SVOA Paediatrics

e-ISSN 2755-1660

ScienceVolks Open Access

Perspective

Across Borders and Beyond Barriers: A Woman in Congenital Cardiac Surgery

Dr. Zara Shirazi*

Clinical Fellow – Congenital Cardiac Surgery, National University Heart Centre, Singapore.

***Corresponding Author:** Dr. Zara Shirazi, Clinical Fellow – Congenital Cardiac Surgery, National University Heart Centre, Singapore.

https://doi.org/10.58624/SVOAPD.2026.05.010

Received: May 19, 2026

Published: May 30, 2026

Citation: Shirazi Z. Across Borders and Beyond Barriers: A Woman in Congenital Cardiac Surgery. *SVOA Paediatrics 2026*, 5:3, 76-78. doi: 10.58624/SVOAPD.2026.05.010

The operating room was never just a workplace for me. It was a statement.

I grew up as the only daughter of my parents in Pakistan. From childhood, I was raised with love and encouragement, yet I often heard a quiet societal refrain: *"There is no son. What will happen to the parents?"* The assumption was simple — a daughter would eventually marry and leave. I did not resent it; instead, I internalized it. I decided early that I would not become a replacement for a son, but a source of strength in my own right. I wanted to choose something extraordinary. Something difficult. Something that would demand resilience.

That is how I chose cardiac surgery.

During my third-year clinical rotations at the National Institute of Cardiovascular Diseases (NICVD), when most students were still deciding between medicine and surgery, I knew my path. I pursued cardiology during my house job simply to remain close to the operating rooms. With persistence, and the support of mentors who believed in giving opportunity, I entered the cardiac surgery department. At the time, there was only one other woman surgeon in the department.

From the beginning, the doubts were not subtle. I was told directly that supervising a female trainee was "risky" because women ultimately leave cardiac surgery.[1] I was told my hands were "meant for bangles, not sternotomies." I was questioned not about my skill, but about my endurance.

There were moments I doubted myself. Not because I lacked ability — but because repeated skepticism is heavy to carry. Yet alongside those voices were mentors who opened doors, encouraged growth, and reminded me that competence speaks louder than commentary. In a resource-constrained setting, where surgical volumes were high and structured research pathways were limited, I worked relentlessly.[2]

I learned earlier that to be seen as equal; I would need to be exceptional.

Cultural expectations added another layer. Career decisions for women are rarely isolated from personal timelines.[3] I delayed marriage.

Later, when I married, the sacrifices extended beyond me to my family. Cardiac surgery is not a profession of balance; it is a profession of immersion. And immersion requires understanding from those who stand behind you.

After qualifying in adult cardiac surgery, a new turning point emerged. I was repeatedly encouraged to consider congenital cardiac surgery. There was something about the delicacy, the precision, and the emotional intensity of operating on children that resonated deeply. Transitioning into congenital cardiac surgery was not a retreat — it was an expansion. It felt like alignment.

The defining shift came when I was awarded the AATS Marc R. DeLeval Fellowship, allowing me to train in Vienna. For the first time, I witnessed high-volume neonatal congenital surgery performed within structured systems, multidisciplinary coordination, and advanced perioperative protocols. Coming from a lower-middle-income environment where certain complex neonatal procedures were not routinely feasible, the exposure was transformative.[4] It was not discouraging — it was illuminating.

Three months were not enough.

That realization led me to Singapore, where structured training, academic rigor, and data-driven practice further shaped my development. Here, I experienced diversity not as novelty, but as normalcy. The operating room became less about proving that I belonged, and more about refining how I could contribute.

If I reflect honestly on what hurts most, it was not the overt skepticism from strangers. It was being overlooked by those who had witnessed my dedication, in favor of male colleagues presumed to be more suitable. Yet what strengthened me most was unwavering family support — the quiet, consistent belief that I could build a career that transcended geography and expectation.

Today, I no longer see myself as a woman trying to survive in cardiac surgery. I see myself as a congenital cardiac surgeon shaped by multiple systems, cultures, and challenges.

To young female surgeons in low- and middle-income countries, I offer this: your environment may limit resources, but it does not limit potential.[5] Excellence is portable. Skills have no gender. And barriers, once crossed, become bridges for those who follow.

Surgery demands precision, resilience, and courage. None of these qualities are gendered.

Author Bio

Dr Zara Shirazi is a congenital and pediatric cardiac surgery fellow currently training in Singapore. She completed her primary surgical training in Pakistan and later pursued advanced congenital exposure through the AATS Marc R. DeLeval Fellowship in Vienna. Her academic interests include neonatal congenital cardiac surgery, surgical outcomes, and global disparities in cardiac care. Dr Shirazi is committed to advancing excellence in congenital cardiac surgery and fostering opportunities for women in cardiothoracic surgery worldwide.

Central Message

A journey from a resource-limited setting to international congenital training shows that resilience, mentorship, and opportunity redefine barriers in cardiothoracic surgery.

Perspective Statement

This perspective illustrates how global training experiences transform professional identity and surgical development. By reflecting on barriers faced in a resource-limited setting and growth through international mentorship, it emphasizes the importance of opportunity, representation, and system-based learning in shaping future leaders in cardiothoracic surgery.

Declaration

During preparation of this work, the author used (OpenAI) to assist in language refinement and structural editing. After using this tool, the author reviewed, revised, and approved the final content and takes full responsibility for the content of the publication.

References

1. Stephens EH, Heisler CA, Teman NR, et al. The current status of women in cardiothoracic surgery: a thoracic surgery social media network study. Ann Thorac Surg. 2020;109(6):1850-1857.

2. Meara JG, Leather AJM, Hagander L, et al. Global surgery 2030: evidence and solutions for achieving health, welfare, and economic development. Lancet. 2015;386(9993):569-624.

3. Cochran A, Hauschild T, Elder WB, et al. Perceived gender-based barriers to careers in academic surgery. Am J Surg. 2013;206(2):263-268.

4. Zheleva B, Atwood JB. The invisible child: childhood heart disease in global health. Lancet. 2017;389(10064):16-18.

5. Farquharson E, Cresswell A, Beard J, et al. Training and retaining surgeons in low- and middle-income countries: a review of the challenges and opportunities in global surgery. World J Surg. 2021;45(7):1975-1985.

Copyright: © 2026 All rights reserved by Shirazi Z. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.