

CONQUERING COVID-19: IT REALLY IS IN OUR HANDS



With KwaZulu-Natal now in the middle of the COVID – 19 storm, provincial Health MEC Ms Nomagugu Simelane-Zulu says there's a lot that individuals can do to lower the spread of infections and rising death toll.

In this wide-ranging recent interview, the MEC outlines how we can all play our part.

"There's a lot of power in unlearning certain things, and finding and embracing new ways," says KZN Health MEC Ms Nomagugu Simelane-Zulu, matter-of-factly.

It is precisely this power that the MEC wants the people of KwaZulu-Natal to tap into as the COVID – 19 pandemic begins to take a heavy toll on the province, with a drastic increase in the number of infections and deaths.

"Known in some circles for her firm, uncompromising and decisive leadership style - which demands accountability from those tasked with managing - MEC Simelane-Zulu had only been in her post for barely six months when the Coronavirus was first discovered in the Chinese town of Wuhan in December 2019.

By then, she was already getting accolades for mapping out an exciting new path for the Department, which included the strengthening of Primary Health Care systems; filling of thousands of non-exempted posts that been left vacant for years; and rolling out an e-Health system that

provides a wall-to-wall digital solution, from the moment a patient enters a healthcare facility until they leave. By the time the first case of the Novel Coronavirus was confirmed in Hilton, near Pietermaritzburg, in March 2020, MEC Simelane-Zulu had long already started drawing up a masterplan plan, working closely with Health Minister Dr Zweli Mkhize and Premier Mr Sihle Zikalala, to help the province cope with the possibility of an outbreak. "We could not just sit and wait for the virus to get here, and only start acting then," she says. "We had to have a solid plan."

The plan included finding ways to boost capacity through the employment of nurses, doctors and support staff. It also extended to the reconfiguration of existing hospitals, building new quarantine and isolation wards, renovating new hospital units, putting up field hospitals, erecting temporary structures, as well as identifying and

securing additional beds from hotels, B&B and lodges. Since then, she has spent her days working tirelessly, literally around the clock.

Always leading from the front, her days typically involve chairing virtual meetings, where she meticulously analyses trends concerning the rate of infections and deaths, hotpot districts and areas, giving her team direction, and making presentations to the COVID – 19 Provincial Command Council, and a myriad of other platforms. She's often up until late into the night and early morning, following the latest online and TV news on COVID - 19. She often receives calls from people at hospitals and clinics, seeking her intervention, which she does not mind.

She has also spent the past few months criss-crossing the province, travelling to various districts to personally make sure that sufficient progress is being made to prepare quarantine and isolation facilities.

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“COVID – 19 has changed our lives in ways we could not imagine. But we cannot dwell on how our lives have changed. What we should pre-occupy ourselves with is on halting the rate of infections, and the kind of impact we want to make in fighting this disease. Our priority is to save lives. We should think about how history will judge us when all of this is over. In order for us to win this war, it will take nothing less than all of us giving it our all. Fortunately, I'm surrounded by a team of hard-working people who've literally put the needs of the province and country before their own.”

Even as the spectre of COVID – 19 grows darker, MEC Simelane-Zulu's forward-planning and vision are bearing fruit.

Today, an additional 9000 staff are at various stages of being absorbed into the system, as well as 7111 new beds, including those for quarantine and isolation.

And just as well, given the exponential rate of infections that has been seen in recent weeks.

KZN this week breached an unenviable milestone for both COVID – 19 infections and deaths: the province, for the first time, registered more than 50 000 positive cases (the actual number is 50 521 as of Thursday, 23 July 2022), and more than 500 deaths (we currently have 516).

The province currently has 31 219 active cases. On the brighter side, though, there have been 18 785 recoveries. Exactly a week ago, the province stood at 32 937 positive cases (with 23 146 active ones), 357 deaths, and 9434 recoveries.

This effectively means that in just seven days, KZN has had 17 584 new infections; 159 deaths,

and 9351 recoveries. This amounts to a daily average of 2512 infections, 23 deaths, and 2683 recoveries.

MEC Simelane-Zulu says that, in addition to Government's efforts, there's a lot more that individuals can do to improve on these statistics – starting today. This includes adhering to lockdown regulations, and taking tough but necessary decisions such as skipping funerals and casual visits to shopping malls.

“Unless we as a society take a stand and decide that we will act in a way that will halt the spread of the virus, it will continue.”

“We all need to realise that we're in a very different environment... an environment that is not meant for finger-pointing, but we need to work together.

“In the next four weeks, we are going to lose people if we are not careful. We're going to bury friends and family if we don't change our ways. That is where we must focus.

