

# Robotic Colorectal Surgery - Current status in South Africa

**DR MATLEY & PARTNERS**  
SPECIALIST SURGEONS



**Life** *Kingsbury Hospital*  
HEALTH CARE



EBRAHIM DALWAI  
COLORECTAL SURGEON  
KINGSBURY & GSH



# Disclaimers

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

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

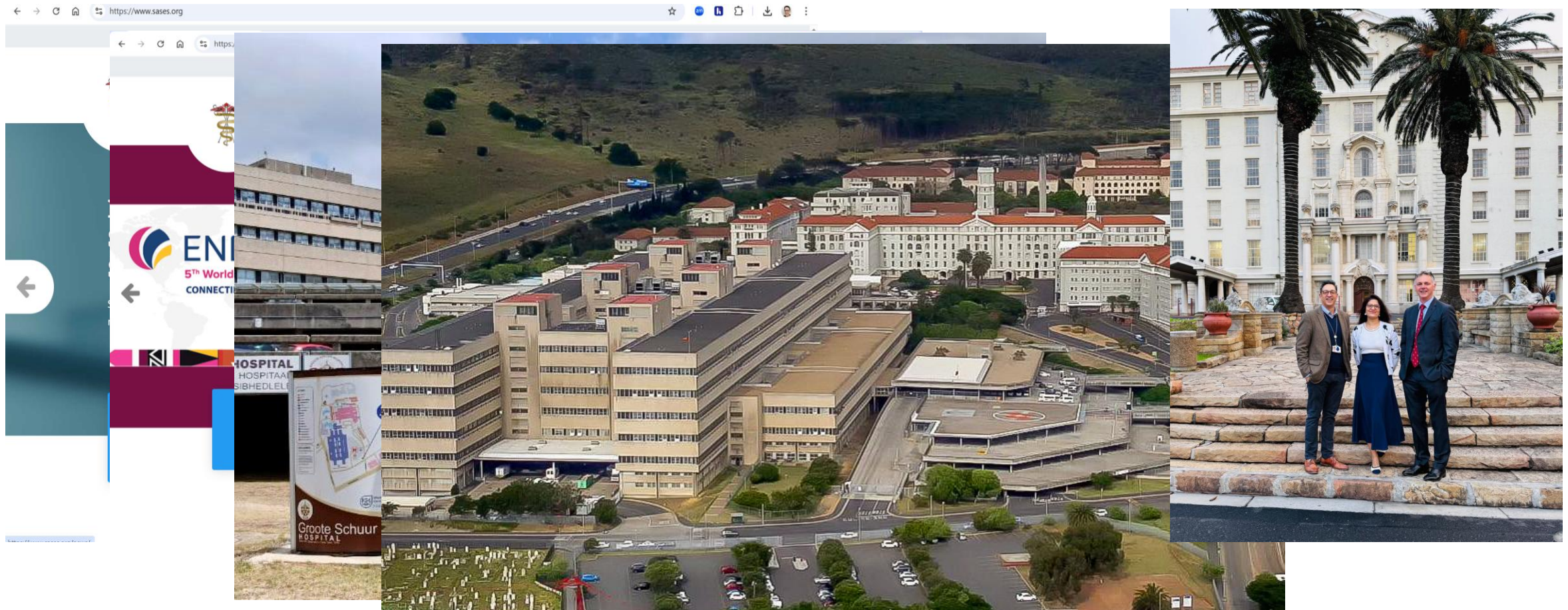
Full time private practice/ partner @  
the Matley Practice

