OUR NEW TRANSPLANT WING

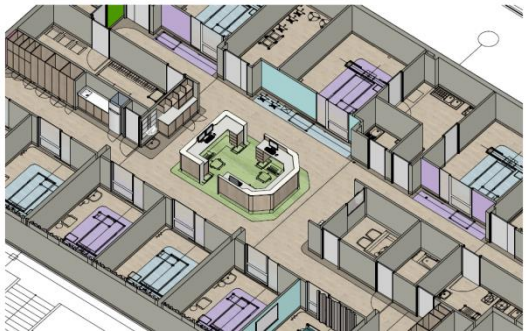
It is with great anticipation and excitement that we announce plans to begin construction of a new Transplant Wing with a 10 bed ward and 10 bed ICU to address a national need, this means that:

√ More patients can receive transplant procedures,
√ We can train more medical experts in transplantation for SA.

The new facility is scheduled to open in early 2019. We are pleased and grateful that with your support, this goal has been reached.

TRANSPLANT WING

PAEDIATRIC WARD

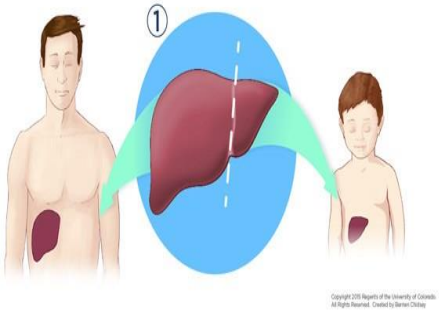


TRANSPLANT ICU

WDGMC'S LIVING DONOR LIVER TRANSPLANT (LDLT) PROGRAMME

80% of Paediatric deaths caused by liver disease occur in children less than two years old. Given the low number of Deceased Donors (both adult and paediatric), up to 50% of children would die on the waiting list before receiving a transplant.

Our programme counteracts the critical shortage of deceased donor organs for young recipients, who require smaller grafts, by performing 1 of 2 techniques, either "Splitting" deceased donor organs into 2 separate useable organs ("half" for an adult and "half" for the child), or by performing Living Donor Liver Transplantation, generally from Parent to Child.



This has substantially reduced mortality on our Paediatric waiting list. Our LDLT Programme offers several advantages over deceased donation, including reduction in the time on the waiting list, procurement of the liver under optimal conditions from a healthy donor, and elective scheduling of the operation. The matching and compatibility of the organ is also better because the donor is genetically related to the recipient – hence less risk of rejection.

Results after LDLT are optimized as the process allows for transplantation to take place before the onset of life threatening complications and severe nutritional failure in the recipient.

The LDLT Programme has set the WDGMC Transplant Unit apart from any other transplant unit south of Cairo, and positions us to offer a service comparable to that provided by any transplant unit worldwide.

TRAINING IN TRANSPLANTATION

By increasing our physical infrastructure we simultaneously create additional training capacity in these medical disciplines which will spread these critical skills nationally and thereby ultimately assist more patients.

Our Transplant Unit is training both fellows and registrars and currently offers a two-year Fellowship in Transplantation, after which the candidate is competent in all aspects of solid organ transplantation, notably kidneys, pancreas and liver, including both deceased donor and Related Living Donor options for both adults and children. Our Transplant Unit also trains fellows in Hepatology and Critical Care.

CURRENT FELLOWS

Dr Sharan Rambarran

Dr Anders Grotte

MEET OUR COLORECTAL SURGERY GRADUATE

"Studying through WDGMC gave me the opportunity to visit many other international centers of excellence. I have spoken to many specialists and trainees around the world about their opportunities and experiences. I am also now in the position where I have shown our local facilities and patient load to visiting experts."

Dr Daniel Surridge,
Colorectal Surgeon

Dr Surridge announced to his parents at the tender age of 4 that he was going to be a doctor. True to his word, he left high school and studied medicine at the University of Pretoria.
He graduated MBChB and did his internship at Helen Joseph Hospital. In order to get more hands on experience, he went to Carltonville for community service.

He then subsequently moved back to Johannesburg to start specializing in General Surgery at Wits. Once he had passed surgery, he moved on to subspecialise in colorectal surgery.

He trained at WDGMC under the supervision of Dr Brendan Bebington. He explained that WDGMC adds an extra dimension to one's expertise in managing patients and that here he is exposed to different conditions and ways to treat them. WDGMC also adds the much needed training in how to manage a private practice that is missing from most curricula. Dr Surridge heads the colorectal surgery unit at Chris Hani Baragwanath Academic Hospital.
He is working to build up the unit there to provide the best colorectal care to state patients as well as linking Baragwanath to WDGMC colorectal surgery units to allow for better training and research opportunities. Furthermore, they hope to train more specialists to set up units in other hospitals as well.

With the critical shortage of medical experts in SA, there is still much work to be done so that these services can be accessible to patients across all sectors. We need to keep training in these specialties to provide these services.

COLORECTAL SURGERY IS THE SURGICAL TREATMENT OF DISEASES OF THE COLON, RECTUM AND SMALL BOWEL THAT IS PERFORMED UNDER THE CARE OF THE GENERAL SURGEON WHO HAS A SPECIAL INTEREST IN COLORECTAL SURGERY. THE CONDITIONS TREATED ARE MANY AND VARIED; THEY OFTEN REQUIRE THE ASSISTANCE OF OTHER SURGEONS (GYNAECOLOGISTS AND UROLOGISTS), PHYSICIANS (GASTROENTEROLOGISTS) AND SPECIALIST NURSES (STOMATHERAPY, CANCER CARE AND INFLAMMATORY BOWEL DISEASE).

MEET OUR EXPERT TRAINER

"WDGMC's mission to train the next generation of medical experts in SA for SA is important for all South African's because it represents Wit's best hope of driving a sustainable training platform of internationally acceptable standards."

Dr Brendan Bebington,
Specialist Colorectal Surgeon

There are those that would say that South Africa as an underdeveloped nation needs generalists and not specialists and this, in many ways is true.

However, training of the generalist is best done by the specialist and even within the constructs of the Alma Ata Declaration primary health is dependent on the availability of functional secondary and tertiary referral centres. There obviously is a shortage of sub-specialists mainly because the argument for them has been till now a moot point.

Private practice has traditionally been carried out by practitioners working by themselves within their own practice; they have worked in association with colleagues but have rarely shared practice. Within the evolving WDGMC model of shared practice this has begun to change to allow for the participation of the trainee.
This has advantages for all concerned: for the trainee a far more structured and supervised training is offered; for the private practitioner more hands make more efficient work and for the patient a better service.

It is only by improving our local training and academic processes that a sustainable future for good medical practice will be possible. We should see training outside of the country as an adjunct to a thorough local training. It is only in our own lack of self-belief that we abandon the need to improve local training.

Wits University
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Patient-centred. Independent. Academic.

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