“We are pleading with our people to slow things down, and move only when there is a need for it. We should prevent filling up shopping malls for no apparent reason, because that results in the spread of the virus. “We are pleading with them to ensure that when there's a funeral, there are not more than 50 people in attendance. We must not exceed those numbers. Yes, we hold our traditions and cultural practices dear, but it is time for us to relook at some of these things. “We know that, with COVID – 19, people have taken the opportunity to have house parties... A few weeks ago, people attended a party and weren't wearing masks or practicing social distancing. In the end, 25 of them had to be hospitalised.

When you're at a party, there's no way of knowing whether the

person you're 'grooving' with is infected or not. Our Honourable Premier said recently that ubumnandi abupheli, fun never ends. Even after COVID, there will still be fun.

“I know that there's a cultural belief that holds that a wedding is never postponed... but it is time we realised that we are facing an unprecedented and challenging situation. The time has come for us to change certain things if it means not doing so places our lives at risk. Let's forget about parties... Let the fun wait. It never runs out anyway. After COVID, there will be plenty of time to 'groove' and have fun.”

The MEC says she's as perturbed by the number of healthcare professionals who are getting infected with COVID – 19, as she's worried by the denialism and misinformation that still exists in some communities.

“The issue of the infection of healthcare workers is something we are working on. The key is to establish whether Personal Protective Equipment (PPE) is being used properly, but the onus is also on staff themselves to understand that they are exposed, and therefore need to take precautions at all times, and not let their guard down. As a Department, we are also working to improve the support that we render to our staff through strengthening our occupational health services.” The recent spike in the spread of infections concerns the MEC deeply, particularly because, she feels, it could be avoided. “At first, it appeared as though the spread of COVID – 19 was manageable. That was because the community was listening and adhering to precautions. But it now seems that some people think this virus doesn't exist.

“We've seen on social media people claiming that this virus isn't real... alleging that Government is toying with the

people... or that it's something that has been sprayed down from an aeroplane. I really wish to emphasise and make the point that let us not listen to those fallacies and people's wild imaginations. Let us listen to what scientists are telling us. “We have now entered the phase of community spread, where's there's not a single person who can say they have not seen a person who has been infected, or who has passed away due to the virus. It is therefore crucial that we take the virus seriously, because it is deadly. We will never be able to arrest the spread of COVID – 19 if we do not get co-operation from our communities.

“It is crucial to ensure that wherever you're going, you have to put on a mask. Fortunately, the Minister of Co-Operative Governance Dr Nkosazana Dlamini-Zuma has institutionalised and made it a criminal offence not to wear a face mask.

“We have to wash our hands at all times with water or sanitiser. If you're using a sanitiser, we say every 15 minutes you have to wash your hands... Social distancing is crucial. There must be at least 1.5m distance between us... whether we're going to an ATM queue or just walking on the road, let us not congregate or get too close.” She has an important message for people living with chronic ailments, and those charged with caring for them.

“People living with chronic ailments such as diabetes, high blood pressure, HIV/AIDS... we are pleading with them to ensure that they are adhering to treatment schedules. That is the only way to strengthen their immune systems, so that they can have more resistance to COVID – 19 and boost their chances of survival. We call upon those who are caregivers to the elderly to provide all the necessary support”.

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COVID-19 TESTING PROTOCOLS

You've probably heard a lot about coronavirus testing recently and if you think you have the COVID-19 and need a test, contact your health care provider or the KwaZulu-Natal Department Health. The KwaZulu-Natal Department of Health has been working around the clock to increase the availability of critical medical products, including tests for the coronavirus, to fight the COVID-19 pandemic.

Who qualifies for COVID - 19 testing?

One must meet certain criteria to get tested for COVID - 19 and this can be prescribed by a doctor or a qualified nurse after a screening has been conducted.

Aligning with current phases of the pandemic and refocusing, it is recommended that patients who meet the following criteria be prioritized for testing

- Those who need hospitalisation or are already admitted in hospital with COVID-19 symptoms
- Health care workers (HCW) with coronavirus symptoms
- Patients who are above 60 years and have no other co-morbidities but have coronavirus symptoms
- Patients who are below 60 years and have co-morbidities and coronavirus symptoms

All persons accessing a health facility will be screened but only those who have symptoms and fall into one of the categories above will be tested. Where there is extensive community transmission, only those at risk of severe disease as stated in the above will be tested.

Teachers and learners are coming from the community and are therefore included in the priority testing recommendations above. However, as a distinct subset of the community, a targeted approach is recommended.

- Teachers and learners at risk (teachers over 55 years, teachers or learners with comorbidities) and coronavirus symptoms should be prioritized for testing.
- In the event of an outbreak at a school, this at-risk group should be isolated, monitored for symptoms and tested if they develop symptoms.



A close contact is a person who has been in close (within 1.5m) physical contact with a laboratory confirmed positive patient, without wearing a face mask, for more than 15 minutes.

