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Surgery in Times of Crisis

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ABSTRACT

Surgical practice in northwestern Syria during the war presented a stark reality for the medical professionals on the front lines: a collapsed health system, destroyed infrastructure, and severe shortages of medical supplies and equipment. Amidst this devastation, surgery emerged as the sole lifeline for many of the wounded. In the midst of this ruin, innovative solutions for surgical care delivery began to take shape—solutions designed to address the prevailing challenges: adapting to scarcity, fostering collaboration, improving supply chain logistics, and leveraging technology, such as telemedicine. These strategies are not merely transient measures for wartime; rather, they constitute a fundamental necessity for the post-conflict era, where the construction of a resilient health system—supported by effective partnerships—has become a prerequisite for the comprehensive revitalization of the region.

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In a single moment, something might befall you, a hopeless situation, a sudden, daring act, a military operation, or a military campaign, like a battalion, to liberate the pulse of the heart with cunning, to the point of its collapse, and to place the health system in a critical situation. In this context, surgical intervention remains the cornerstone of saving lives, for it is not a mere formality; it is a necessity: a choice, a decisive, aborted, and a difficult situation, like one that does not wait for the end of the war or the restoration of security.

In Serial; and the shal of the west of the country, I doubt this witness is real for the army.

After a wall of wealth and high places, the wires found their people in a state of health, fragile and dilapidated. Some thought that liberation would eliminate the mother and the children, but it revealed the bitter truth: destroyed hospitals, displaced or imprisoned doctors, almost nonexistent surgical services, and a weakened society burdened by hardship and poverty.

When the health system collapsed, it collapsed with it, a minute of silence for the sake of the fate of the hospital The wards, the operating rooms, the anesthesia rooms, the supply rooms, and the sterilization system. In the small hospital that remained, its knowledge in the wealthy neighborhood, the doctors were confined to the basements of the hospital, illuminated by the light of the sun, comparing the patients to the doctors, and they took up residence in the villages of the hospital in a state of anxiety, accustomed to their courage more than their work.

Surgery in the country is not a luxury or a temporary service. In times of crisis, surgery becomes a vital lifeline: war injuries, fractures, internal injuries, cesarean sections, cesarean sections, general surgery, and cervical stenosis. It doesn't even wait for the state of the health system to provide it.

With qualified surgeons and staff, surgery has become a respected option for many patients. In the western part of Surreal, the scene of the surgeon who was taken out of the operating room to examine the patient after a few moments, and then a moment of relief, was recounted; only because the patient's condition had worsened. With a shortage of anesthesiologists, the patient was forced to use only a nursing anesthetic, with a high dose of sedative.

The challenges facing surgery in the field are numerous and complex. The underlying conditions are such that many operating rooms do not meet the necessary safety and sterilization requirements. Maintaining sterilization conditions in a war environment is almost impossible, which increases the risk of infection after surgery. The shortage of supplies and equipment places a heavy burden on the young and infirm doctors, who are often overwhelmed by the costs. Those who are able to perform surgery are suffering from the physical and mental strain under the pressure of the war, and due to the dementia, bombing, and loss of mothers that have been caused by the war.

However, this first phase witnessed a rapid solution to the problem of surgical inactivity amidst the challenges. It wasn't merely a matter of parental restoration, but rather a comprehensive approach to the problem, as its word suggests: training surgeons and surgeons, improving the supply chain, and implementing advanced technologies such as remote medical applications or surgical procedures. Even the limited resources and physical surgery, with its authority, play a role in the future.

But the biggest challenge, however, remains: how do we restore confidence in medical inactivity? How do we encourage them to be more comfortable and capable in the field? And how do we ensure that innovation is not just a temporary solution, but rather a sustainable approach to better healthcare? From the experience of the Syrian and other experiences, such as Afgland and Karangar, the ideal in the field of surgery, international cooperation, and

medical innovation can make a big difference. Remote diagnosing, and the use of robotic surgery (with its advanced technology), can significantly enhance the effectiveness of healthcare systems.

It is also important to provide comprehensive care during surgical treatment, because wounds are not just physical. Patients who have lost limbs, the patients who have lost their heads, and the doctors who witnessed this are all in need of long-term care.

At first glance, I cannot accept any health system in the region, but I must address it.

Cooperation between international and local authorities, the government, and the government is necessary to ensure the availability of services, including medical care, treatment methods, and other resources, and to provide the best possible service.

The future may seem bleak and uncertain, but if the Turkish government, with its flexible infrastructure, adapts to changing circumstances, capitalizes on the opportunities presented by modern technology, and provides support, then there is a real chance to transform the future into opportunities. It is possible to create a laboratory for human and medical innovation, where humanity learns how to revive life even in the most difficult conditions.

About the author

Dr. Zuhair Al-Qarrat, Director of International Cooperation at the Ministry of Health, and former Director of Health Affairs between 2022 and 2024. He supervised the health sector in the context of the bombing, bombing, and the provision of services, and conducted field visits to ensure the continuity of surgical and medical care. He analyzed the planning of the health sector and the impact of the Ministry on the state's partnerships to improve primary and secondary healthcare and ensure the sustainability of health services.

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