

Robotic Colorectal Surgery - Current status in South Africa



EBRAHIM DALWAI
COLORECTAL SURGEON
KINGSBURY & GSH





Disclaimers



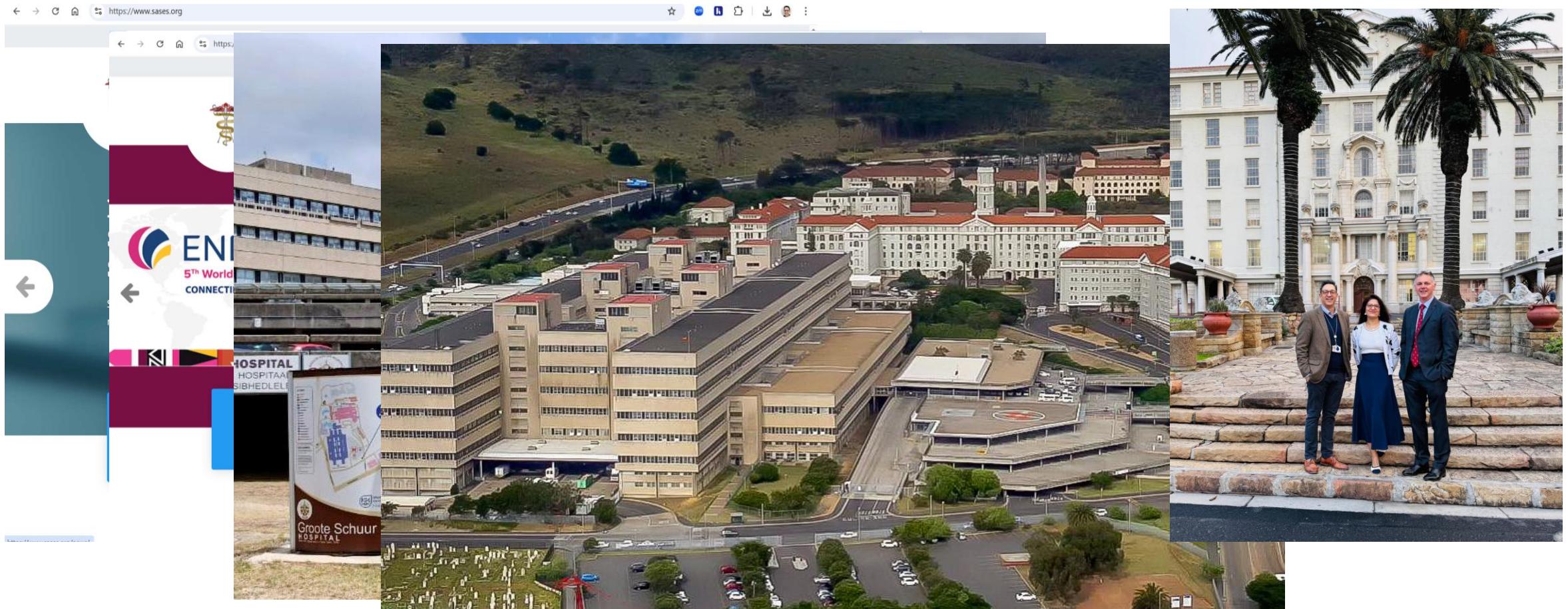
Training funding and advisory roles –
Medhold, Life Hospitals, Medtronic
and Ethicon

Part time/ Sessional colorectal
consultant at Groote Schuur Hospital
University of Cape Town

