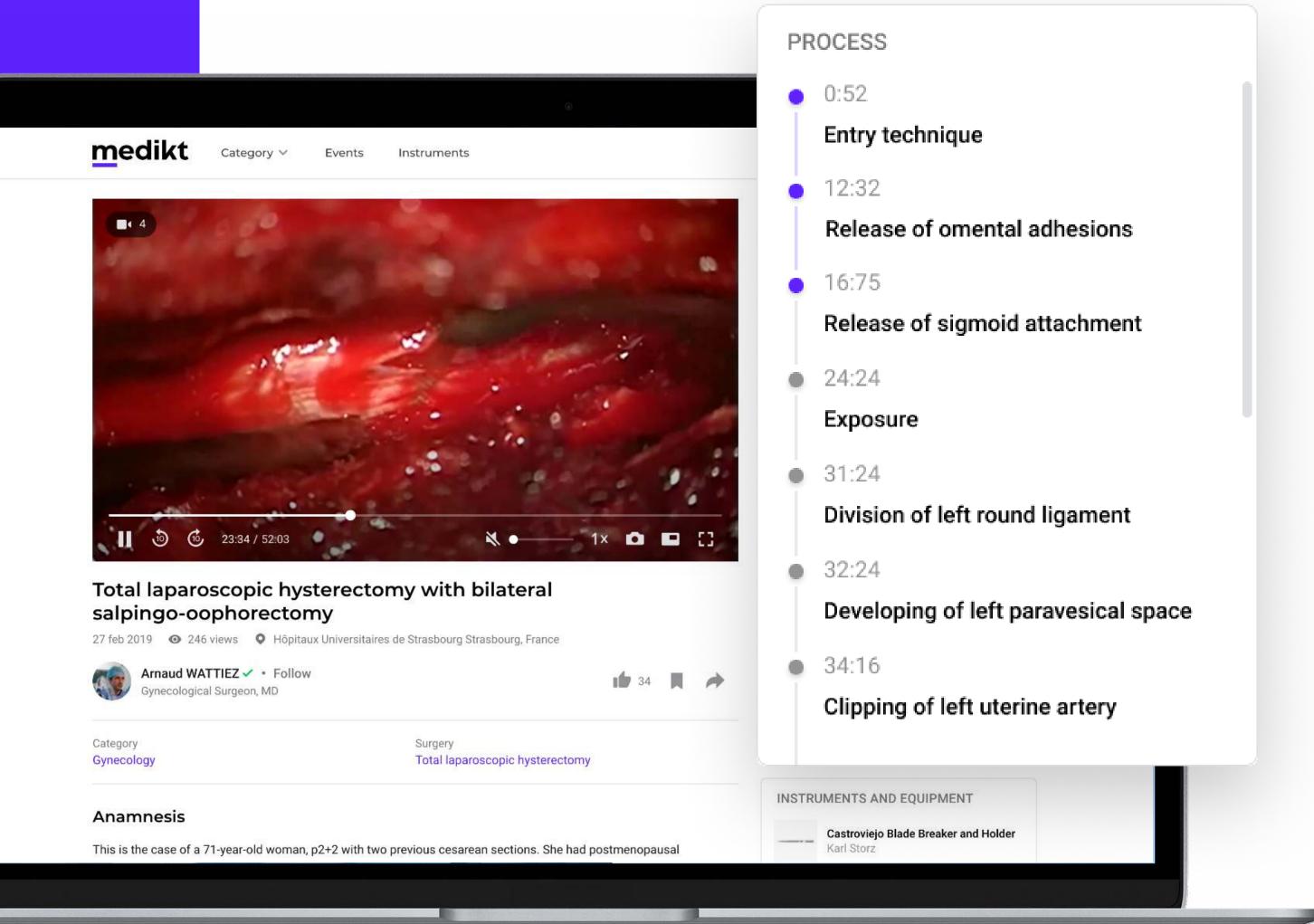






Valuable surgical data at one screen



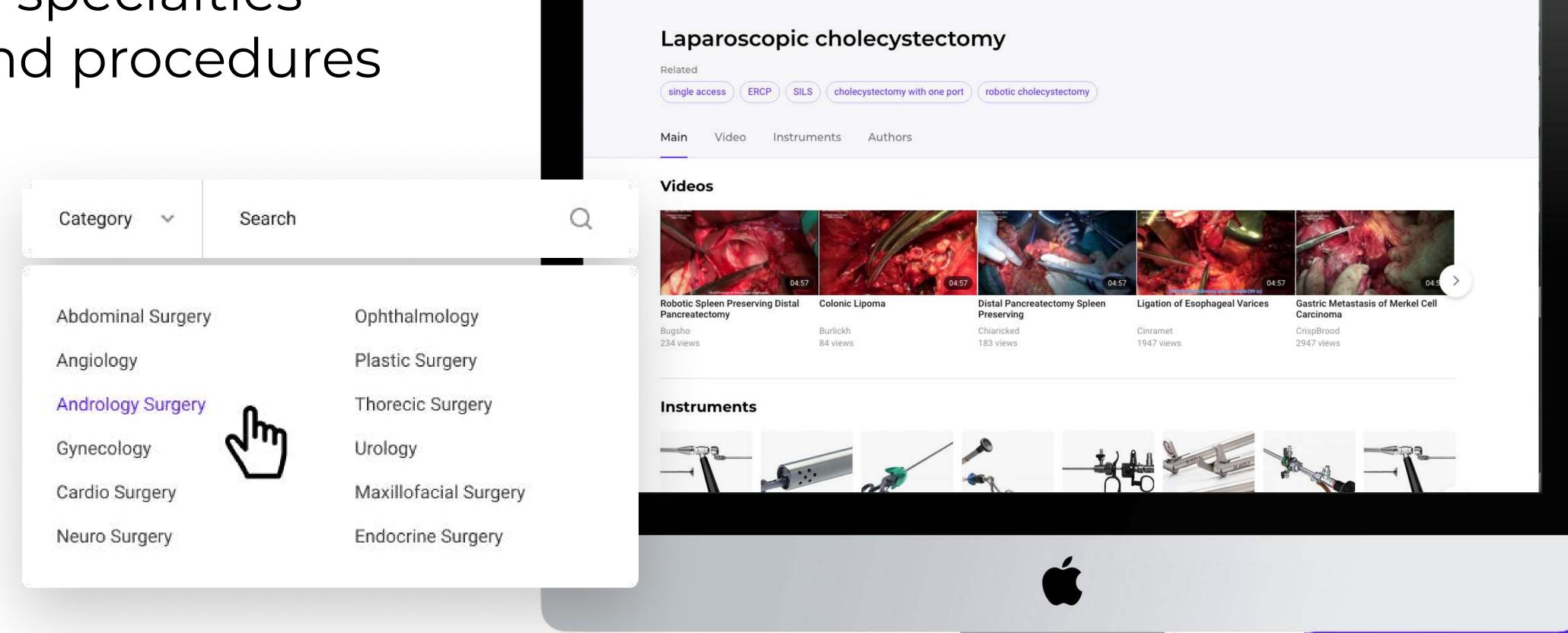


Annotations of surgical process

This convenient tool to mark up operations for events and milestones saves time on video editing

