A project of Kind Cuts for Kids,

supported by

South African Urological Society and Tygerberg Hospital,

Cape Town, South Africa

Professor Paddy Dewan

October 2026



Introduction

Outreach into Africa by Kind Cuts for Kids has it's epicentre in Cape Town; and has significant collaboration with the University of Cape Town, the Stellenbosch University and the South African Urological Association. This visit was stimulated by an invitation by the SAUA to present at their biennial congress, during which three papers have been presented by Professor Dewan, and a paper presented by a trainee from Tygerberg, on the bladder tube catheterisable stoma concept developed by Professor.

The time in Cape Town included a two-day clinical attachment to the Tygerberg during which seven patients were reviewed and three complex patients were surgically managed, working with the registrar team seen on the first page, with the visit having been coordinated by Cecelia de Klerk, who is in the photo on Professor Dewan's right.

The recent visit was the 13th KCFKs trip to South Africa. 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 SAUA, he has since been made an honorary member. Notably, the visits have included the participation of Dr Titus Pakop, from Papua New Guinea, and Dr Baton Kelmendi, from Kosovo, and a medical student Olivia Wilkinson. Importantly, the visits have also included Paediatric Radiological teaching by Dr Padma Rao during seven of the missions.

The following table shows the breakdown of the distribution of patients treated during the 13 trips; a total of 189 patients having been reviewed, 75 of whom have had an anaesthetic for a total of 202 operative procedures on the 73 patients who have undergone surgery. 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.

Visit #	*# Patients*	*Anaesthetics*	*# Operations*	*# Pts Operated*
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
13	7	3	6	3

South African Urological Association Biennial Meeting

A significant component of this visit to South Africa was the participation of Professor Dewan in the South African Urological Association biennial meeting as a guest speaker. Following are the details of the Paediatric Urology sessions.

Wednesday 21st October 2026

MORNING | Paediatric Urology Workshop Chairperson: John Lazarus and Nico Lourens Sponsored by: Ferring Phamraceuticals		Room: Mag 1
08:00-08:30	Practical PUJ management	*Izak van Heerden*
08:30-09:00	Hypospadias update	*Ahmed Hadidi*
09:00-09:30	COPUM - state of the art lecture	*Paddy Dewan*
09:30-10:00	Buried Penis and video	*Manatsa Chimhamhiva*
10:00-10:30	Traumatic urethral distraction injuries in boys	*Freddie Claassen*
10:30-10:45	TEA BREAK	
10:45-11:15	IVUMed - meeting the challenges of Global Urology	*Heidi Stephany*
11:15-11:45	Antibiotic alternatives in the management of UTIs	*Christina Ching*
11:45-12:15	Optimising outcomes in DSD	*Nico Lourens*
12:15-13:00	Novel minimally invasive options in Paediatric Urology	*John Lazarus*

Points made

1. The role of the jigsaw puzzle approach to ensuring all information about each patient is taken into account.
2. When the glans is rounded, the option of tunnelling the urethra through the glans should be considered.
3. Some cases of buried penis may not need further surgery if managed with steroid ointment, and others managed by only a dorsal slit may not need reconstructive surgery because of reconfiguration with growth.
4. The prone jack-knife position may be of use in some cases of posterior urethral traumatic disruption repair.
5. The success of the collaboration between IVUMed and Kind Cuts for Kids in having collaborating to provide a scholarship to the Red Cross Children's Hospital was highlighted.
6. The medical management of UTI's with cranberry and probiotics was well recognised in the presentation by Christina Ching.
7. The retention of a ligated upper moiety of a duplex system will need to have long-term follow-up before it will be known to be a valid technique.



The opening ceremony with Professor John Lazarus, chair of the organising committee (left) and Karlheinz Jehle, SAUA President

Friday 23rdOctober 2026

13:45 | Paediatric Urology – Chairs: John Lazarus and Nico Lourens		Room: Mag 3
13:45	Update of duplication anomalies	*Heidi Stephany*
14:00	VUR – improving identifying clinically relevant VUR	*Christina Ching*
14:15	Problems with injectables for VUR	*Paddy Dewan*
14:30	Discussion	*John Lazarus & Nico Lourens*
14:45	What my PhD taught me about Intersex	*Nico Lourens*
15:00	Update on the HIS Society	*Ahmed Hadidi (via pre-recorded video)*
15:15	Approach to bladder extrophy	*Izak van Heerden*
15:30	Valves / COPUM: What's new in 2026	*John Lazarus*

Points made

1. The original paper on the percutaneously assisted ureterocele incision was published in 2004 - ***Ben Meir D, Silva CJ, Rao P, Chiang D, Dewan PA. Does the endoscopic technique of ureterocele incision matter? J Urol. 2004 Aug;172(2):684-6. doi: 10.1097/01.ju.0000129228.92805.31. PMID: 15247761***. was discussed in the presentation on the management of duplex renal disease.