Full time private practice/ partner @
the Matley Practice

SASES Amsterdam fellowship AMC
LapCo fellow Nottingham, UK

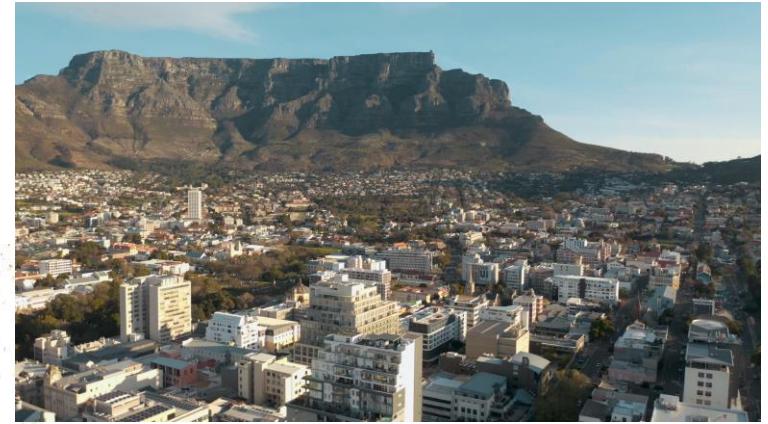
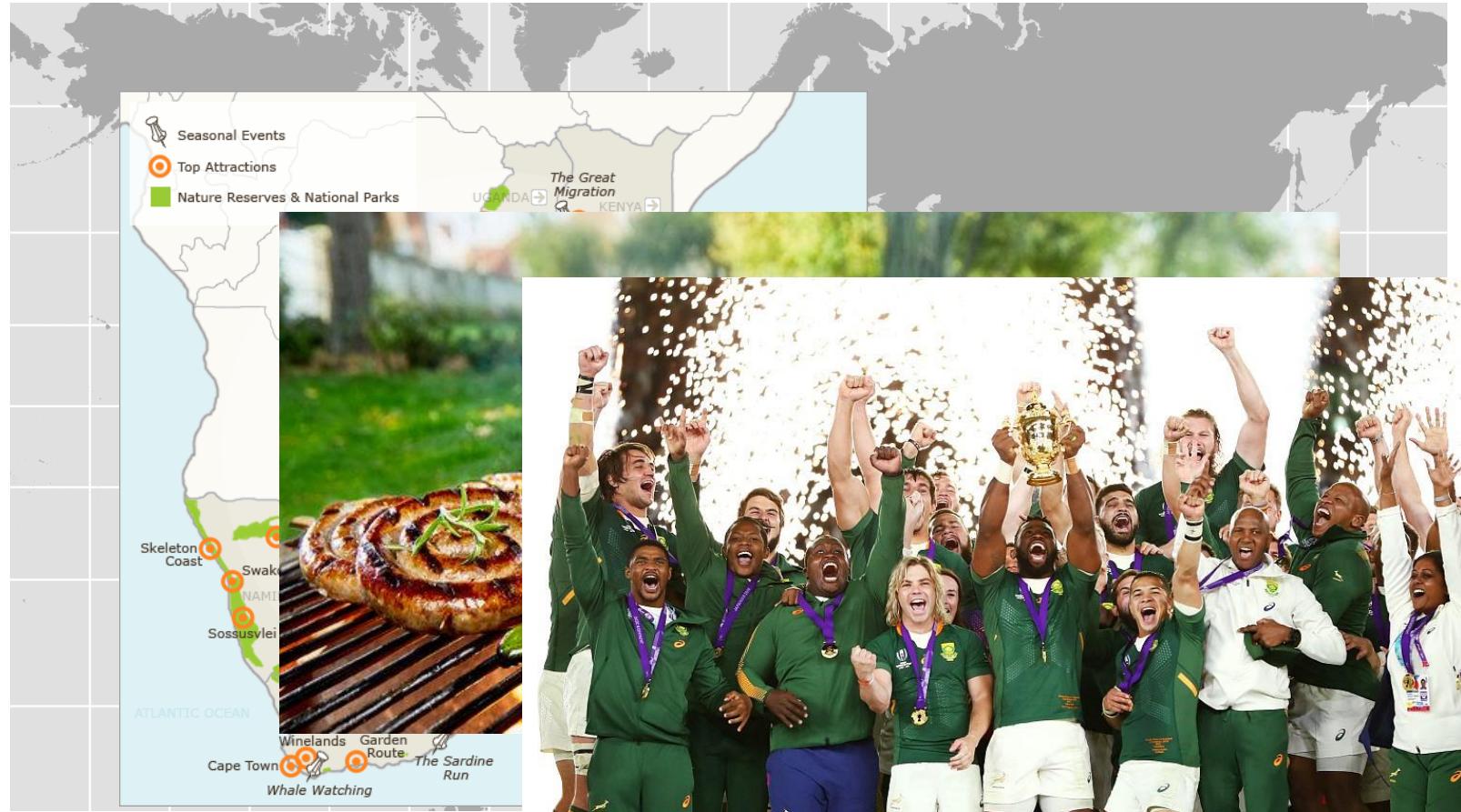
What hat am I wearing today?



What are we talking about?

