

Recognizing Surgical Phases Anywhere (SPA)

Few-Shot Test-time Adaptation and Task-graph Guided Refinement

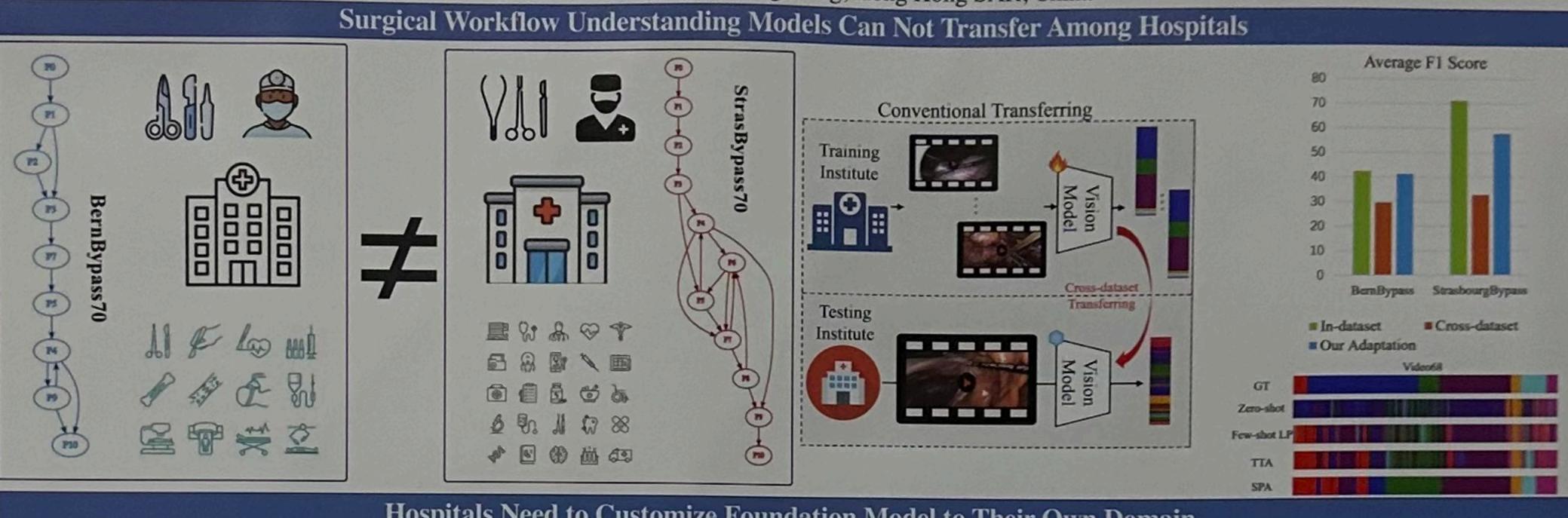
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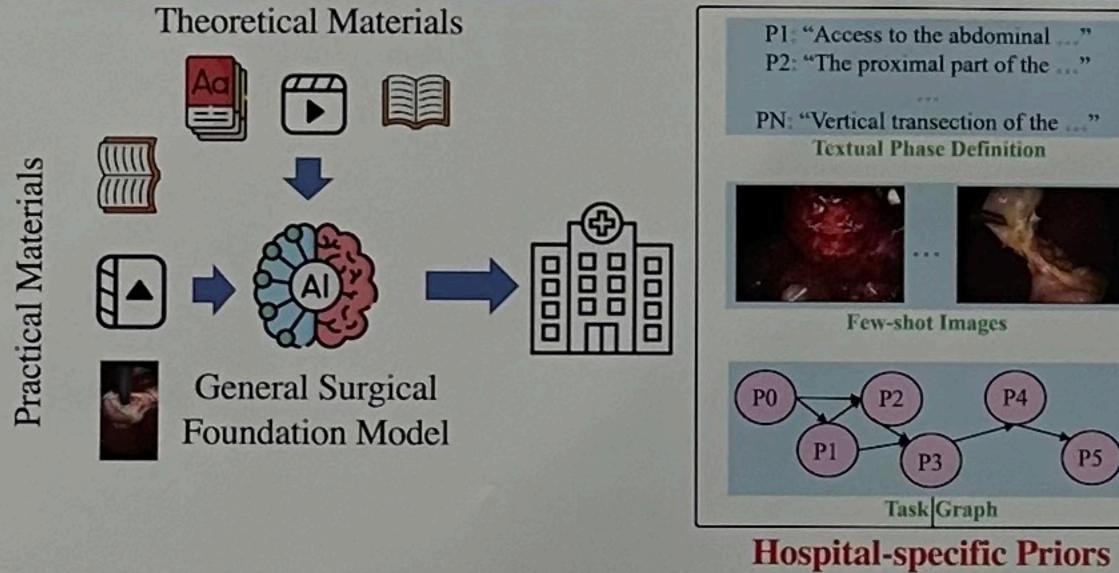
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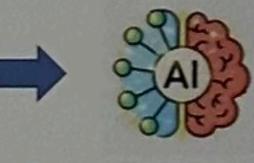
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Hospitals Need to Customize Foundation Model to Their Own Domain