2. The role of the assessment of the ureteric orifice and lower ureter dimension was mentioned as an outcome of my PhD in the discussion about how to judge if patients need to have surgery for vesicoureteric reflux.

3. My paper on the use of Deflux highlighted that the flippant use of the injectable was not appropriate.

4. How might deeper science of DSD enable us to have additional factors to determine gender assignment in birth – the PhD on intersex having investigated 46 XX DSD patients and found surprising findings of SRY gene lack and MIS lack with variable degrees of mullerian structures not necessarily aligned with those findings.

5. Bladder exstrophy patients should all be considered unique and variations in practice around the world need to be modulated with consideration of individual patient findings.

6. The talk on posterior urethral obstruction saw the adoption of the term COPUM by Professor Larazus.



Professor Dewan (right) and Professor Andreas Gross, honorary members of the SAUA celebrate with Professor Chris Anderson, who was the 2026 honorary membership awardee.

Saturday 24th October 2026

Points made – Breakfast Session

a. Even a 3 yo is able to self-catheterise.
b. Default to Mitrofanoff should not occur with a girl with an easily catheterised urethra.
c. Some bladders can be trained to empty.

Points made – Session 7

Session 7: Plenary	
General Urology - **Chair: Raymond Cambell and Shingi Meki**	
How to become a good Urologist	*Andreas Gross*
BAUS Urolink: What's the future of urological outreach?	*Suzie Venn*
Reflections on international outreach in reconstruction	*Kurt McCammon*
Navigating differences of opinion	*Paddy Dewan*
Negative pressure ureteroscopy	*Pawel Wisniewski*
Stone Surgery 2036	*Richard Cetti*
Discussion	*Jeff John and Shingi Meki*
Small data is big data - why South Africa matters	*James N'Dow*
The SAM Urology registry - homegrown and global relevant	*Karlheinz Jehle*
Panel discussion: prospective registries	*Karlheinz Jehle, Pieter Spies, Shingai Mutambirwa, Andrew Oberholzer and James N'Dow*

1. There are differences that are not necessarily appropriate – quoting the fact that the earth is not flat.
2. The Semmelweis phenomenon that came out of his insistence that obstetricians wash their hands.

A paper, coauthored by Professor Dewan, was presented on Saturday 24th October by Dr Bernard Marias, titled, “thinking inside the bladder – bladder flap continent catheterisable channels”.



The members of the SAUA executive at the Gala Dinner

Clinical Care

In the two days of providing clinical care in South Africa, the seven patients were reviewed partly remotely prior to the arrival of Professor Dewan into South Africa, and with most of the Urology trainees at the clinic, and during the operating sessions. Three patients had six operations. Importantly, enthusiastic medical students were involved in all the clinical interaction sessions, their education being particularly enhanced because of the enthusiasm of the registrars to test their knowledge through teaching the students.

Case Study 1

A 14 yo boy presented with having had four previous operations for a severe penile anomaly, including the use of buccal mucosa as a graft. These unsuccessful surgeries left him with significant scarring, a distal shaft meatus and a minor distal curve. Initially, the assessment suggested that the boy would be best left voiding from an opening just below the head of the penis.

During dissection it unfolded that the incorporation of a graft from the right groin would enable the Ulaanbaator glans tunnelling concept (developed in Mongolia by KCFK) would allow the use of the patch of skin to complete the repair. His early post-operative recovery was uneventful.