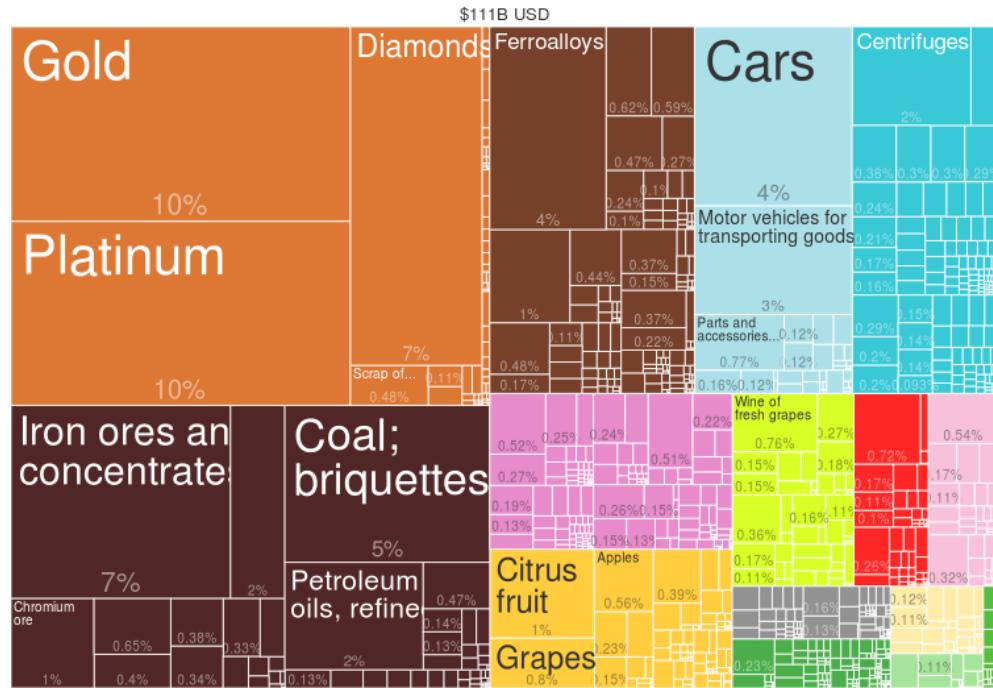
- Introduction to South Africa/
economics and healthcare
- Current SA market penetration
- Rollout/ expansion
- The next 5yrs





What do we know about SA?

LMIC – Low to middle income country



- 60 million people
- Second largest and most diverse African economy
- 22 million registered tax payers
- Income tax rate 45% corporation tax 27%
- 30-35% unemployment rate
- Electricity/ Power crunch – Regular load shedding hampering economy, not commonany longer



