



GAUTENG PROVINCE

HEALTH
REPUBLIC OF SOUTH AFRICA

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Ref: 5.HL086/26-27

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RESPONSE TO LEGISLATURE QUESTION 5HL086 WITH REGARD TO PAEDIATRIC SURGERY AT THE CMJAH.

- (i) How many Paediatric surgeries were done in 2022, 2023, 2024, 2025, and from January 2026 to 31 May 2026 respectively (please give separately for each year);

Response

Year	2022	2023	2024	2025	2026
Total	2078	2032	2120	2077	740

- (ii) In the case of each year in (i) above, how many surgeries were done in the various categories;

Response

Elective surgery	1263	1511	1469	1319	463
Emergency surgery	815	521	651	758	277

- (iii) What trends can be observed in the figures for 1) and 2) above;

Response

- Total surgeries remained stable between 2032 -2120 cases per year from 2022-2025, with no major increase or decrease.
- Elective surgeries peaked in 2023 they rose from 1263 in 2022 to 1511 in 2023, then declined each year to 1319 in 2025.
- Emergency surgeries declined then rose: Dropped from 815 in 2022 to 521 in 2023 but increased again to 758 in 2025.
- Shift in emergency vs elective ratio: Emergencies were 39% of cases in 2022, fell to 26% in 2023 then climbed back to 36% in 2025.

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(iv) What are the reasons for any decline in surgeries as per the above figures;

Response

- Increased emergency burden: Emergency cases rose from 521 in 2023 to 758 in 2025. Emergencies take theatre time, cancel elective lists, and use ICU beds. As emergencies go up electives get bumped.
- Theatre/Staff Constraints: Limited theatre time, nursing shortages, anaesthetist availability or equipment issues directly cut elective lists.
- Bed/ICU shortages: No post-op beds=elective cases are cancelled. More emergency admissions also block beds that elective patients need.
- Patients becoming emergencies: Long waiting lists mean some elective conditions deteriorate and present as emergencies.

(v) How many children are currently on the waiting list for surgery in each category, and

Response

Category	Number of children
Undescended testis / orchidopexy	100
Inguinal hernia / hydrocele	35
Umbilical / ventral / epigastric hernia	28
Hypospadias / penile reconstruction / penoplasty	19
Circumcision / phimosis	14
Skin, soft tissue, cysts and burns grafting	14
Endoscopy / gastroscopy and dilatation	2
Other paediatric surgery	5

(vi) Approximately how long will they have to wait for surgery in each category (please give separately for each category);

Response

Category	Waiting time
Undescended testis / orchidopexy	14.8 months
Inguinal hernia / hydrocele	10.2 months
Umbilical / ventral / epigastric hernia	10.6 months
Hypospadias / penile reconstruction / penoplasty	13.4 months
Circumcision / phimosis	11.3 months
Skin, soft tissue, cysts and burns grafting	10.0 months
Endoscopy / gastroscopy and dilatation	10.2 months
Other paediatric surgery	8.1 months

- (vii) **In the last three years, what is the longest waiting period in months for a single example of a child patient to undergo surgery, including what the surgery was for;**

Response

In the last 3 years, the longest waiting period for a single child patient was 30 months for a left inguinal hernia repair. The patient was born on the 25/02/2023, was booked on the 27/11/2023 for surgery but has not been operated to date.

- (viii) **What are the reasons for long waiting lists and waiting times for surgery;**

Response

The reasons for long waits are multifactorial: limited elective paediatric theatre capacity, emergency and neonatal surgical load, anaesthetic constraints, availability of subspecialist expertise, and cancellation of elective lists when urgent cases require theatre access.

- (ix) **What are the effects on child patients of long waiting lists and waiting periods for surgery; and**

Response

- Physical deterioration: Conditions worsen while waiting E.g. Scoliosis progresses, hernias risk incarceration making surgery more complex.
- Development delays: Missed critical windows for growth, speech. Delays in cleft palate or hearing surgery affect speech development.
- Psychological impact: Increased anxiety, fear and behavioural issues in children due to prolonged pain and uncertainty.
- Family strain: Parental stress, financial burden, missed school and disruption of family life.
- Poorer Outcomes: Higher risk of emergency admission, lifelong disability, and reduced success rates if treatment is delayed.

- (x) **What is being done to cut long waiting lists and waiting times for Paediatric surgery?**

Response

The measures listed below are practical suggestions to assist in reducing the Paediatric surgical waiting list. However, their implementation is significantly constrained by current anaesthetic staff shortages and limited available staffed theatre capacity.

A key intervention would be the establishment of a dedicated emergency paediatric surgical theatre list, with dedicated anaesthetic and nursing support. At present, emergency paediatric, surgical cases compete with other emergency surgical disciplines for limited theatre time and anaesthetic availability. This results in delays for urgent paediatric cases and disrupts elective paediatric lists, as elective theatre time is often lost when emergency cases need to be accommodated. A protected emergency paediatric

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theatre list would improve access for urgent cases, reduce cancellations of elective paediatric surgery, protect elective operating time, and help prevent further growth of the waiting list. Without additional protected paediatric surgical theatre time, adequate anaesthetic cover, and reliable access to staffed operating lists, the waiting list is unlikely to decrease meaningfully despite the best efforts of the paediatric surgical team.

Category	Actions to shorten waiting time
Undescended testis / orchidopexy	Ring fence regular elective paediatric surgery lists, use day surgery where appropriate, actively validate the list, prioritise bilateral, non-palpable and younger patients, and fill cancellations from a short notice pool.
Inguinal hernia / hydrocele	Prioritise infants and symptomatic hernias, maintain a short notice cancellation list, expand day case throughput and escalate children with signs of incarceration.
Umbilical / ventral / epigastric hernia	Bundle suitable low complexity hernia repairs on dedicated day surgery lists and maintain active list validation to remove children already treated elsewhere or no longer requiring surgery.
Hypospadias / penile reconstruction / penoplasty	Create protected subspecialist urology and hypospadias lists, group staged repairs together, ensure instrument availability, and review older staged patients for priority scheduling.
Circumcision / phimosis	Use day surgery lists, prioritise symptomatic phimosis and recurrent infection, and defer cosmetic or low symptom cases behind time sensitive surgery.
Skin, soft tissue, cysts and burns grafting	Coordinate wound review with theatre booking, prioritise open wounds, burns grafting and lesions affecting function, and use shorter add on slots for small excisions.
Endoscopy / gastroscopy and dilatation	Coordinate dedicated endoscopy sessions with anaesthesia and equipment availability and prioritise children with feeding compromise or obstructive symptoms.
Other paediatric surgery	Continue consultant led triage, validate diagnoses and urgency, and allocate cases to the most appropriate elective or day surgery list.

Yours faithfully,



MS. FAITH MAZIBUKO, MPL

MEMBER OF THE EXECUTIVE COUNCIL: HEALTH AND WELLNESS

DATE: 11/06/2026