

Beyond the scalpel: The expanding role of women in orthopaedic surgery

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Chichi Menakaya is a Consultant hip and knee arthroplasty surgeon with senior clinical and leadership experience across the UK, North America, and Africa. She is a healthcare entrepreneur and foundation founder, leading initiatives that advance equitable access to high-quality care, health system strengthening, and crossborder collaboration. A sought-after international speaker and advisor, her work focuses on clinical excellence, leadership development, and redefining the role of surgeons beyond the operating theatre.

Lighting the path

There is a rhythm to surgery that only those who live it truly understand; the focus, the ritual, the delicate balance between precision and chaos. For generations, that rhythm echoed almost entirely in male voices. Orthopaedics was seen as a discipline of force; hammers, saws, and steel, a world where women were told they did not belong.

Yet behind every incision lies not brute strength, but purpose, perseverance, and precision.

Quietly at first, and then unmistakably, a new cadence began to rise: softer, steadier, unyielding, and that is the footsteps of women surgeons.

When I entered trauma and orthopaedic surgery, I carried not just ambition, but the weight of perception; that I was a woman in a man's world. There were whispered doubts, blunt comments, misplaced protectiveness and invisible ceilings. I was told, **"It's too physical, too demanding,"** or worse, **"You belong in the kitchen"**. What they really meant was, **"this field is too powerful for you to redefine"**, and redefine it, we have.

Across continents, women in orthopaedics are no longer anomalies. We are innovators, educators, global health contributors, architects of systems, and leaders in clinical excellence.

Today, as a fellowship-trained robotic hip and knee arthroplasty surgeon and as an entrepreneur, I often pause and wonder: **"What if I had believed them? What if any woman had believed them?"**

Our impact extends far beyond the operating theatre, because for women, the work does not end when a case is closed. It continues in classrooms, boardrooms, community spaces, and global health missions.

The same light that guides us in theatre becomes a beacon for how we lead. Leadership, for women, is not power over others; it is the power to lift others.

Redefining success beyond the scalpel

For decades, surgical success was defined by numbers: how many cases you performed, how fast you were, how perfect your X-rays appeared. While technical excellence remains core to our identity, women in orthopaedics are expanding the definition of it.

Success now includes how we shape culture, elevate teams, and advocate for equity. It encompasses innovation, emotional intelligence, effective communication, and the ability to bring humanity into high-stakes environments.

Women naturally merge precision with presence. We lead with empathy as a strategy, communication as a tool, and innovation as a responsibility. These invisible acts of leadership rarely appear in portfolios, yet they influence team wellbeing, enhance patient experience, and strengthen the fibres of our institutions.

Surgery teaches us how to lead under pressure, make rapid decisions, and maintain calm in chaos. These same skills empower women to lead far beyond medicine, to build organisations, redesign systems, champion healthcare equity, influence policy, and mentor future generations. We are demonstrating that excellence is no longer about what we achieve alone but what we enable in others.



Chichi Menakaya, Trauma and Orthopaedic Surgeon at the operating theatres at London Health Sciences, London Ontario, Canada.

The power of purpose

Surgery is my profession, but it is also my purpose. Yet purpose without a platform is silent. This is why women must step beyond the theatre; to speak, to teach, to mentor, to innovate. Beyond our job plans lie the opportunities that shape legacy: inspiring the next generation, advancing healthcare delivery, developing educational programmes, advocating for fair systems, and building global networks that strengthen our communities.

Every woman who rises opens a corridor for others to walk through. We are not simply surgeons; we are architects of opportunity.

The unwritten curriculum

No textbook prepares women for the subtle challenges of being the only woman in a room: the heightened scrutiny, the invisible ceilings, the need to demonstrate competence repeatedly despite its obviousness.

Through navigating these realities, we learn what I call the **unwritten curriculum**: lessons in grace under pressure, strategic self-advocacy, emotional intelligence, and building alliances across genders and disciplines.

Women in orthopaedics are no longer symbolic presences; we are structural contributors. Each of us becomes both a mirror and a map reflecting what is possible while charting new routes for those behind us.

Beyond surgery: Building systems that last

My journey across multiple countries has shown me that equity and innovation are not luxuries; they are the foundations of sustainable healthcare. The modern female surgeon balances ambition with empathy, precision with persistence, clinical demands with mentorship and advocacy, often within the same day. Our greatest contributions frequently occur in unseen hours, shaping culture and strengthening systems quietly but powerfully.

Through the concierge company I founded fourteen years ago, and its philanthropic arm, I have witnessed how surgical thinking, clarity under pressure, strategic calm, and adaptability can reshape healthcare far beyond the theatre and that excellence means little without equity.