South African healthcare landscape

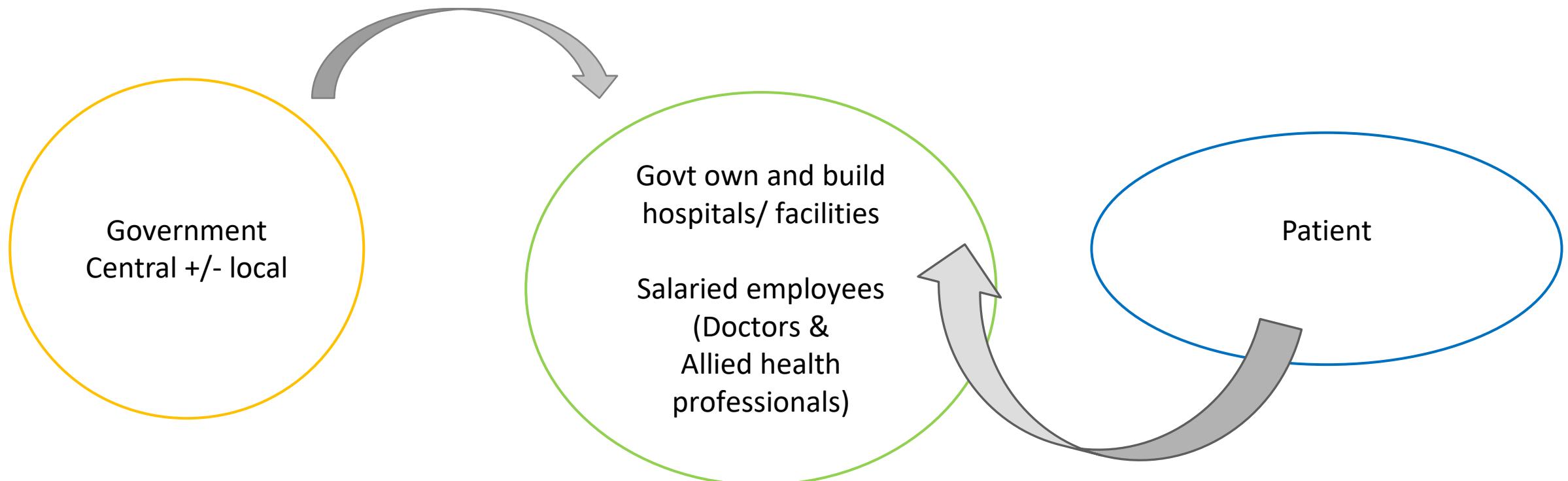
Public healthcare

80% of the population
30% funds

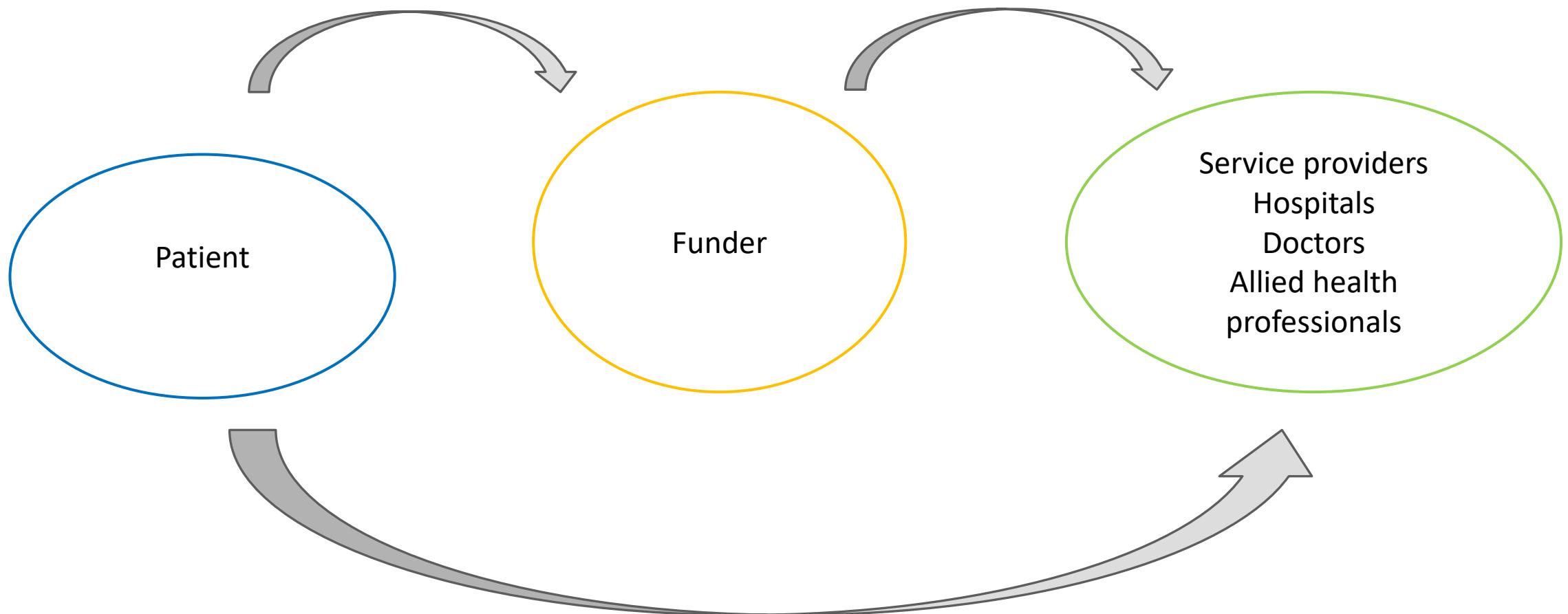
Private healthcare

20% of the population
70% funds

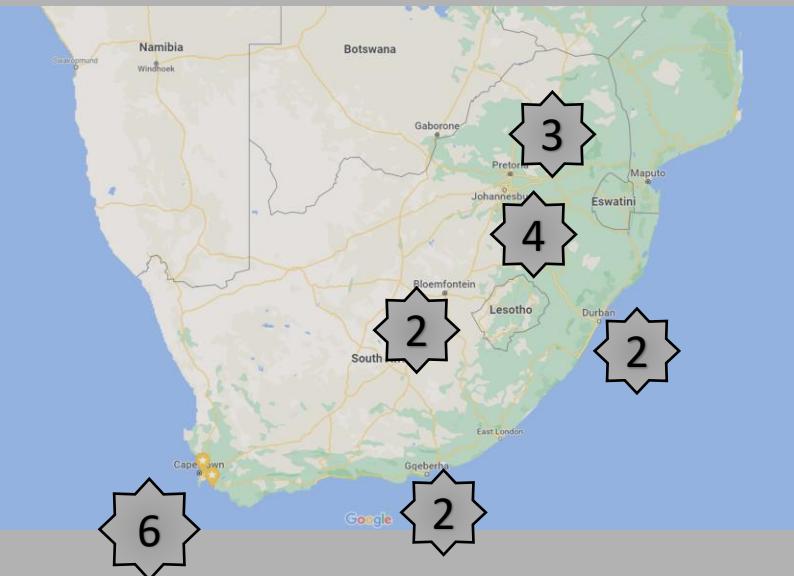
Public healthcare



Private healthcare



South African penetration



There are currently 18 Da Vinci platforms in South Africa, and 1 Versius CMR module distributed as shown;

Cape Town - 6 units

- a. Groote Schuur Hospital Xi
- b. Tygerberg Hospital Xi
- c. Life Kingsbury Hospital X
- d. Durbanville Mediclinic Xi
- e. Christian Barnard Hospital Netcare Xi
- f. Mediclinic Vergelegen X

Johannesburg – 4 units

- a. Netcare Waterfall Xi
- b. Johannesburg Surgical X
- c. Netcare Milpark Xi
- d. Busamed Nelspruit X

Pretoria – 3 units

- a. Urology Hospital Pretoria X
- b. Netcare Pretoria East Xi
- c. Mediclinic Kloof X

