Social Media is the name given to a collection of applications, Twitter being the primary social platform for the surgical community, followed by Facebook, LinkedIn and Instagram giving users the opportunity to create content and subsequently share that content with peers, enabling them to network and socialise. It is a product of the conversion of the internet from a one-way information platform to a two-way communication platform where the public can actively participate in content upload. This change, officially known as the change over from Web 1.0 to Web 2.0 which occurred in 2004, has since made the internet become a user-generated platform with text, video, photos and blogs uploaded by the public, giving everyone ‘an equal voice’ to express ideas, opinions, knowledge and updates irrespective of being true or false, good or bad [1]. Just like every aspect of life, it has infiltrated the medical profession as well, with surgery being no exception.

Matched with some opposition at first, like many revolutionary ideas of the past (Semmelweis’ aseptic hand technique to prevent puerperal fever, GI stapling in General Surgery, laparoscopic surgery and organ transplantation), there are still mixed thoughts surrounding the showcasing and broadcasting of the surgical profession due to fear of compromising professionalism. Many pioneering surgeons however, have taken the leap and have modernised their practice, using online networking to promote public health education, educate medical students and network themselves by communicating in real time research findings, new ideas and projects as well as their own personal opinions.

In the early days of social networking, blogger surgeons used pseudonyms in order to maintain anonymity. Since 2012 this practice has much dissolved, with more surgeons seeking credit for their work. The blogging era has gradually died out and there has been the emergence of the ‘tweet’, a post limited to 140 characters in the form of a short summary, often used to grab the audiences’ attention and direct it to a main, longer article [2].

Twitter, specifically has been praised for its free, easy to use, simply laid out platform. Launched in 2006, Twitter has evolved into a social media super power. It has the ability to accumulate same or related subjects via the use of hashtags, producing unified discussions. It is increasingly being used for live communications at scientific meetings, highlighting keynote speakers and presentation findings that can actually bring real change to surgical practice. Another function of Twitter includes tweetchats which are scheduled discussions with high profile organisations responsible for setting and maintaining standards. Such an example includes the breast cancer social media (#bcsm) founded in 2011, which provides a patient-focused weekly chat. The chat was initially created by patients, who were soon joined by physicians, researchers and clinical staff, emphasising the multidisciplinary approach to medicine in the 21st century. Dr Attai, co-moderator of the chat has claimed that #bcsm has provided her with a greater understanding of patients’ ideas and thoughts. Many communities have followed #bcsm, namely #lcsm (lung cancer social media) and most recently #obsm (obesity social media) focusing on explaining bariatric and metabolic surgery in depth.

Social media and the opportunities in education for the trainee surgeon are endless, an example being the establishment of the first International Urology Journal club (#urojc) via Twitter in 2012. In a paper published in 2014 #urojc had 195 as the mean number of tweets per month, with 62% being original tweets and 22% being retweets from other sources. The journal managed to attract 189 users from 19 countries and 6 continents. The
It has been proposed that Social Media could be 'intruding' the patient-physician relationship. In an article written with the intention of examining the above idea, conclusions were deducted that social media can be harmful if used incorrectly, spreading anger and distrust towards the medical profession. It was found that in most groups on Facebook and online web pages, physician input was often minimal. There were also cases of patients giving medical advice without having undergone any medical training. Furthermore, concerns with breaching patient confidentiality have risen as well as issues with patients posting lab results and reports seeking interpretation from individuals online. Finally, there were many malpractice law groups and 'anti' groups expressing distrust towards certain aspects of medicine- vaccines, procedures and drugs. Due to the amplificatory nature of social media, these groups have grown uncontrollably, further widening the gap between physician and patient.

Methods to combat cases of social media ‘going wrong’ include surgeons being pro-active in social media, offering safe, reasonable and evidence-based advice. Being accessible as a surgeon in the 21st century is of paramount importance. We live in an era where patients are able to access massive amounts of unfiltered information at a click of a finger and it is a physician’s duty to be at the forefront to address patients’ concerns before ‘Dr Google’ does [7].

Concluding, one can say that there has never been a more exciting time to be a surgeon. Although the social networking platforms available today may soon be replaced by others, the concept of social media is here to stay. Surgeons all over the world are already virtually connected forming a great alliance in skill sharing and an empowering source of innovative ideas. With such a momentum, the future of surgery is just about limitless.

References