Close contacts will only be tested if they fit into one of the above mentioned categories. If you test before having symptoms, you are likely to get a false negative result. These are, among others, common symptoms of COVID - 19 that indicate a need to get tested in addition to the above mentioned criteria: fever, cough, sore throat, muscle ache, loss of taste, loss of smell.

Where can one get tested for COVID - 19?

COVID-19 testing is done at all government healthcare facilities like PHC clinics, CHC's and hospitals. There is no need to make an appointment to go and test. You can present at the healthcare facility for screening to establish if testing is warranted. If so, the clinic will inform you and then test you. Public sector testing is free. If you're using a Private Laboratory, ask them about the cost of the test. Check with your medical aid if they will help cover the costs for the test.

FOR FURTHER COVID - 19 TESTING ADVICE, YOU CAN CONTACT THE FOLLOWING NUMBERS:

NATIONAL INSTITUTE FOR COMMUNICABLE DISEASES
(NICD) HOTLINE : 0800 029 999

KWAZULU-NATAL DEPARTMENT OF HEALTH
HOTLINE : 033 846 6000

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COVID-19 REVISED ISOLATION PERIOD IS NOW 10 DAYS!!

On 17 July National Health Minister Dr Zweli Mkhize said that the recommended isolation period for patients with confirmed Covid-19 infection would now be reduced from 14 to 10 days. He further introduced other changes. He explained, "The presence of detectable virus when testing does not necessarily imply infectiousness. It has been proven that in mild cases, virus cultures are generally only positive for 8-9 days after symptom onset."

"The duration of infectiousness in patients with severe disease is less well established. In general, patients with severe disease may continue to shed (the) virus at higher levels for longer periods than patients with mild disease."

OLD REGULATIONS

The period of isolation was as follows:

- Asymptomatic patients: 14 days from time of positive test
- Mild disease: 14 days from onset of symptoms
- Moderate or Severe disease: 14 days following clinical stabilisation (no longer requiring oxygen)
People were permitted to use shared spaces but encouraged that the time spent in shared spaces such as bathrooms, kitchens and sitting rooms be minimal as much as possible and that shared spaces were to be well ventilated.

REVISED REGULATIONS

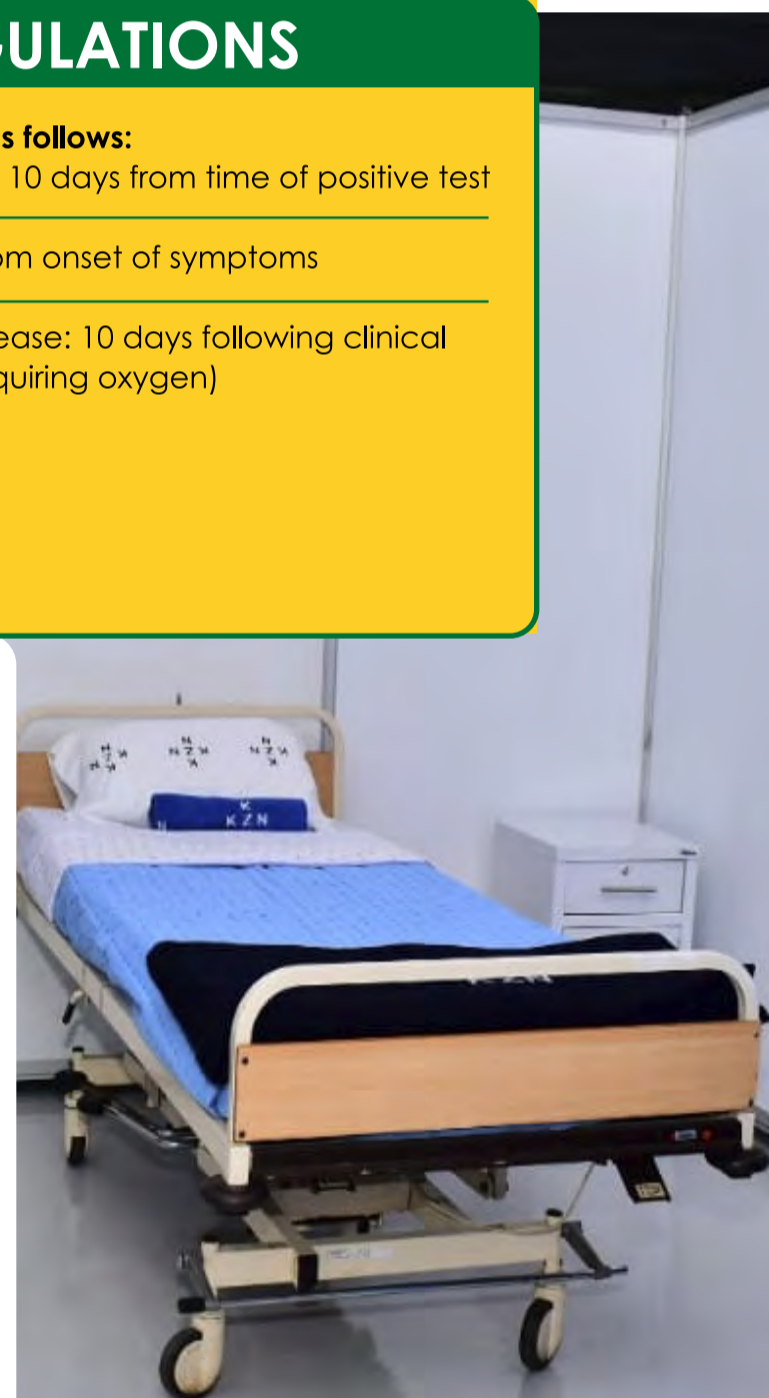
The period of isolation is as follows:

