

'Compulsory service? Satisfactory service?' Neonatal surgery experience of a pediatric surgeon on state service obligation in the periphery



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AIM: Presentation of a single-center experience in neonatal surgery

METHOD: File records from 2018-2023 were scanned retrospectively

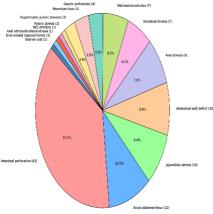
## **RESULTS:**

230 patients: 118 male (51.3%), 111 female (48.2%), 1 ambiguous (0.5%)

\*Thoracic surgery n=29, 12.6% Congenital diaphragmatic hernia: 15 (51.7%) (Left: 13, Right: 1 Hiatal: 1)

Esophageal atresia: 14 (48.3%)

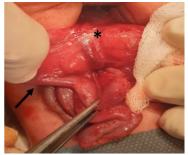
## \*Abdominal surgery n=114, 49.6%



\*GÜS surgery n=2, 0.9% Vaginal atresia/hydrocolpos \*Peritoneal dialysis n=85, 36.9%

## CONCLUSION:

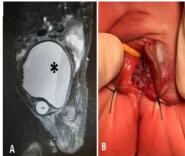
Neonatal patients hold a special significance in pediatric surgery, and pediatric surgeons frequently encounter a wide range of conditions in this group, particularly in peripheral settings.



Duodenal atresia (arrow), preduodenal portal vein (star)



Antenatally diagnosed midgut volvulus



(a) Vaginal atresia/hydrocolpos (arrow)(b) Appearance after vaginal pull-through