



## Editorial

# The Role of the Neonatal Intensive Care Unit in the Care of Surgical Neonates Perspective from Bangladesh

Neonatal surgery has evolved from being a high-risk endeavor with limited survival to a subspecialty where excellent outcomes are increasingly achievable. Central to this progress is the Neonatal Intensive Care Unit (NICU), which has become an indispensable partner in the management of surgical neonates. In Bangladesh, where the burden of congenital anomalies is significant and resources are often constrained, the role of a well-functioning NICU is even more critical. This editorial highlights how NICU care influences outcomes of surgical neonates and underscores priorities for strengthening neonatal surgical services in our context.

### Surgical Neonates: A Vulnerable Population

Surgical neonates represent one of the most fragile patient groups. Conditions such as esophageal atresia, congenital diaphragmatic hernia, intestinal atresia, anorectal malformations, necrotizing enterocolitis, abdominal wall defects, and neonatal sepsis often coexist with prematurity, low birth weight, respiratory distress, and metabolic instability. Surgery alone rarely determines survival; rather, outcomes depend on meticulous preoperative stabilization, vigilant postoperative monitoring, and long-term supportive care—core functions of the NICU.

### Preoperative Stabilization: The First Critical Step

The NICU plays a decisive role even before the operating room is reached. Early recognition, thermoregulation, cardiorespiratory stabilization, correction of fluid and electrolyte imbalance, glucose control, and prompt initiation of antibiotics significantly reduce perioperative mortality.

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In Bangladesh, delayed referral and transport-related morbidity remain major challenges. A NICU with trained personnel can mitigate these factors by ensuring:

- Effective airway management and oxygenation
- Careful fluid resuscitation and avoidance of hypothermia
- Gastric decompression and sepsis control
- Appropriate timing of surgery based on physiological readiness rather than urgency alone
- Such stabilization often makes the difference between survival and loss.
- Intraoperative and Immediate Postoperative Support

Close coordination between pediatric surgeons, anesthesiologists, and neonatologists is essential. Modern neonatal anesthesia, ventilatory strategies, and hemodynamic monitoring—usually coordinated through the NICU—have transformed surgical safety.

### Postoperatively, the NICU provides:

- Mechanical ventilation and non-invasive respiratory support
- Continuous monitoring of vital parameters
- Pain management tailored to neonates
- Early detection and management of complications such as sepsis, anastomotic leaks, or respiratory failure
- Without this level of care, even technically successful operations may fail.

### Nutrition: A Cornerstone of Recovery

Optimal nutritional support is fundamental for wound healing, immune competence, and neurodevelopment. The NICU facilitates:

- Early initiation of parenteral nutrition when enteral feeding is not possible

- Gradual introduction of minimal enteral feeding and breast milk
- Monitoring of growth and metabolic tolerance

In resource-limited settings, availability of neonatal parenteral nutrition remains inconsistent. Strengthening this aspect of NICU care can significantly improve outcomes for conditions like intestinal atresia and necrotizing enterocolitis.

### **Infection Control and Sepsis Management**

Neonatal sepsis continues to be a leading cause of mortality among surgical neonates in Bangladesh. The NICU serves as the frontline defense through:

- Strict aseptic protocols
- Surveillance for hospital-acquired infections
- Rational antibiotic use guided by local microbiological patterns
- Investment in infection control practices within NICUs is as vital as surgical expertise itself.
- Multidisciplinary Teamwork: The Heart of NICU-Based Care

The success of surgical neonatal care depends on a multidisciplinary approach. A functional NICU integrates pediatric surgeons, neonatologists, anesthesiologists, trained nurses, nutritionists, and physiotherapists. Regular joint rounds and shared decision-making foster continuity of care and reduce preventable complications.

In Bangladesh, expanding training programs for neonatal nurses and fostering collaborative culture between specialties should be considered national priorities.

### **Challenges and the Way Forward**

Despite progress, many NICUs in Bangladesh face limitations in manpower, equipment, and space. Disparities between urban tertiary centers and peripheral hospitals persist. Addressing these challenges requires:

- Development of regional neonatal surgical centers with NICU support
- Strengthening referral and transport systems
- Investment in training and retention of skilled NICU staff
- Adoption of context-appropriate protocols and audits

Public-private partnerships and national health policies focused on neonatal care can accelerate these improvements.

### **Conclusion**

The NICU is not merely a supportive facility but a central pillar in the care of surgical neonates. For pediatric surgeons in Bangladesh, outcomes are increasingly determined by the quality of neonatal intensive care available before and after surgery. Strengthening NICU infrastructure, workforce, and multidisciplinary collaboration will directly translate into improved survival and quality of life for our smallest surgical patients. The future of neonatal surgery in Bangladesh is inseparably linked to the evolution and strengthening of NICU services.