



Creating Impact in Surgery

Aneel Bhangu

Correspondence: Professor Aneel Bhangu, Editor-in-Chief, Impact Surgery. E-mail: a.a.bhangu@bham.ac.uk

Cite as: A Bhangu. Creating Impact in Surgery. Impact Surgery. 2024;1(2):25. Doi: <https://doi.org/10.62463/surgery.44>

Thank you for reading the latest edition of *Impact Surgery*. We are committed to fostering a platform that amplifies the voices and experiences of surgeons and researchers from across the world. In line with this vision, we are seeking pilot studies, global surgery studies, quality improvement projects, reviews, education, and deeper dives on surgical topics that are often overlooked or neglected elsewhere. We recognise the profound impact of surgical interventions on individuals, communities, and societies worldwide, and we hope to speed up solutions and policy changes to address the unique challenges faced by diverse populations.

In our pursuit of excellence and relevance, *Impact Surgery* will not shy away from controversial topics or challenging discussions. Instead, we embrace controversy as an opportunity for critical inquiry, dialogue, and growth.

In this edition of *Impact Surgery*, we delve into the complex and multifaceted landscape of appendicitis – a condition that has long been the subject of debate and scrutiny within the surgical community. From the diagnostic challenges posed by atypical presentations to the controversies surrounding surgical techniques and postoperative management, the management of appendicitis encompasses a broad spectrum of issues that require constant learning by surgeons.

With the RIFT-2 study, we seek to push global practice towards pre-operative imaging, with strong evidence supporting the use of pre-operative CT scanning. We will temper enthusiasm for antibiotic therapies by reminding everyone of the evidence base, including the fact that 98% of appendicitis is still treated by surgery and antibiotic therapy has a 30% failure rate by one year, leading to cost consequences. It seems likely that, in increasingly resource limited healthcare settings around the world, that an unplanned normal appendicectomy will become a thing of the past. It will become a targeted treatment for a specific group of patients, supported by informed consent and discharge planning.

Furthermore, we will confront the disparities in access to surgical care and outcomes experienced by marginalized populations, including those in the Global South where appendicitis is common but remains under-researched.

Finally, we are starting to explore the role of ChatGPT in both producing content and reviewing content. Although the academic community are rightly worried about its role, we are looking to push the boundary to help define those boundaries. However, we will clearly indicate wherever it has been used in our processes and authorships.

We look forward to continuing this journey, whilst relieving the burden of peer review on authors. Please consider submitting your work to *Impact Surgery*.