A project of Kind Cuts for Kids,

supported by

The Sally Mugabe Children's Hospital

Harare, Zimbabwe

Professor Paddy Dewan

October 2026



Introduction

During the Kind Cuts for Kids 4th visit to the Harare Children's Hospital, we had further 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, Dr Manatsa Chimhamhiwa is on Professor Dewan's left. The group photo has a notable absence of Professor Ladi Chonzi, who has been unwell; it was his advocacy that led to the initial contact with KCFK.

The below picture is taken in the theatre tearoom. It includes the nursing, anaesthetic and surgical staff who assisted with the care of the children during the one-week visit.



Zimbabwe has many problems with the delivery of care for children with Paediatric Surgical and Paediatric Urological problems. While there appears to be sufficient medical and nursing staff, there are issues with continuous quality improvement and sufficient supervision of junior staff with both clinical assessment and surgery. The workload is overwhelming.

There are also issues with the availability of disposable equipment, such as fine sutures and urinary catheters, as well as a relatively short supply of appropriately fine instruments for hypospadias surgery – thus the supplies provided by the KCFK's team.

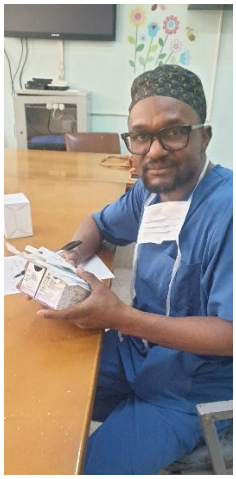
Also, in the operating theatre, the electricity supply is, at times, problematic, resulting in both the diathermy and the suction not working. This mainly seemed to stem, but not only because of, the faulty power points!

One of the notable features was the interest of the anaesthetic team to collaborate with the visiting and local surgical teams on decisions and instigation of caudal anaesthesia and intravenous access.

Donations

Again, part of each Kind Cuts for Kids week of outreach involved the supply of disposable items that supplemented of the local supplies, such as catheters and sutures; to the value of $5000.00 on this occasion. Enabling the donations to be available was a significant part of the pre-trip and arrival process.

The below photos show the left-over equipment in the theatre (right), and some items being given to Manatsa, for later use on subsequent Paediatric patients.





Apart from disposable items used, and left for use after Professor Dewan's departure, a cystoscope was a part of the loan equipment taken to Zimbabwe, and again it was an immensely valuable piece of equipment. The cleaning of the valuable instrument is a vital teaching point being demonstrated below by Professor Dewan.



Clinical Work

During the fourth visit to Zimbabwe, in total, 35 patients were treated, and 32 operations were performed on the 15 patients who underwent surgery. Three patients had surgery that was more than 6 hours duration.

Over the four visits, 95 patients have been treated, on whom 140 operations have been performed. The operations performed during this visit included:

Bladder Exstrophy Closure	1
Anterior Pelvic Osteotomies	2
Cystoscopy/Ureteroscopy	3
Vaginoscopy	1
Cystogram/Urethrogram	2
Epispadias Repair	2
Hypospadias Repair	1
Harvest of Bladder graft	1
Omphaloplasty	1
Inguinal Herniotomy	3
Orchidopexy	2
Posterior Osteotomies	2
Urodynamics	2
Wound revision	1
Cystectomy	1
End ureterostomy	1
Examination Under Anaesthetic	4
Guide-wire and catheter	2
Other	4



Clinical Case Study

Bladder exstrophy is a deformity that results in the bladder being exteriorised and the pelvis not being closed across the front of the lower abdomen. This young boy had surgery that involved his pelvis being surgically broken through incisions over each buttock. The closure of the bladder and lower abdomen was achieved as shown in the operative photo. The more than six hour operation ended with the boy having his legs plastered, with both legs joined by a piece of broom stick. The last image shows the intensive care unit in which he made the early part of his recovery, which was partly complicated by the small pelvis that resulted in a temporary decrease in the ability of the bowel to empty.











Clinical Case Study - Two

Like the boy in the above case study, this teenage boy also was born with bladder exstrophy. However, this boy had had nearly two decades of urinary incontinence after failed previous attempts at closing his bladder and pelvis. Also, he has only one kidney as shown in the ultrasound from 2017, noting that the initial ultrasound was only available from the images that had been taken as part of a previous KCFK's Zimbabwe visit.

Due to the costs and possible unresolved continence, the decision was taken to remove the bladder and create a stoma with the right ureter; placing the end of the ureter in a position that would enable the place of a urostomy bag, which would enable the young man to be dry and, hopefully, free of infections.



The below images show the end of the ureter sutured to the skin on the right side of the abdomen, with the urine looking clear, despite the major operation on the boy's urinary tract less than 24 hours before.





Lessons learnt and Future Direction

In thinking about moving forward the care of Paediatric Surgery and Paediatric Urology patients in Zimbabwe, we need to take into account some of the harsh realities: the crime rate is high, roads are not maintained, tap water is not drinkable, water does not always flow in the theatres, pollution is significant and the brain drain, against which the government is now taking definitive action, is of such significance that most of the major surgery involved a junior scrub nurse. Most of the scissors are blunt and the instrument trays need significant organisation revision.

Importantly, there needs to be greater collaboration between Paediatric Surgeons and Urologists and a consideration of the funding arrangements for treating children before any visit commences, noting that those requiring surgery had to pay a theatre fee, unless otherwise negotiated. Also, a much more consultant led approach to clinical evaluation and surgical treatment is required, with a focus particularly of a higher standard of surgical skills.



Thanks

Again, 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. Particularly notable was the effort made by Dr Manatsa Chimhamhiwa, who not only did the lion's share of the preparation for the visit, but he provided transport and logistics management during the entire stay.

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