Women often become the bridge between the two. When a woman steps into a boardroom, data meets depth, policy meets people, and strategy meets sensitivity. I have seen how multidisciplinary collaboration between clinicians, policymakers, technologists, and communities can create health systems that outlive individuals.

If women possess a leadership superpower, it is balance and the ability to hold both science and soul without diminishing either. These so-called **'soft skills'** – empathy, mentorship, advocacy and emotional intelligence are not soft at all; they are strategic, they are structural, and they are essential, because a technically gifted surgeon without humanity is like a scalpel without a handle; sharp, but, unstable.

Lessons from a global journey

Across continents, I have found that gender and geography profoundly shape surgical experience. In Nigeria, I witnessed courage; women performing extraordinary work with limited resources. In North America, I saw abundance paired with subtle exclusion. In the UK, I see progress, but progress that still requires persistence.

Globally, fewer than 15% of orthopaedic surgeons are women, yet our influence far exceeds our numbers.

Visibility is not merely about representation; it is about normalising women's excellence in every room we enter. The future of orthopaedics is neither masculine nor feminine. It is collaborative, inclusive, and innovative.

The power of example

Receiving professional recognition has taught me that honours in surgery are rarely personal milestones. They become light, illuminating what is possible, affirming the standards we uphold, and guiding others forward. They reflect what can be achieved through excellence, resilience, and commitment, and they carry a responsibility to widen the path for those who follow.

Such moments represent every woman who has ever dared to try. Visibility is currency, and what we choose to spend it on matters. We cannot be satisfied with breaking ceilings alone; we must build floors strong enough for others to stand on. >>



Chichi Menakaya, CEO Annomo Health Concierge

Every woman in orthopaedics, from medical student to consultant, sends a powerful message simply by being present: **You can be here. You deserve to be here. You belong here.**

Beyond the job plan: leading and lifting others

Leadership becomes transformative when it becomes intentional. Mentorship is not casual advice; it is deliberate advocacy. It is saying a trainee's name in rooms she has not yet entered. It is opening doors to opportunities that change the trajectory of her career. It is modelling possibility, courage, and authenticity.

We must teach the next generation not only how to operate, but how to lead, how to communicate under pressure, negotiate with confidence, navigate bias strategically, and maintain well-being without apology.

Women thrive in community, not competition. When we create networks where young women can ask questions freely, express ambition openly, and seek support without judgement, the culture of training transforms.

As more of us take our place on global platforms, we must take others with us; co-authoring research, sharing opportunities, and mentoring across borders.

Talent is universal. Opportunity is not. Where opportunity is scarce, women must build it.

Legacy and the next generation

The future belongs to those who understand that power is not what you hold, it is what you give away. I have stood on the shoulders



In the operating theatre at (left) Acibadem Hospital, Istanbul, Turkey, and (right) during a charity surgical mission in Guatemala, South America.

of mentors who lifted me, and now lifting others is not optional; it is essential. Women in orthopaedics must champion inclusive recruitment, flexible training pathways, supportive parental policies, and structured mentorship networks. Our responsibility is not only to excel in our careers but to make the path broader, safer, and more visible for those who follow.

Orthopaedics has taught me that bones heal stronger at the fracture, and so do we. We are the generation that carries both the scalpel and the story; a living proof

that strength and softness can coexist. Our mission is not only to walk into rooms once closed to us, but to hold the door open for many more to rise.

I return often to my father's school motto: Lux Fiat, Let there be light, that is what women in surgery do. We bring light into rooms once dimmed by exclusion. We illuminate pathways for others. We change systems simply by standing in our truth.

Let there be light in every theatre, ward, clinic, until inclusion is not celebrated as progress, but recognised as the norm. ■

References

1. Hing CB, Pattison G, Gregory R, Monsell F, Clarke J, Hadfield-Law L, Eastwood D. Diversity and inclusion in trauma and orthopaedics in the UK. *Journal of Trauma and Orthopaedics*. 2020;8(1):52-4.
2. Shrestha BM. Women in surgery: changing perspectives. *Journal of the Nepal Medical Association*. 2019;57(220):390-2.
3. OECD. Gender equality in a changing world: taking stock and moving forward. Gender Equality at Work. Paris: OECD Publishing; 2025.
4. World Health Organization. Global strategy on human resources for health: workforce 2030. Report by the Director-General. Seventy-fifth World Health Assembly, Agenda item 15. Geneva: WHO; 2022. Available at: https://apps.who.int/gb/ebwha/pdf_files/WHA75/A75_15-en.pdf.



Chichi Menakaya speaking at the Forbes Middle East Medical Tourism & Wellness Summit, Dubai, 2024.