

REVIEW

Predictive Imaging: From 2D Photographs to 3D Surgical Planning

Subhas Gupta, MD, CM, PhD, FRCSC, FACS

Department of Plastic Surgery, Loma Linda University; The Plastic Surgery AI Group

Published November 2025 · DOI: 10.xxxx/jsi.2025.0003

Abstract. Computer vision models are reshaping surgical planning by transforming standard 2D clinical photos into 3D surfaces, depth maps, and predictive simulations. While plastic surgery adopted photographic standards early, every surgical specialty now benefits from improved anatomical visualization, enhanced patient counseling, and more precise operative planning. This article reviews the methods, use cases, and ethical safeguards for predictive imaging.

Keywords: computer vision, photogrammetry, depth estimation, 3D reconstruction, surgical planning

1. Why Predictive Imaging Matters Across Surgery

Most surgical decisions rely on imperfect visual or imaging cues. Predictive imaging aims to provide surface-level detail (soft tissue, contour, asymmetry), depth estimation from a single photo, anatomical understanding through segmentation, and simulation of surgical change. In plastic surgery this includes rhinoplasty, breast surgery, facial contouring, and soft-tissue reconstruction; in other specialties it supports joint alignment visualization, hernia mapping, nasal contour models, and trauma wound estimation.

2. How AI Converts 2D Into 3D

AI-enabled depth and geometry estimation typically follows four steps:

Feature Extraction

The model identifies edges, shadows, textures, skin gradients, and anatomical landmarks.

Depth Prediction

Depth-estimation networks infer surface geometry, allowing creation of a depth map without CT or MRI.

Mesh Reconstruction

Depth is converted into a 3D surface mesh that can be rotated or refined.

Surgical Simulation Layer

For plastic surgery this may include nose tip rotation and projection changes, jaw adjustments, breast volume simulation, and soft-tissue repositioning. Across other fields, simulation layers may depict edema resolution, defect coverage, or anatomical relationships.

3. Clinical Use Cases

- Preoperative visualization: rotatable 3D models for planning and case discussion.
- Patient counseling: clearer understanding of expected change and procedural limitations.
- Operative planning: incision placement, tissue movement estimation, symmetry checks.
- Education and training: visualizing anatomical variability and surgical consequences.
- Longitudinal comparison: quantifying swelling resolution, scar maturation, and tissue remodeling.

4. Accuracy, Limitations, and Safety

Strengths include surprisingly accurate surface predictions, ease of capture from standard photos, and no radiation or additional imaging cost. Limitations include that hidden structures such as cartilage, bone, and vessels remain estimates; lighting errors can distort depth; some algorithms struggle with darker skin tones or low-contrast lighting; and overly perfected simulations can create false confidence. Ethically, surgeons must always distinguish simulation from guaranteed outcome.

5. Practical Implementation Checklist

A clinic photo protocol should use uniform lighting, standard camera distances, fixed camera height, and multiple angles. Software should provide HIPAA-compliant storage, adjustable simulation layers, mesh or depth-map export, and revision history. Surgeon workflow integration should use simulations during counseling, document that images were reviewed with disclaimers, and pair predictions with real-world before/after examples.

Key Takeaways

- Predictive imaging is becoming a core surgical tool, not a cosmetic add-on.
- AI now reconstructs accurate geometry from routine 2D photographs.
- Plastic surgery is the earliest adopter, but all surgical fields benefit.
- Simulations must be used responsibly and transparently.
- Consistent photo standards dramatically improve accuracy.