Catalogs

of specialties and procedures

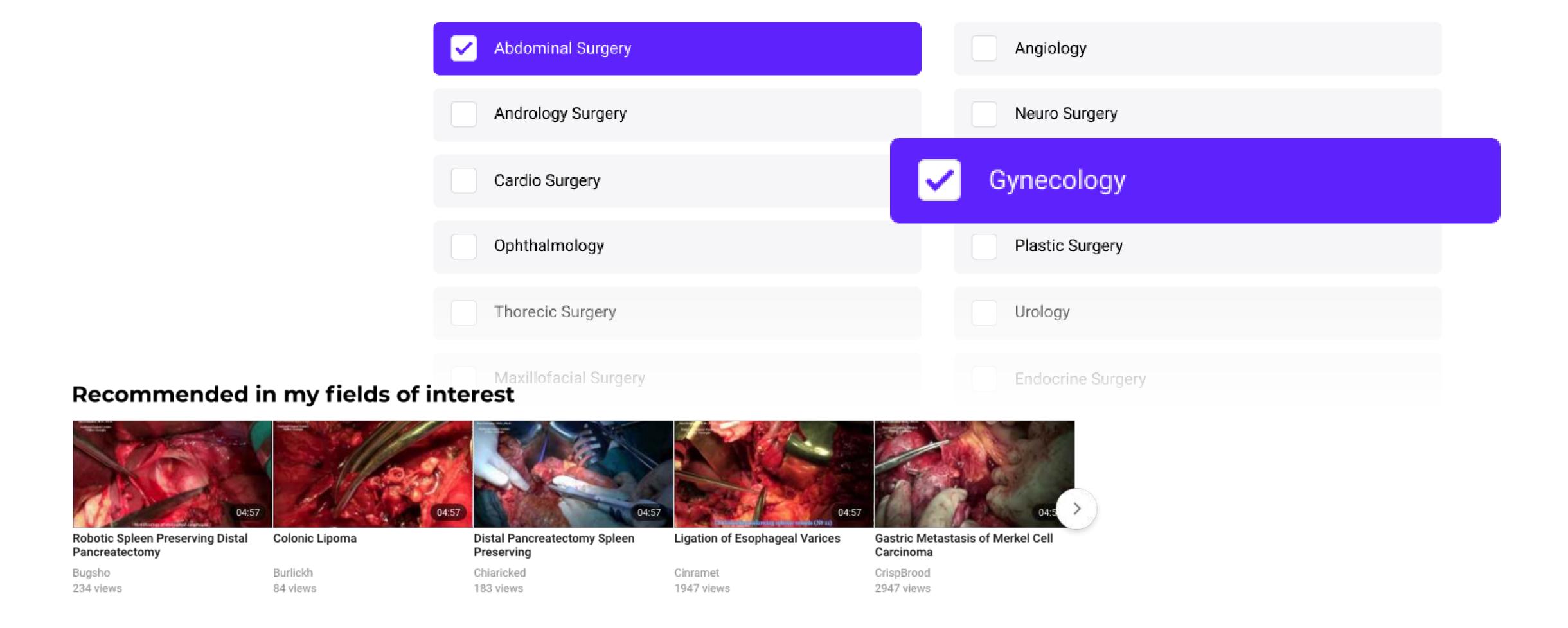


medikt

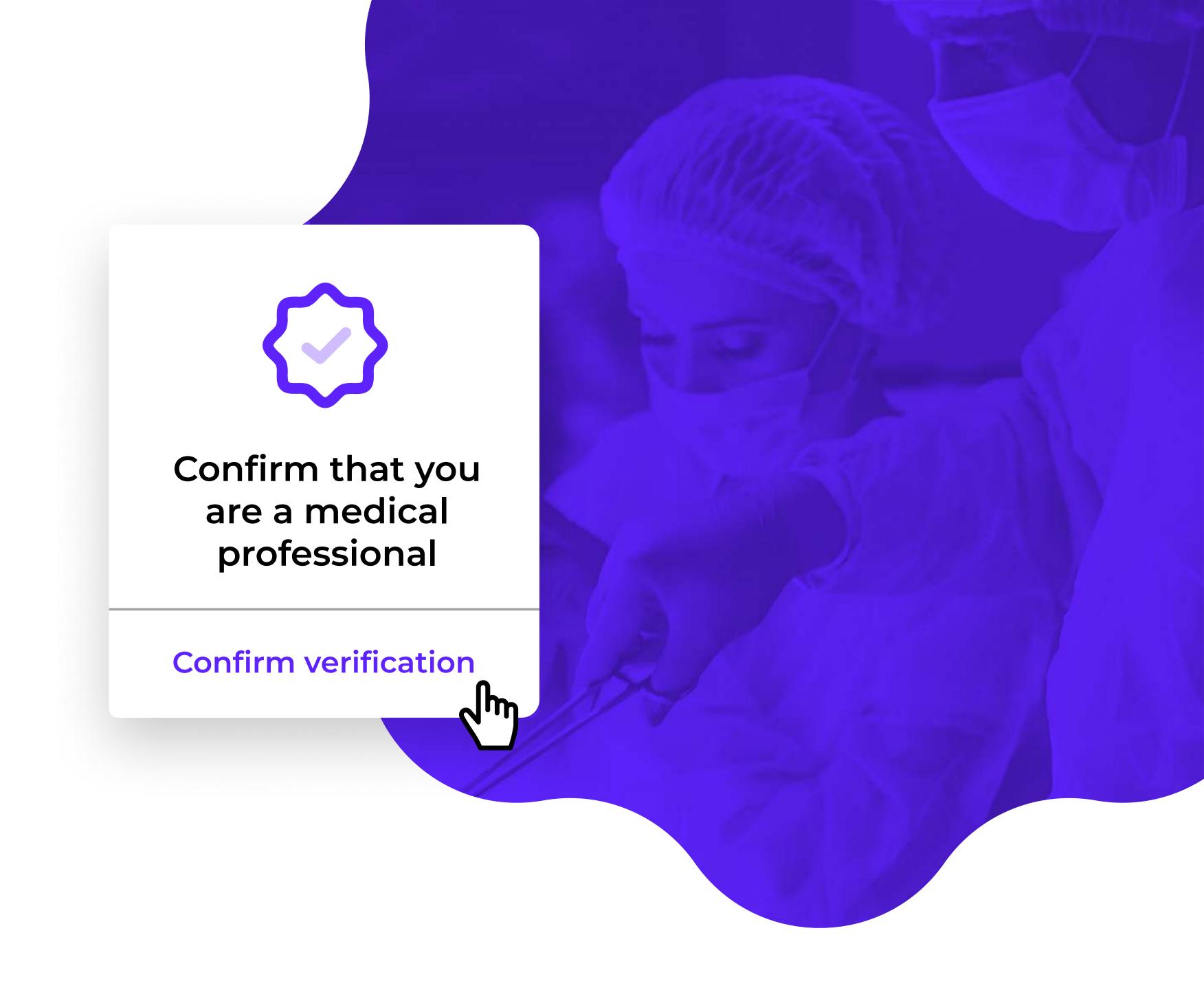
σ ὑ ¤ 🕲

Personal recommendations

based on user interests

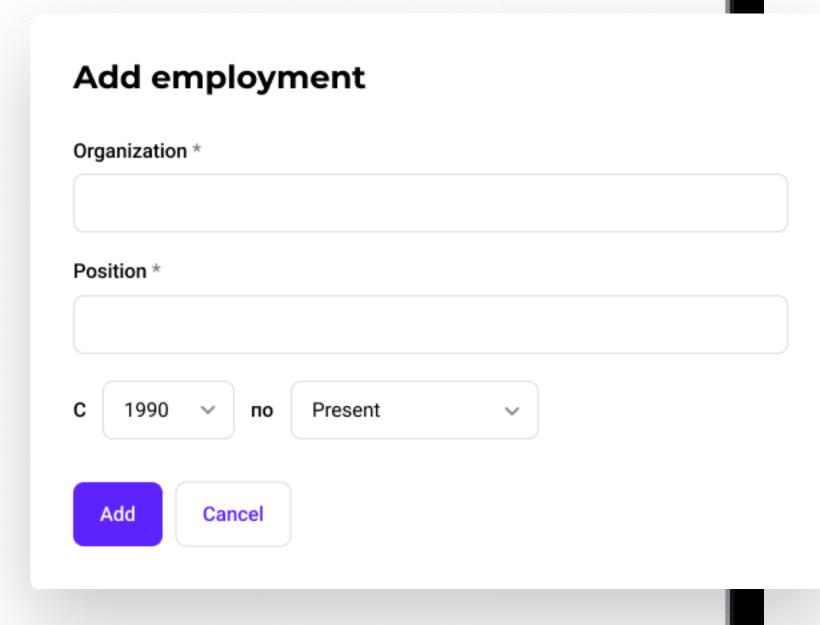


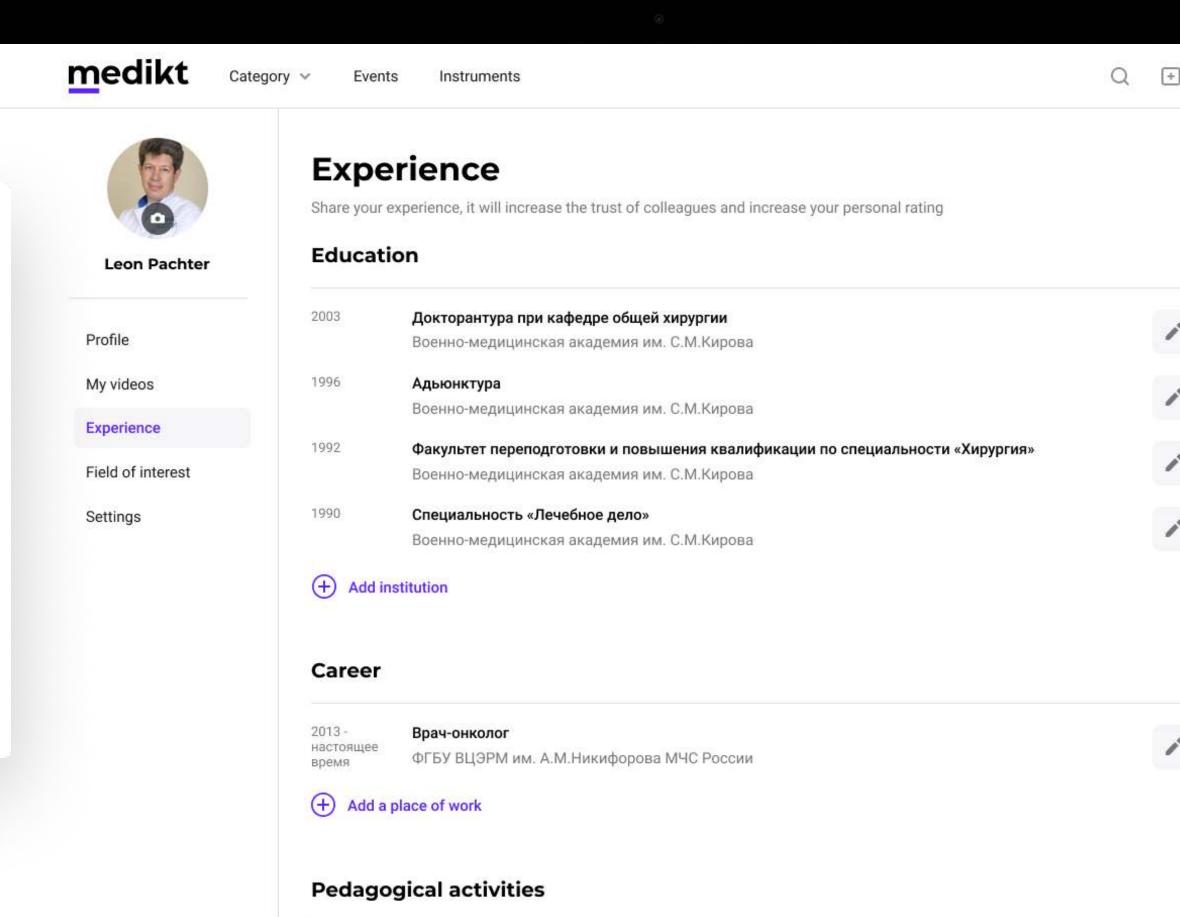
Doctor verification



Professional experience

in user profile







Tomas Antonini ✓ • Follow

MD, PhD, Researcher, Hypertension Department, National Medical Research Center of Cardiology, Moscow...



Very nicely done

This review is focused on suture approximation of the crural pillars.

- very nice dissection and retraction. the field is clean and well organized
- appreciate the preservation of the replaced L hepatic arterial branch

Excellent needle control and two hand coordination, with the assisting L hand doing a nice contemporaneous job of setting up the tissue, then being ready to pick up the needle after the pass. Very nice use of camera adjustment during suture phase and tying phase, to adjust the op field pertinent to the task of the moment.

The surgeon's left hand seemed to often have a hard time picking up suture or needle, with 2-3 attempts happening regularly. Right hand seemed fine so this does not seem to be a problem with 3D visualization, honestly not sure what to make of this difference in performance between R and L hands.

Suture tying included nice demo of the slip-knot technique in spite of suture breakage on the first suture. I believe the surgeon can be a bit more efficient in completing the knots, by shortening up the loop and by grabbing the tail closer to the knot. It should be practical to accomplish most suture throws without regrabbing suture, and move straight into next throw without re-grab.

Very nicely done - thanks for sharing!

27 feb 2021





The surgeon does a good job staying in the edema plane for dissection.