**SASES Amsterdam fellowship AMC**

**LapCo fellow Nottingham, UK**



# What hat am I wearing today?



# What are we talking about?

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





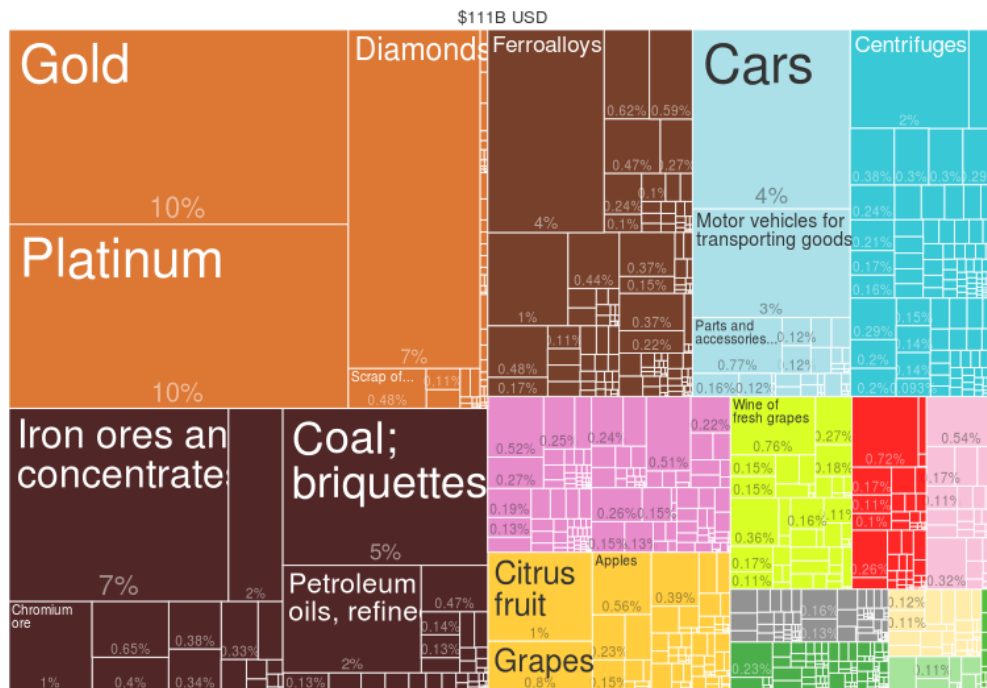


# What do we know about SA?

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# LMIC – Low to middle income country

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- 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 common any longer