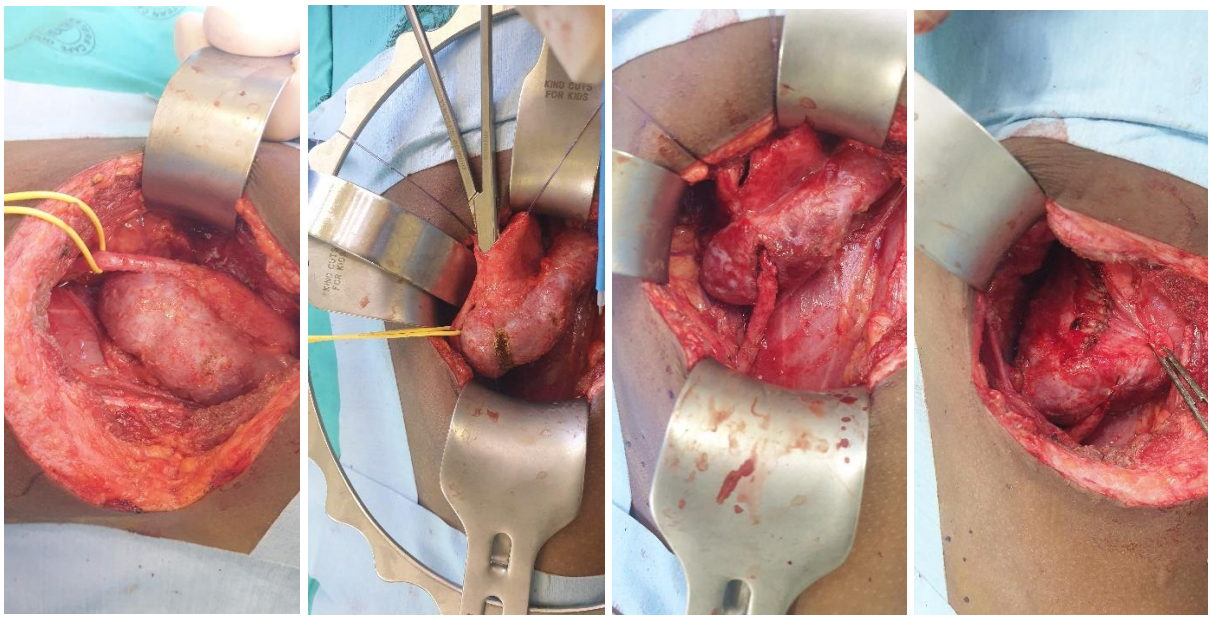


Case Study 2

An 8 yo boy who has two previous pyelplasty procedures with renal function of the left kidney having decreased from 38% of overall differentation to 17%, with what appeared to be a uniformerly dilated collecting system on the nuclear medicine study, despite the upper pole being signifantly more dilated and thinned compared to the the lower pole; the upper pole seemed to have very poor parencyma.

At operation, the renal parenchyma of the lower pole seemed relatively good and there was a reasonable amount of renal tissue overlying a thinned out upper pole, with much of the dilation seen on the ultrasound being the very large renal pelvis of a single system.

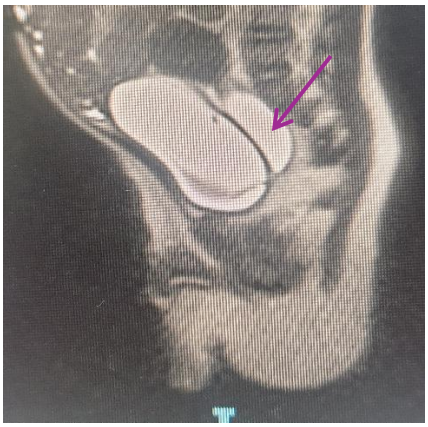
The obstruction appeared to be secondary to the ureter being both adherent to the lower pole of the kidney and because of lateral rotation of the upper pole with the partial obstruction, leading to intermittent complete obstruction. The images show the ureter running over the lower pole, the hole in the lower pole calyx being made; the ureter after attachment, with the 4th images taken after the trimming of the renal pelvis, showing the sutures on the front of the pelvis. He will have the JJ stent that is bypassing the anastomosis removed in 4 weeks.



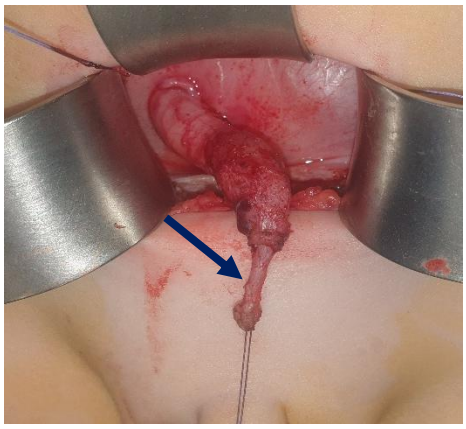
Case Study 3

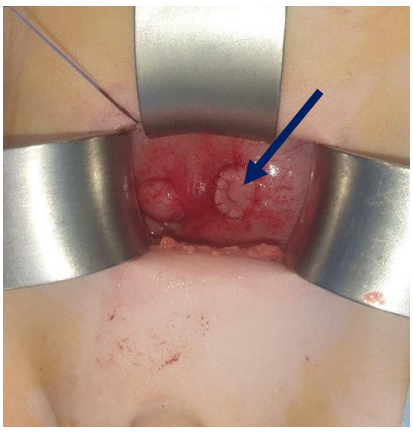
A 14-month-old boy presented with a urine infection, having had a prenatal diagnosis of hydronephrosis; he was found to have a dilated right kidney on reinvestigation. On a cystogram, done to review his urethra, was normal; and there was no vesicoureteric reflux (see below left). With the presence of significant dilation on an MRI scan, surgery was recommended; the dilated lower ureter is seen behind the bladder in the below-right image.





At operation the left ureter was noted to freely empty into the bladder; the right ureteric orifice was similar in appearance, but no urine was exiting into the bladder, but the ureter could be seen to be peristalsing behind the bladder, in keeping with the MRI findings. The nuclear medicine showed emptying of the kidney into the ureter, but inadequate drainage into the bladder, which was confirmed by the operative findings. This point was further confirmed by the narrow, rat-tail narrowing seen in the lower-left images (arrow). The distal obstruction was excised and the ureter reimplanted as shown in the middle images (ureter end – arrow); the last images is of the wound and making the point that the patient went home the next day, using the process pioneered by Professor Dewan, namely performance of ureteric reimplants without any bladder catheter – This boy went home the following day.







The Pictures Tell the Story – The Conference