Spatial Adaptation Temporal Adaptation Test-time Adaptation **Our SPA**



Customized Surgical **Understanding Model**

Handle Domain Gaps with Spatio-temporal Adaptations

TCN Model

(d) Inference after test-time adaptation

Institute-specific priors

Trainable weights

Training

(b) Task-graph guided diffusion (a) Few-shot classifier Few-shot Images P1: "Access to the abdominal P2: "The proximal part of the ... PN: "Vertical transection of the **Textual Phase Definition**

Testing

· W	P0 P2 P4	TCN Model Convld
5 4	PI PI Add Z	Linear
₽ ♥ ■	Noise Noise	Convld
م ا	Markovian	Linear
O Logits	Loss +	

Methods	Shots	Cholec80	StrasBypass	BernBypass	Autolaparo
CLIP [15]	0	13.1	5.5	4.1	18.3
PeskaVLP [26]	0	34.2	28.6	22.6	28.6
RN50 Full	Full	80.3	71.1	42.4	NA
Tip-Adapter-F [28]	1	29.29±0.53	14.88±0.03	14.29±0.00	26.58±0.00
Linear probe (LP) [17]	1	26.19±6.75	24.70±3.64	14.95±1.35	33.90±5.19
LP+text [17]	1	32.21±1.88	23.53±3.59	14.12±2.36	32.80±5.81
SPA	1	44.53±5.77	30.68±5.24	24.31±4.29	51.48±6.26
Tip-Adapter-F [28]	16	40.75±2.15	34.29±2.12	24.54±1.97	37.51±1.31
Linear probe (LP) [17]	16	39.06±1.04	38,48±1.88	27.36±0.45	42.60±2.78
LP+text [17]	16	38.24±2.33	35.42±1.35	25.01±0.50	39.43±4.83
SPA	16	55,05±4,80	52.39±1.88	38.73±1.58	58.91±4.72
Tip-Adapter-F [28]	32	42.05±1.04	35.83±4.08	26.98±1.68	39.75±2.11
Linear probe (LP) [17]	32	38.37±1.37	42.79±0.61	29.74±0.85	44.72±1.25
LP+text [17]	32	38.36±1.81	40.35±1.25	26.01±0.79	39.40±3.35
SPA	32	55.69±3.99	55.80±1.32	43.54±1.96	60.36±3.14

Surgical Phase Recognition

Surgical Phase Anywhere (SPA) offers a lightweight, data-efficient framework for cross-institution surgical phase recognition. By combining few-shot spatial adaptation, task-graph-guided temporal modeling, and dynamic test-time adaptation, SPA achieves robust generalization with minimal annotation, enabling scalable and reliable deployment across diverse surgical environments.

[1] Yuan, K., Srivastav, V., Yu, T., Lavanchy, J.L., Marescaux, J., Mascagni, P., Navab, N., Padoy, N. Learning Multi-modal Representations by Watching Hundreds of Surgical Video Lectures. Medical Image Analysis, 2025.

[2] Radford, A., et al. Learning transferable visual models from natural language supervision. [3] Few-shot Adaptation of Medical Vision-Language Models, MICCAI 2024.

[4] Zhang, R., et al. Tip-Adapter: Training-free CLIP-adapter for better vision-language modeling. [5] Yuan, K., Srivastav, V., Navab, N., Padoy, N. HECVL: Hierarchical video-language pretraining for zero-shot surgical phase

recognition. MICCAI, 2024. [6] Yuan, K., Srivastav, V., Navab, N., Padoy, N., et al. Procedure-aware surgical video-language pretraining with hierarchical

knowledge augmentation. arXiv:2410.00263, 2024. [7] Lavanchy, J.L., et al. Challenges in multi-centric generalization: Phase and step recognition in Roux-en-Y gastric bypass



Few-shot Images

Testing Video

P1: "Access to the abdominal

PN: "Vertical transection of the . Textual Phase Definition

(c) Test-time adaptation with mutual agreement

P2: "The proximal part of the ...