# South African healthcare landscape

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## Public healthcare

80% of the population

30% funds

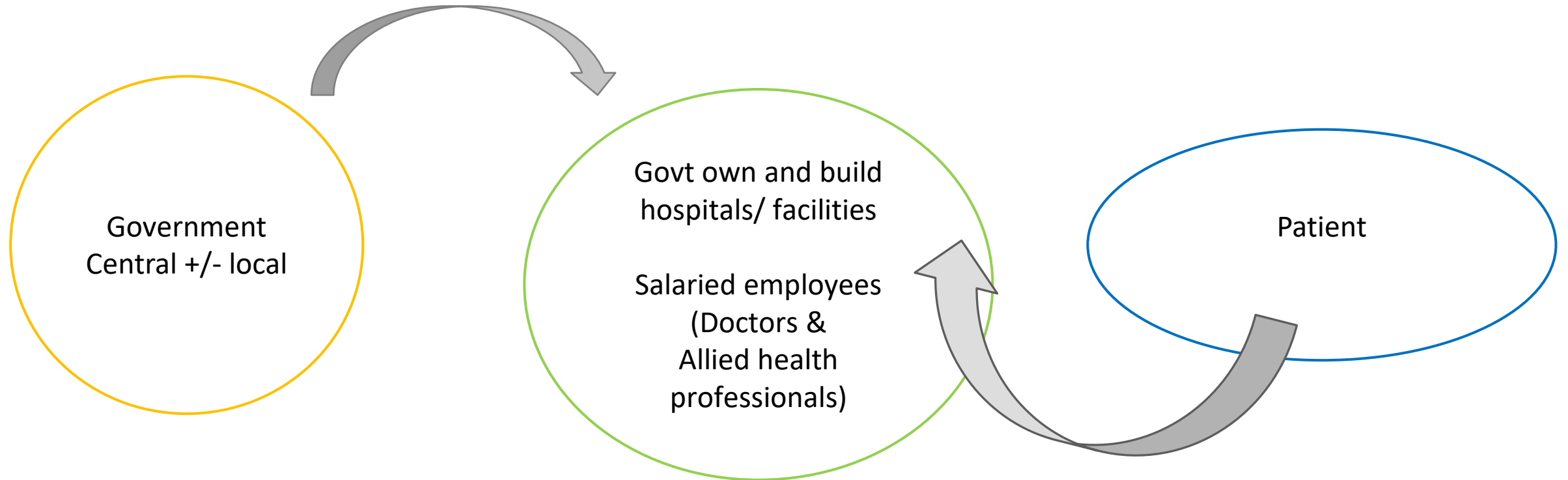
## Private healthcare

20% of the population

70% funds

# Public healthcare

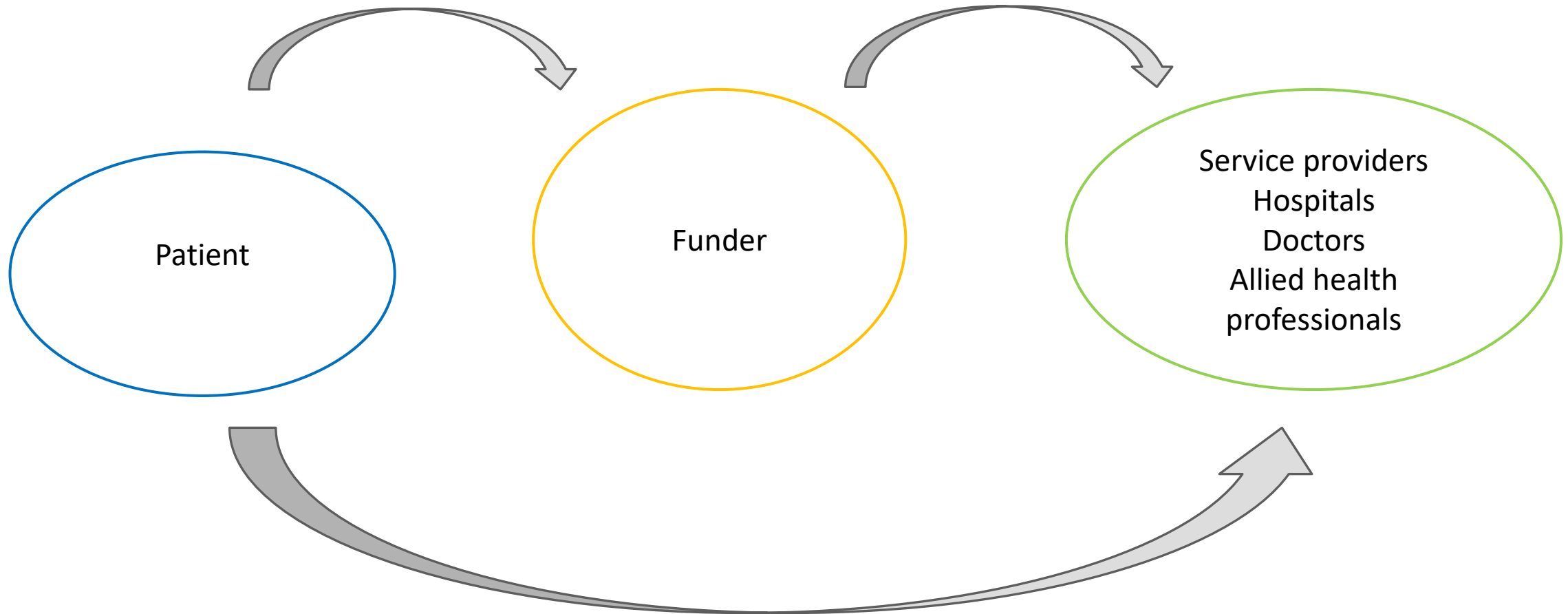
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# Private healthcare

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# 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