Port Elizabeth – 2 units

- a. Life St George's Xi
- b. Netcare Greenacres X

Durban – 2 units

- a. Life Entabeni X
- b. Busamed Gateway Xi

Bloemfontein – 2 units

- a. Mediclinic Bloemfontein X
- b. Bloemfontein – Versius CMR

Reality of rectal cancer surgery (in SA)



ROBOTIC ASSISTED COLORECTAL SURGERY

Literature overview and
recommendations
First edition - July 2022



South African Colorectal Society

Current funding – SA setting

Public sector – 2 hospitals both in Cape Town (GSH & TBH)

Private Sector

- Discovery – Funding model working
- All others like Medscheme/ GEMS/ etc – Discussions ongoing, exclusion all funds and plans.

Tight regulation

Diagnosis - cancer only, no IBD or diverticulitis

Procedures

- segmental/ right hemicolectomy
- high anterior
- TME
- Ventral mesh rectopexy (VMR)



Ebrahim Dalwai
Colorectal Surgeon

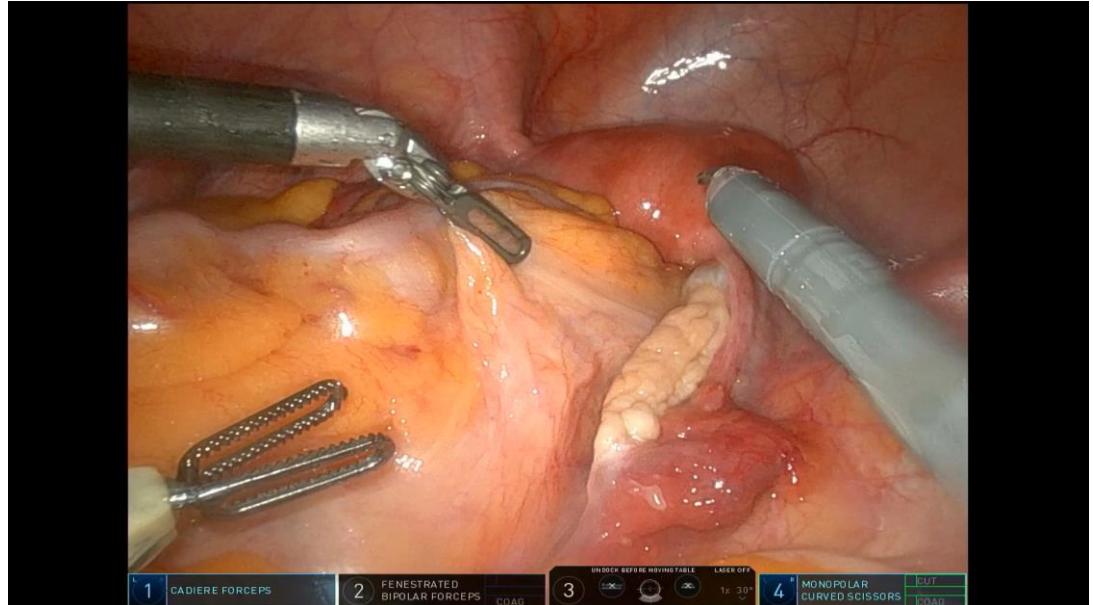
How it began?



