

Sally Mugabe Children's Hospital

Harare, Zimbabwe

Paediatric Urology Workshop



in collaboration with Harare Central Hospital

November 2025

Introduction

This, the third visit to the Harare Children's Hospital, was organized with the assistance of Professor Ladi Chonzi, in collaboration with the Urology service at the Children's facility within the Harare Central Hospital. An important part of the visit was follow-up of contact with the www.kindcutforkids.net 2022 scholar (Dr Manatsa Chimhamhiwa) who had spent a sponsored year at the Red Cross Children's Hospital, in Cape Town.

In the photo below, (in the front row, left to right) Dr Manatsa Chimhamhiwa, Professor Dewan and Professor Ladi Chonzi are shown with nursing and resident staff at the end of the very busy week.



It is notable that there are significant financial restrictions in healthcare in Zimbabwe. At present, that includes limitation on the number of days each nurse works per week; and the medical staff receive minimal financial reimbursement.

Never-the-less, the facilities are more than satisfactory for the work performed, and the outcomes have been consistent with the safe use of the available resources, and the careful application of the principles of good CARE. The basic facilities of the recovery area are shown below.



Donations

Again, part of each Kind Cuts for Kids week of outreach involves the supply of disposable items that are consistent with the local standard, but provide supplementation of the local supplies, such as catheters and sutures; to the value of \$8000.00. The photo shows the two cases in theatre that are therefore easily accessed during the surgery. The second photo indicates that amount of disposable equipment that remained at the end of the visit that could then be used for further patients by the local team



Clinical Work

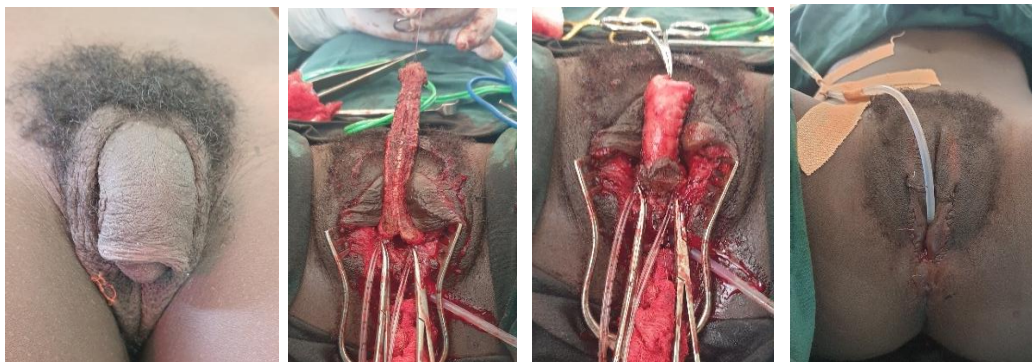
During the third visit to Zimbabwe, the total number of patients treated reached 65, including a total of 174 contact occasions. This year there were 53 contact episodes resulting in the treatment of 23 children, 4 of whom were female. In total 28 operations were performed on 18 patients, two of whom were female. One of the incredibly positive parts of the visit was the ability to interact with trainees to hone subtle skills in minor surgery, particularly orchidopexies. The list of operations participated in included:

Bladder Exstrophy Closure	2
Anterior Pelvic Osteotomies	2
Clitoroplasty	1
Cystoscopy	2
Epispadias Repair	1
Fistula Closure	1
Hypospadias Repair	3
Omphaloplasty	1
Inguinal Herniotomy	1
Orchidopexy	10
Partial Urethroplasty	1
Perineal Incision of urethra	1
Posterior Osteotomies	2
Urodynamics	1

Clinical Case Studies

Case Study One

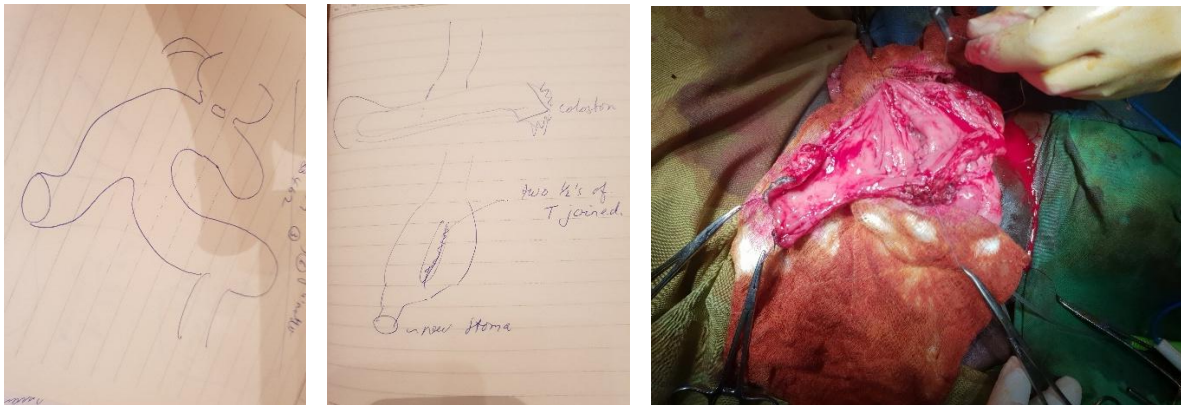
A teenage “girl” had endured abnormal genitalia all her life because of a hormonal problem related to a congenital anomaly of her adrenal gland. While a major operation was required to restore the normality that the congenital adrenal hyperplasia had denied her. With the assistance of the Zimbabwean surgeons, the girl’s anatomy was able to be made into the normal female structures her chromosomal and internal anatomy intended.



Case Study Two

A boy with a cloacal anomaly, with both the bowel and the bladder open on the lower abdominal wall had had an operation in 2019 by the www.kindcutsforkids.net team that involved separation of the faecal and urinary streams, leaving him with a colostomy and an open bladder-exstrophy-like appearance. One way to be able to close the bladder component is to surgically fracture the pelvis at the back and the front, place the closed bladder back into the abdomen, then close the abdomen. In this boy's case, his blood pressure in the prone position was so compromised that the closure was only able to happen from the front of the abdomen. Unfortunately, his small bladder will mean that he will require further surgery to be able to be continent. However, he made a good recovery, and his cosmetic appearance has been improved.

The first line of images is of the illustrations made after his 2019 procedure that indicate the complexity of his distal bowel and the attachment the bladder with some of the change of arrangement that is shown in the operative image – hard to understand, but easy to appreciate the complexity of the procedure.



The images from this year show the low blood pressure reading that precluded the osteotomies (right) – his blood pressure was 75/39. The left image is during closure of his bladder, and the middle image is the closed bladder and urethral components of his cloacal exstrophy, with 4 catheters in place.



Thanks

Kind Cuts for Kids would like to thank all the staff in Zimbabwe for their dedication to ensuring a good outcome for as many children as possible, and for participating in the education opportunity in a manner that ensures ongoing gains from the visit.

We would also like to thank our sponsors, particularly SouthWest Drilling, and the platinum sponsors, who make the missions possible. Most of all, we thank the families who put their trust in us to assist their children.