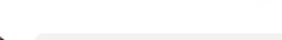
Good visualization

Good visualization. Camera was righ

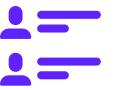
Fernando Bayron 🗸 • Fo Jrologic oncologist in Tacom

surgery faster and more efficient. At 4:55 good street over crura. Handling of necdae was pericel ready for next stitch. Soft but efficient movements. No tissue damage or bleeding. Surgeon showed good robotic control and bimanual dexterity.excellent job at 6:30 bringing down knot. Good job overall

2 jan 2021



Peer reviews from expert surgeons



Selection of experts across various specialties



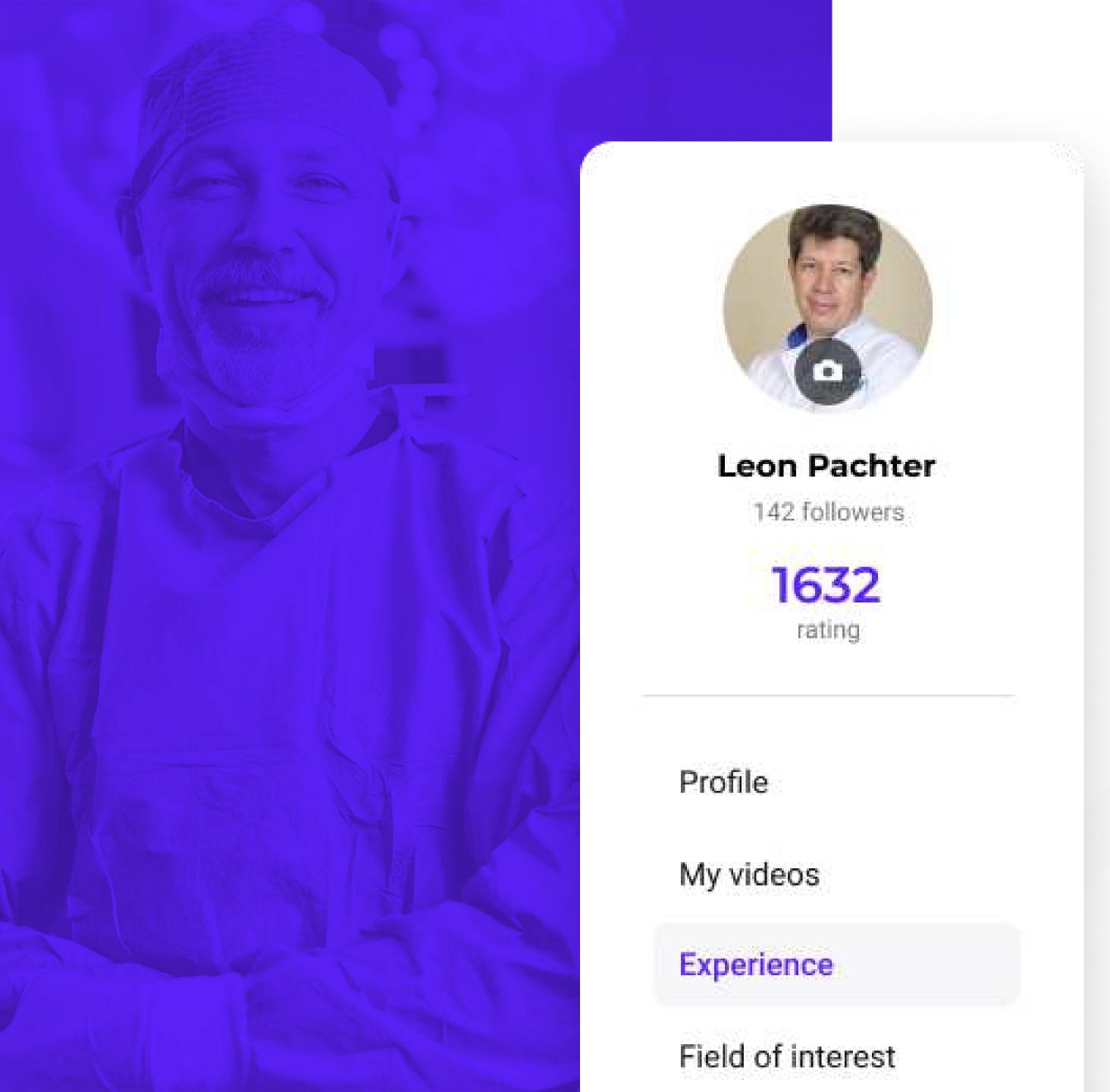
Verified and qualified doctors



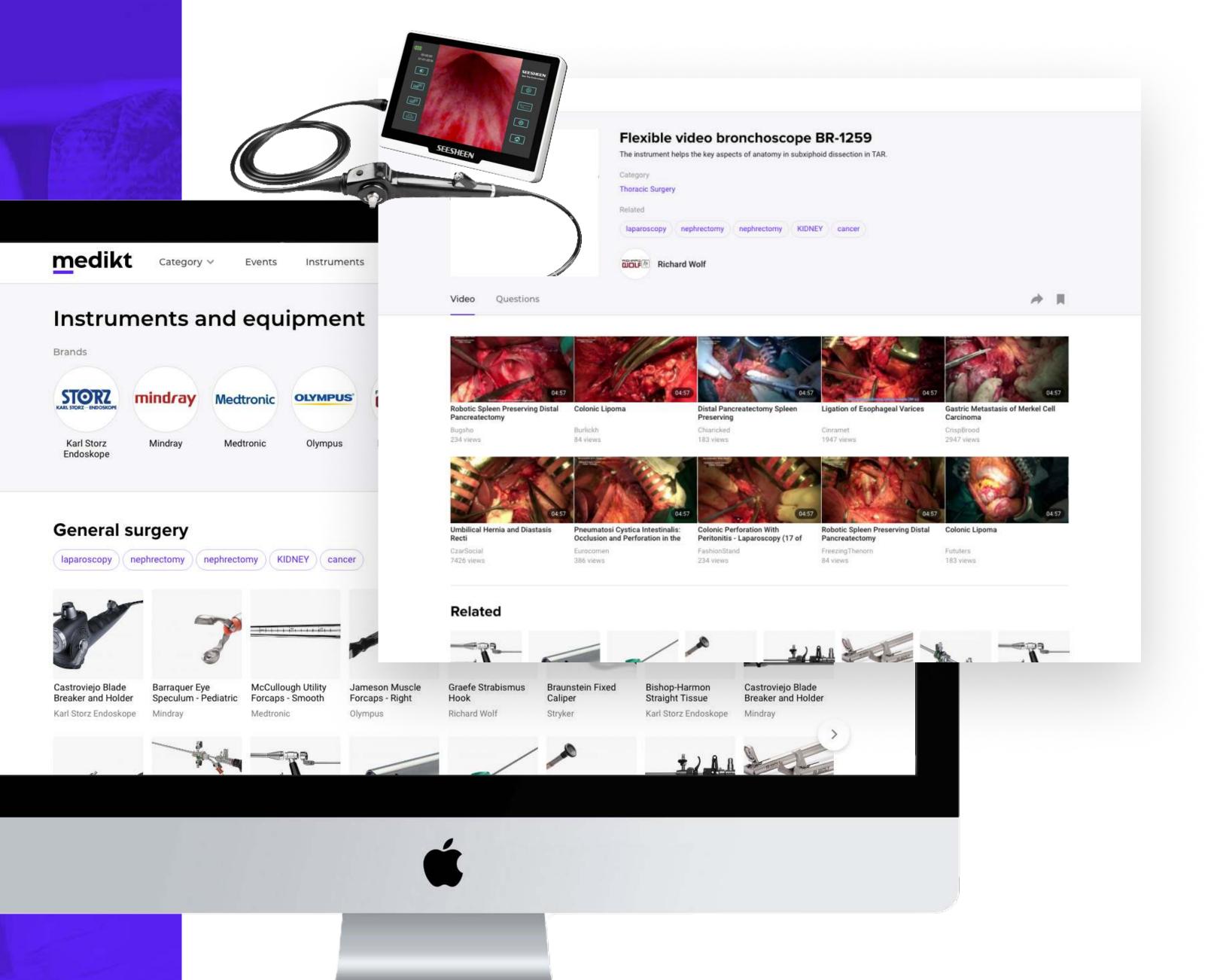








Personal rating system

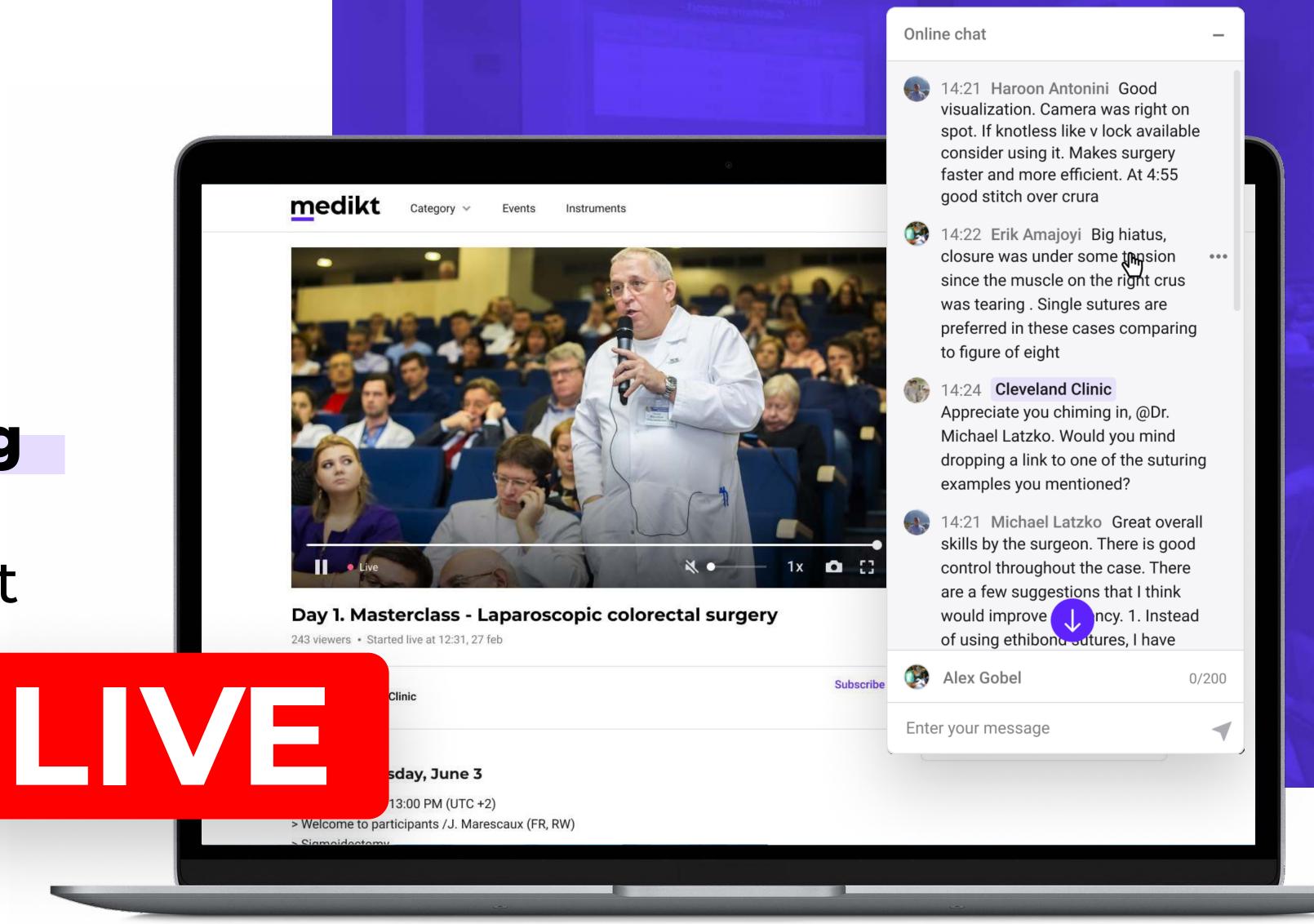


Instruments and equipment

from international manufacturers

Review of surgeries performed with selected surgical instruments or equipment

broadcasting and event management tools



Database for training artificial intelligence



Al learned how to suture wounds having watched videos of surgical operations. In the future, this model will learn how to do any routine activities by watching videos.

https://hightech.fm/2020/06/23/ai-surgery

medikt