Pilot program with 2 surgeons
2017/8

Continued to be an outlier of sorts
until 2021 with the purchase of the
Da Vinci in the public service.

Concerns of cost and availability



Public/ State funded purchase

Changed the game

Provided impetus to implement
with scale in private practice

First procedure Feb 2022 at
Tygerberg Hospital in Cape Town



Credentiallling – wet lab May 2022



Proctored cases



Started 2022/3

Michael Heyns (Pretoria) – 10
Gordhan and Naidoo
(Johannesburg) - 24

Tim Forgan TBH 37



Claire Warden GSH - 30

Emile Coetzee PE - 43

Ebrahim Dalwai Kingsbury - 32

Where are we now?

Tim Forgan 75

Michael Heyns (Pretoria) – 92
Bhavesh Gordhan (Jhb)- 82
Sudha Naidoo (Jhb) - 32
Imraan Mia (CT) - 36



Claire Warden GSH - 41

Emile Coetzee PE - 107

Ebrahim Dalwai Kingsbury - 102

Learning points



Theatre sizes - positioning the pt to allow docking

Ceiling height – Light fittings

Turning arc – Docking the robot

New sequencing of events

Sacrificing time and efficiency

Training in SA

University of Pretoria training center
Onderstepoort – TR100

Could start proctoring in SA



Additional procedures

Abdominal wall surgery - Hernia repair at GSH & Tygerberg

Inguinal/ Ventrals – slightly more inguinals

Mainly retro-rectus with a few TARR's (double docking)

Gynaecology

Recent development

- funding robotic hysterectomy (Discovery)
- benign and malignant indications

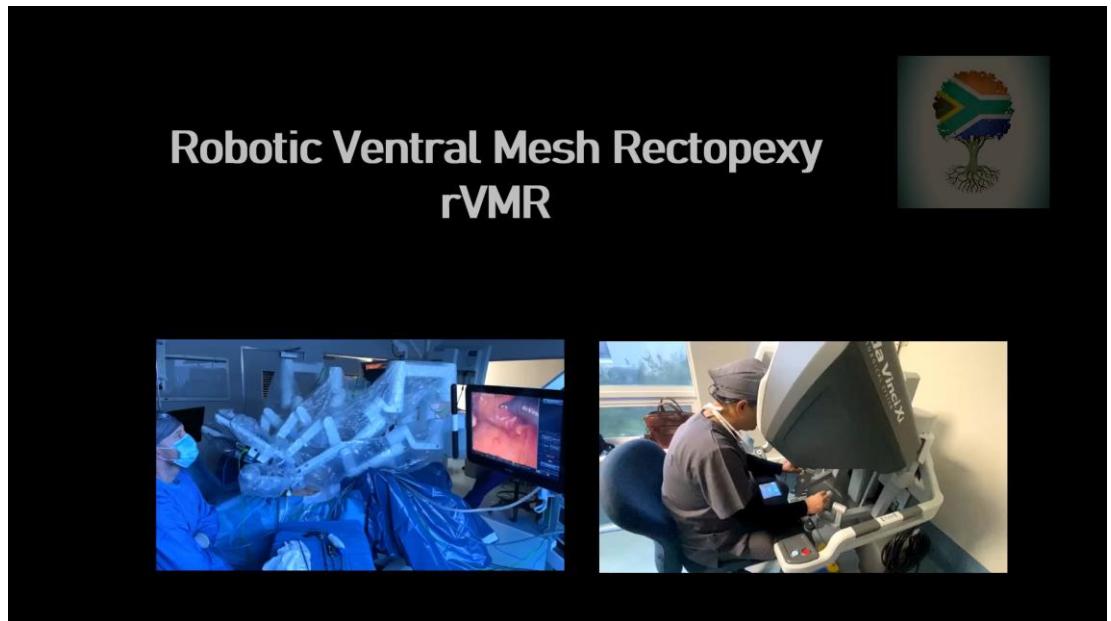
Where is this going?

Probably end up with about 20-30 units

Formal robotic fellowship training for
SA graduates –ideally with an
international placement

Accredited surgeons allowed to
perform these procedures

Colorectal benign and malignant and
abdominal wall





Join us

