

Report of my 2019 year in the Department of Paediatric General Surgery at the Red Cross War Memorial Children's Hospital in Cape Town, South Africa.

After obtaining the FMH title of Specialist in Paediatric Surgery in August 2018, I had the desire to further my training by practicing in a centre with a high volume of patients, in order to have a significant exposure that would allow me to solidify my surgical skills and gain new surgical experiences. I took the opportunity to do this experience during one year at the Red Cross Children's Hospital (RCCH) in Cape Town, South Africa, a hospital that is one of the world references in the field of paediatric surgery.

Indeed, RCCH is a quaternary, exclusively paediatric university hospital, which takes care of the entire field of paediatric surgery, including neonatal, oncology, hepatobiliary, kidney and liver transplantation, as well as all digestive surgery. RCCH is also the regional paediatric trauma referral centre and burn centre. Finally, patients with rare pathologies (Conjoint twins for example) are referred to RCCH from other African countries.

In order to put Switzerland and South Africa into perspective, here are some figures:

- The surface area of South Africa is 30x that of Switzerland.
- The Western Cape Province, of which Cape Town is the capital, is 3x the size of Switzerland.
- In terms of population: South Africa 58mio, Switzerland 8.5mio, Western Cape 6.6mio, Cape Town 4.5mio.
- The Western Cape has two paediatric surgery departments, the most important of which is RCCH.

As the South African population is also younger than the Swiss population, the catchment area covered by RCCH is much larger than the CHUV or any other Swiss hospital.

RCCH's general paediatric surgery department has been working for many years with foreign surgeons on one-year fellowships or even full training in paediatric surgery. However, given the financial situation of the country and more specifically of the hospital, these stays are not remunerated. In return, the department undertakes to fully integrate the fellow into the team, ensuring that he or she has the same activity as the local doctors. I therefore had to find a financing plan for this year. And I would like to take this opportunity to thank my various patrons without whom this fellowship year would have been impossible, namely: the CHUV and its department of paediatric surgery, the SICPA Foundation, the Isabelle Decaze-De Noüe Foundation, the FORCE Foundation, the Société Académique Vaudoise and the Swiss Society of Paediatric Surgery.

Initially hired as "Senior Registrar", I had the opportunity after three months, thanks to my good Swiss training and my FMH title, to be promoted to "Junior Consultant" for the rest of the year. Thus my access to autonomous management of complex cases was greatly increased, both in the operating theatre and in consultations, while still having the support of the three "Senior Consultants". Their sound advice, while respecting my attitudes of care, was of great benefit to me, both surgically and in terms of strengthening my self-confidence. This position as a senior physician has also led me to teach regularly, both theoretically and surgically, to the youngest surgeons in training. Of course, I have been integrated into the on-call system, which corresponds on average to a 24-hour on-call period per week and a 72-hour weekend per month, generally without recovery.

Concerning my surgical experience, I participated in 316 operations during this year, of which 304 as a main operator or teacher and 12 as an assistant. Of these operations, 139 involved infants under the age of one year, 53 of which were newborns up to one month of age. A number of these children had pathologies very specific to paediatric surgery, namely necrotizing enterocolitis, oesophageal atresia, omphalocele and laparoschisis, intestinal atresia and diaphragmatic hernias. As a reference centre for paediatric traumatology and in view of the local social context, I have also been able to discover and practise the management of gunshot wounds, which I had been preserved until now in Switzerland. Concerning my particular interest in oncology surgery, in addition to participating in the weekly "Tumour board" bringing together all those involved in the management of oncology patients, I was able to participate in 21 oncology operations, 20 of which I was the main operator.

As clinical research is also part of the objectives of such a stay, I submitted to the local scientific and ethics committees a project entitled: "Infantile and neonatal solid malignancies: A 20-year review at Red Cross War Memorial Children's Hospital". This retrospective study has been approved by these committees and the data collection of the more than 200 files having been completed at the end of my stay, the work of analysis and writing is in progress, with the aim of leading to a scientific publication and possibly a presentation during a congress.

In order to be as complete as possible about this year, I must also mention a few negative points. From a surgical point of view, I also have a special interest in thoracic surgery and I thought I could practice it at the RCCH. However, there is a paediatric cardio-thoracic surgery department completely separate from the general paediatric surgery department and this department performs the vast majority of cardiac cases and few pulmonary cases. As a result, my access to this surgery has been very limited. Concerning the oncology, since RCCH is the referral centre for paediatric oncology, I also thought I would be able to participate in a few more oncology procedures. But I found out that some of that surgery was done in private hospitals, because the private hospital system is very developed in this country. Administratively, the fact that this fellowship is unpaid means that the funding has to be prepared well in advance. This combined with the process for obtaining South African practice authorization, the preparation for a year such as this must begin 18-24 months in advance.

On a more personal note, I was able to share this year with my wife and two children who celebrated their 3rd and 4th birthday in Cape Town. Despite a difficult social context with a high crime rate, life in Cape Town is pleasant and I was not overwhelmed by a feeling of insecurity. Of course, there are certain rules and precautions to respect (not walking alone at night, avoiding certain suburbs at all times for example), but this does not prevent a rich and varied family life. There are many places suitable for children. The Cape region is beautiful, between mountains and ocean, many activities are possible. The exploration of the rest of South Africa is surprising and magnificent. And South Africa's multi-culturalism makes us discover varied arts, architectures and succulent cuisines. The vineyard of the Western Cape Province is also well known and deserves its reputation.

In conclusion, this year of general paediatric surgery at the Red Cross War Memorial Children's Hospital has been of undeniable benefit to me. By keeping an open mind and seizing the opportunities I was given, while listening to the advice of the very experienced people who work in this department, I was able to greatly increase my clinical and surgical experience, as well as my self-confidence. And, bearing in mind the major social inequalities in South Africa, our family experience was rich, intense and we have created many wonderful memories.