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Letter to the Editor

Establishing a trauma center in Nicosia, Cyprus: lessons from the frontline of system reform

Sir,

The establishment of a dedicated trauma center in Nicosia, Cyprus marks a significant milestone in the advancement of acute care surgery and emergency medicine within the region. In many European settings, trauma systems have long been established and refined; however, Cyprus had until recently lacked a centralized, purpose-built trauma care infrastructure. This editorial reflects on the practical, logistical, and systemic challenges faced in organizing and activating a new trauma center in a resource-limited yet rapidly evolving healthcare environment. Cyprus, like many Mediterranean countries, is challenged by a combination of high road traffic injury rates, aging population demographics, and seasonal surges in trauma due to tourism. Despite the high burden, trauma care remained fragmented delivered across general hospitals without centralized triage, dedicated trauma teams, or integrated prehospital coordination.

Recognizing these deficiencies, a coalition of surgical, emergency medicine, and health policy stakeholders mobilized to develop a modern trauma center capable of providing timely, coordinated, and multidisciplinary care. From the outset, considerable institutional inertia was encountered. Trauma systems require not just physical infrastructure, but also operational reconfiguration. Existing hospital architecture was not designed with trauma workflows in mind. Reorganizing space to enable direct access to radiology, operating rooms, and the intensive care unit required months of negotiation, redesign, and budget realignment. Regulatory approvals and alignment with Ministry of Health protocols added further delay.[1]

Perhaps the greatest challenge was human resource readiness. Cyprus lacked a standardized trauma fellowship program or formal ATLS/ERT training pathways for many clinicians. In response, crash courses in trauma team dynamics, point-of-care ultrasound, and massive transfusion protocols were organized-largely drawing from voluntary expertise and international collaborations.[2]

Role delineation between trauma surgeons, anesthesiologists, emergency physicians, and intensivists had to be redefined and embedded into formal protocols. Ambulance services and dispatch lacked integration with the trauma center's activation system. A key breakthrough involved the implementation of a tiered trauma team activation protocol and real-time communication channels between EMS and the trauma bay. Memoranda of understanding with surrounding facilities were necessary to establish transfer criteria and bypass protocols. Resistance to change was not uncommon, particularly from peripheral hospitals fearing patient volume loss.[3] Budgetary constraints required creativity. Rather than waiting for new equipment procurement, underused assets were repurposed, internal SOPs were built using evidence-based frameworks (e.g., NICE, EAST), and low-cost simulation training was implemented using modified mannequins and case reviews. A modular, stepwise opening of trauma services was adopted to avoid overwhelming the system.[4,5] A trauma system's success is as much cultural as it is technical. Shifting from siloed, reactive care to a coordinated, protocol-driven system required sustained engagement.

Daily debriefings, shared performance audits, and visible leadership helped foster a sense of mission. A critical turning point was securing institutional support to recognize trauma care as a distinct clinical and academic specialty. The experience of launching a trauma center in Cyprus reveals that trauma system development is fundamentally about systems change. Despite limited resources, strategic planning, adaptive leadership, and cross disciplinary cooperation enabled the realization of a functional trauma care hub in Nicosia. We hope our experience will serve as a reference for other emerging trauma systems in Southern Europe and beyond, and we call for continued investment in education, registry development, and research to support data-driven policy refinement.

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REFERENCES

1. Scharringa S, Dijkink S, Krijnen P, Schipper IB. European J Trauma Emerg Surg. 2024;50(2):405-16.
2. Thies KC, Bergmans E, Billington A. The European Trauma Course: transforming systems through training. Resusc Plus. 2024;1:599.

3. Bagaria D, Ratnayake AS, Madrid A, Worlton TJ. Trauma systems in Asian countries: challenges and recommendations. Crit Care. 2024;28(1):47.
4. Henry JA, Reingold AL. Prehospital trauma systems reduce mortality in developing countries: a systematic review and meta-analysis. J Trauma Acute Care Surg. 2012;73(1):261-8.
5. Al-Thani H, El-Menyar A, Khan NA, Consunji R, Mendez G, Abulkhair TS, et al. Trauma quality improvement program: a retrospective analysis from A Middle Eastern National Trauma Center. Healthcare (Basel). 2023;11(21):2865.

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