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Editorial

Surgical Perspective of the Post-Flood Situation in Songkhla

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Flood disasters are the most common natural hazards worldwide, posing significant challenges to communities. Hospitals are often particularly hard-hit, leading to substantial operational difficulties for healthcare institutions – even for those with prior experience in disaster management and response[1].

As the floodwaters receded in Songkhla, the clinical focus shifted from acute disaster response to managing the "second wave" of surgical complications[2]. The critical role of surgical departments was to address necrotizing infections, managing the backlog of elective procedures, and strengthen surgical resilience in flood-prone urban centers[3].

The silent crisis under the receding waters

The massive flooding that recently devastated Songkhla left behind more than just structural damage; it created a complex landscape of surgical pathology. While the emergency phase of rescue is over, the surgical community is now facing a peak in environmental-related trauma and infections. The "receding water phase" is, in many ways, more taxing for surgical departments than the flood itself.

1. The proliferation of neglected trauma and soft tissue infections

A primary concern post-flood is the surge in Necrotizing Soft Tissue Infections (NSTI) and Melioidosis. In Songkhla's densely populated urban areas, the mixing of floodwater with sewage created a potent reservoir for pathogens.

• Delayed Presentation: Patients often delay seeking care for minor lacerations due to logistical disruptions, leading to advanced cellulitis or gas gangrene by the time they reach the operating theater.

• The Vulnerable Foot: For the high population of diabetic patients in Southern Thailand, immersion in contaminated water poses an existential threat.

2. The surgical backlog: a resource management dilemma

The suspension of elective surgeries during the peak of the crisis created a significant surgical backlog. Managing this required more than just extra hours; it required a strategic triaging of urgency.

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• Prioritization: Surgeons must now balance oncological cases that have reached a critical delay with new, acute post-flood injuries.

• Resource Depletion: Addressing the depletion of sterile supplies, blood products, and personnel fatigue.

3. Logistical lessons: moving toward "flood-resilient surgery"

Songkhla's geography makes it a perennial victim of monsoon floods. This latest event underscores the need for:

• Surgical Infrastructure Hardening: Ensuring that Operating Theaters (OT) and Sterile Processing Departments (CSSD) are located on higher floors; with independent, flood-proof power and medical gas supplies.

• Community Surgical Outreach: Developing protocols for "early wound care" at the community level to prevent minor injuries from escalating into surgical emergencies.

Conclusion: beyond the scalpel

The post-flood situation in Songkhla serves as a stark reminder that surgical excellence is not confined to the operating room. It is deeply integrated into the city's environmental and logistical health. As surgeons, our role in the coming months is twofold: to provide meticulous care for the complications emerging from the mud, and to lead the conversation on building a more resilient, disaster-ready surgical system for the future of Southern Thailand.

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