

**A New Era in Operating Rooms with
Artificial Intelligence:**

AI-Powered Surgical Assistant Solution



CHALLENGES WE FACE

01

Manual
documentation



Time loss, higher risk of errors, surgeons' attention diverted from the procedure

Lack of real-time
decision support



No systematic support at critical moments

Insufficient
integration



Disconnected HIS, PACS, EHR and devices

Language &
procedure



Misalignment in multinational and multi-specialty teams

CURRENT METHODS AND THEIR LIMITATIONS

02

Manual note-taking
& reporting



Time-consuming,
high risk of errors

Limited voice
command systems



Only basic device control,
no contextual awareness

Passive use of
video data



Recording exists, but no contribution
to analytics, reporting, or training

Common problem



Lack of real-time and
contextual Support

KPIs WE AIM TO IMPROVE

03

- | | | |
|----------------------------------|---|---|
| Operational efficiency ↗ | > | Documentation time is reduced |
| Error rate ↘ | > | Critical risks are minimized |
| Time management ↗ | > | Reporting becomes faster |
| Surgical quality & consistency ↗ | > | More standardized and reliable outcomes |
| Patient safety & satisfaction ↗ | > | Higher perceived quality and sense of trust |

DEVELOPMENT OF THE SOLUTION

04



AI-powered
surgical assistant



Developed by
in-house teams

Surgeons &
OR staff



Actively involved in the
development process

AI models



Trained specifically for
different procedures

Data security &
regulatory compliance



Treated as a top priority
during development

Result



A user-centric solution that is
both technically robust and
clinically aligned

AI TECHNOLOGIES USED

05

- ◆ Voice models > Transcription aligned with medical terminology
- ◆ Vision models > Detection of critical moments from camera feeds
- ◆ Large Language Models (LLMs) > Summarization, reporting, and documentation support
- ◆ Integrated system > A digital assistant working alongside the surgeon

DATA SOURCES AND TRAINING PROCESS

06

- Audio data > Open-source, cleaned, and manually transcribed
- Text data > Textbooks, academic articles, and scientific literature
- Image/video data > Academic + synthetic datasets
- Training duration > 1–15 days (depending on the model)
- Model performance > Evaluated using dedicated test sets & medical exam (TUS) questions

TECHNICAL CHALLENGES WE FACED

07



◆ Data quality



Noise & echo mitigated with advanced signal processing

◆ Terminology alignment



Re-trained with domain-specific data

◆ Real-time performance



GPU/CPU optimization, quantization, pruning

◆ Data security



GDPR & HIPAA-compliant anonymization implemented

◆ Hallucination issue



Reduced through prompt engineering

PILOT STUDIES & PREPARATION PHASE

08

Pilot infrastructure



Completed; preparations for clinical phase are ongoing

Ethics approval



Process is in its final stage

Collaboration



Pilot deployment planned with Akdeniz University

First steps



Clinical data access, ethics approval, controlled tests

CONTRIBUTIONS ACHIEVED

09



Innovation culture



Strengthened within
the company

Data-driven mindset



Extended to other
projects

R&D processes



Adopted a more clinically
focused approach

Regulatory
alignment



Increased awareness of
data security and
compliance

SCALING & APPLICATION AREAS

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Surgical specialties



Easily adaptable to different branches

Multilingual capability



Ready for international use

Beyond the OR



Post-op workflows, robotic surgery, medical education

New integration domains



HIS, PACS, IoT devices, patient monitoring systems

Academic use



Valuable data source for clinical research

VALUE ADDED TO THE INDUSTRY

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Decision support



Systems are
standardized

Reporting



Manual workflows replaced by
automated processes

Patient safety



Critical errors prevented
through proactive alerts

Multilingual use



Procedure-independent,
scalable globally

Clinical
improvement



Insights from surgical data drive
quality & performance gains

IMPLEMENTATION PROCESS

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Pilot
deployments



Limited case testing across
different specialties

Validation



Tested in real surgical
environments

Optimization



System refined using user
feedback

INTEGRATION PLANS

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- ◆ Surgery management > API integration with existing hospital systems
- ◆ Device data > Real-time processing of camera and audio device streams
- ◆ Patient records > Automatic addition of structured reports into information systems
- ◆ Hardware infrastructure > Smooth processing of high-volume data
- ◆ Support for surgeons > Real-time digital assistant during operations

SUSTAINABLE IMPACT

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Economic
impact



Higher efficiency, reduced costs,
fewer re-operations

Social impact



Increased patient trust, reduced
administrative burden, higher job
satisfaction

Environmental
impact



Paperless workflows enable
energy and resource savings

1-3 YEAR VISION

15

Widespread
adoption



Deployment in university hospitals
& private healthcare groups

Specialty-based
models



AI models tailored to
different surgical domains

Deep integration



Alignment with HIS, PACS, and
robotic surgery platforms

Decision support



More advanced and
proactive mechanisms

Beyond the OR



Expansion into post-op follow-up,
clinical reporting, and medical
education

INTERNATIONALIZATION

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Target markets



Expansion into Europe, the Middle East, and North America

Compliance



Architecture aligned with GDPR & HIPAA standards

Strategic partnerships



Collaborations and investment initiatives

Global vision



Becoming a strong and sustainable player in the global healthcare ecosystem

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