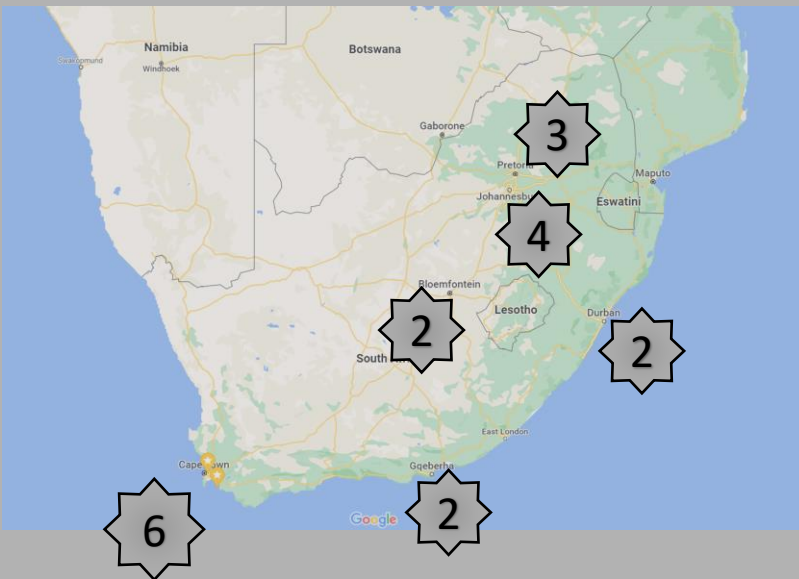
- a. Life St George's Xi
- b. Netcare Greenacres X

## 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

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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

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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?

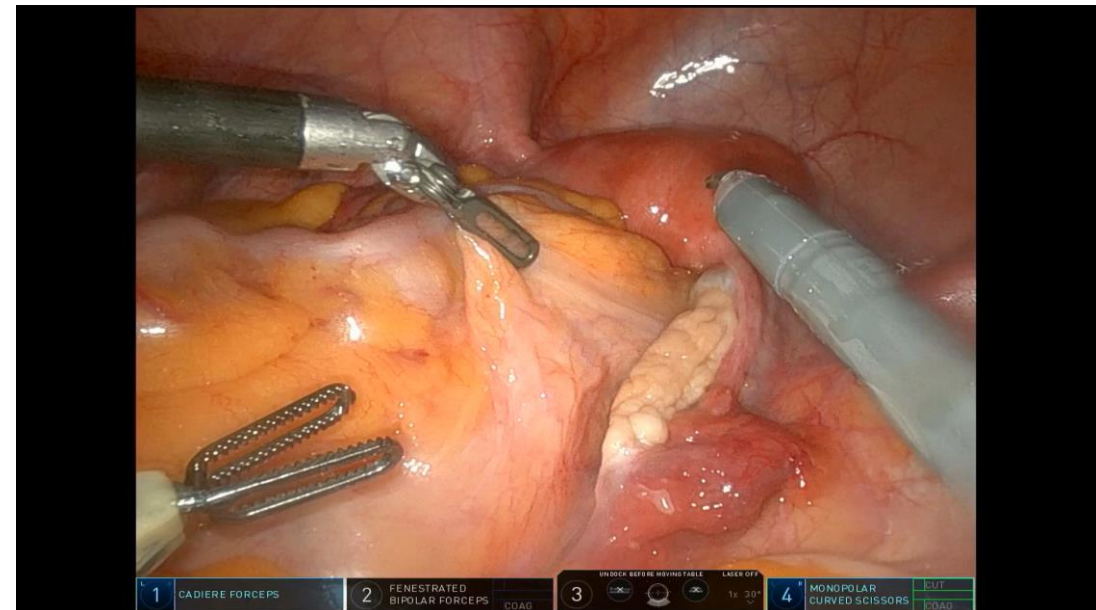
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Pilot program with 2 surgeons  
2017/8

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

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Changed the game

Provided impetus to implement  
with scale in private practice

First procedure Feb 2022 at  
Tygerberg Hospital in Cape Town



# Credentiailling – wet lab May 2022

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# Proctored cases

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# Started 2022/3

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Tim Forgan TBH 37

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



Claire Warden GSH - 30

Emile Coetzee PE - 43

Ebrahim Dalwai Kingsbury - 32

# Where are we now?

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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

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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

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University of Pretoria training center  
Onderstepoort – TR100

Could start proctoring in SA



# Additional procedures

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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?

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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

## Robotic Ventral Mesh Rectopexy rVMR





5<sup>th</sup> World Congress of GI Endoscopy

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