



A project of Kind Cuts for Kids,

supported by

University of Cape Town, Red Cross Children's Hospital

Stellenbosch University, Tygerberg Hospital

Professor Paddy Dewan

***November 2025***



## Introduction

This visit has been the 12<sup>th</sup> visit by a Kind Cuts for Kids team to South Africa since the initial trip in 2008; involvement that has included participation in a number of the South African Urological society meetings and sponsorship of trainees from other African Nations, including the current scholarship holder from Cameroon, Dr Landry Mbouche.

During the most recent visit we treated 13 patients and performed major surgery on 10 of the children, and helped train surgeons from more than 7 different countries, which adds to the 25 children treated in Zimbabwe in the week before arriving in South Africa. On this occasion the surgery was conducted at both the Red Cross Children's Hospital and in association with the Urology service at the Tygerberg Hospital in Stellenbosch.

Kind Cuts for Kids first connected to assisting with teaching in South Africa through a chance meeting with Professor Chris Heyns at a Urological meeting in Indonesia, after which an invitation was extended to Professor Dewan to attend a meeting in South Africa as a guest of the South African Urological society. The recent visit has been one of 12 trips to South Africa, during which a Paediatric Urological workshops and clinical work on complex cases has been undertaken. Visits in the past have included the participation of Dr Titus Pakop from Papua New Guinea and Dr Baton Kelmendi from Kosovo, and a medical student Olivia Wilkinson, plus Radiological teaching by Dr Padma Rao during the seven missions she has been involved with.

The following table shows the breakdown of the distribution of patients treated, with a total of 182 patients having been reviewed, 72 of whom have had an anaesthetic for a total of 196 operative procedures on the 70 patients who have undergone surgery during that time. Two of the visits were for facilitation of education by participation in the South African Urological Association meeting. Many of the visits have involved clinical work and teaching in more than one centre, and all the procedures have been major operations.

<b>Visit #</b>	<b># Patients</b>	<b>Anaesthetics</b>	<b># Operations</b>	<b># Pts Operated</b>
1	0	0	0	0
2	51	3	7	3
3	0	0	0	0
4	11	5	20	5
5	6	5	10	5
6	32	9	28	9
7	12	7	17	7
8	8	7	32	6
9	12	3	9	3
10	16	11	25	10
11	21	9	24	9
12	13	14	26	13

## ***Clinical Care***

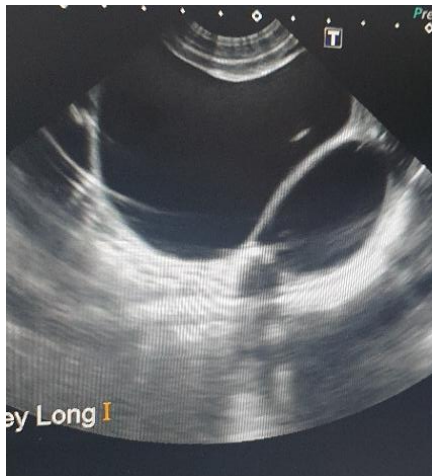
Like the 2022 visit to South Africa, this trip had a dual focus of clinical care in Cape Town, at two major institutions, the Red Cross Children's Hospital and Tygerberg Hospital. In total, 13 patients were reviewed of 14 anaesthetics for a total of 26 procedures.

### ***Case Study 1***

As for the 2022 visit, we managed a boy with two renal components on the one side. This year, the baby had a blockage to both upper and lower pole segments of the cross fused renal ectopia; he had had a nephrostomy tube to drain the lower component prior to the operation by Professor Dewan.

At operation, large vessels were found lateral to the kidney tissue, and an obstruction at the junction of the pelvis and ureter was evident for the thinned upper renal tissue. The ureter was taken from the upper pole pelvis and anastomosed in an end-to-side fashion to the pelvis of the lower component, which was no longer obstructed after the nephrostomy tube drainage. The pelvis of each half of the renal mass was joined surgically, by Professor Dewan working with the local team, via a side-to-side anastomosis between the two pelves.

The images show the marked dilation of the renal mass preoperatively; the second image is the appearance of the dilated upper component of the renal structure; the third shows the anastomosis of the upper and lower components.



## Case Study 2

This 12 year old girl was born with an anorectal anomaly – her rectum did not reach her perineum. Surgery was performed to connect the bowel. Professor Dewan had performed surgery of this type on almost 500 patients in developing countries over a 30 year period - <https://cureus.com/articles/303434-anorectal-malformations-and-hirschsprung-disease-a-30-year-retrospective-outreach-review>

Because of the associated urinary incontinence, a sling, using part of the abdominal wall, had been placed around the urethra, but without resolving the problem and with a consequent injury to the urethra, resulting in a fistula to the vagina.

Fortunately, previous cases of problems after surgery for anorectal anomalies had uncovered solutions for both the faecal and urinary incontinence; the solution is to place the patient in a position on the operating table that allows for the access shown in the images, which involved mobilizing the distal bowel backwards and making an incision in the front wall of the rectum, therefore, allowing for access to even as high as the neck of the bladder. The left image shows the open wound with the catheter able to be seen deep into the wound – because the urethra is open into the vagina; in the second right image the urethra has been sutured closed, with a good amount of tissue having been mobilised to close covering the urethral catheter, with the aim of producing urinary continence, and concurrently the anus and muscle around the lower bowel were better positioned. It is possible the faecal continence will also be a possible secondary benefit.



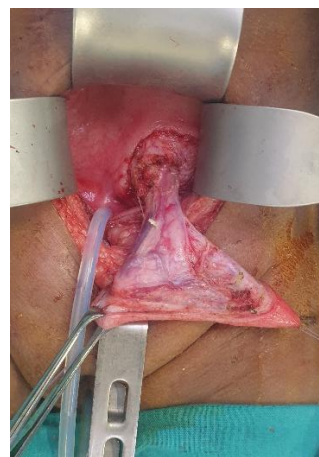


## *The Pictures Tell the Story – The Work*





## *The Pictures Tell the Story – The Patients*



Since 2022, Kind Cuts for Kids has expanded its reach to include the sponsorship of a scholarship for an African surgeon to study at the Red Cross Children's hospital in Capetown. During the trip to Africa in November 2025, Professor Dewan worked with two of the scholars, as shown below.



Left: Prof Dewan, Dr Manatsa Chimhamhiva (The KCFK's Urology Fellow 2022) and Prof Lazarus in 2022. Right: – Dr Landry Mbouche, Prof Dewan and Prof Lazarus in 2025.

As always, we are indebted to the staff in the countries we visit, and to our sponsors. We, the parents of the children and the patients, are very grateful for the chance for children around the world to be better off because of the treatment and medical staff education we provide.