- Asymptomatic patients: 10 days from time of positive test
- Mild disease: 10 days from onset of symptoms
- Moderate or Severe disease: 10 days following clinical stabilisation (no longer requiring oxygen)

There is also no need to test or retest at the end of the isolation period. People discharged from Isolation should self-monitor and report development of any symptoms to their general practitioner, NICD hotline or their local health facility.

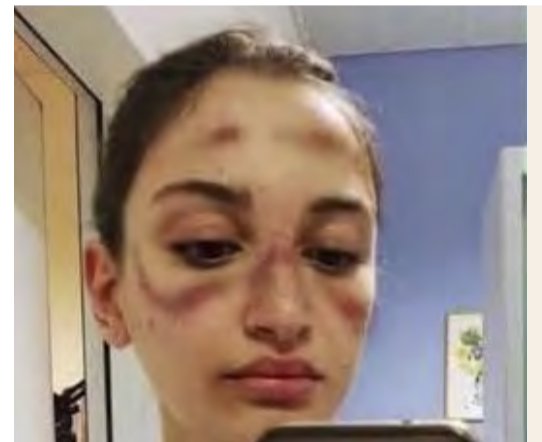
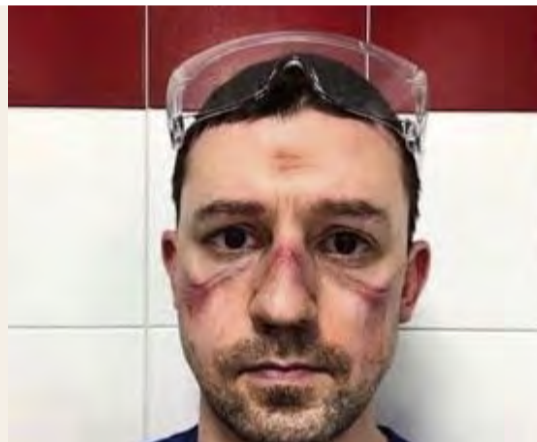
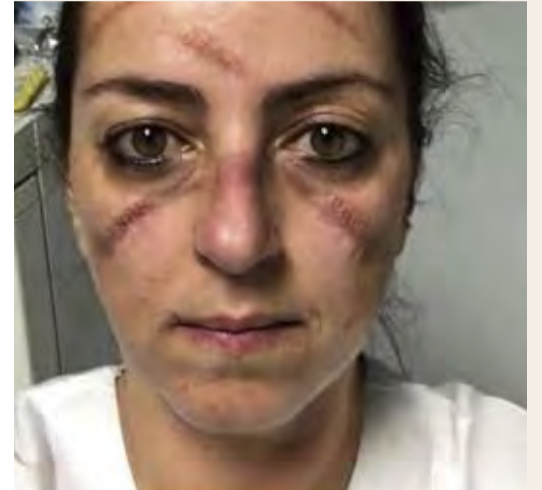
For those self-isolating at home, the following is required;

- A separate well-ventilated bedroom with a bathroom and toilet, or a residence that is not shared with persons who are not subject to quarantine;
- Meals should be served in the room in disposable utensils or utensils that are separate and are washed properly if there are persons who are not subject to quarantine;
- Support from friends or family that can facilitate the drop off of food and medicine at the gate if they are not able to make use of online shopping facilities and contactless deliveries;
- A thermometer that will allow him or her to measure his or her temperature daily;
- Access to the internet and a phone that allows the daily reporting of symptoms;
- Access to a private physician that he or she can contact should he or she require medical advice or care; and
- A contact number where he or she can be reached during the period of self – quarantine or self -isolation.



HOW TO TAKE CARE OF YOUR SKIN WHILE WEARING A MASK

While the Covid-19 pandemic continues to be a part of our lives, the wearing of personal protective equipment (PPE) i.e. face masks is a necessity for all, not only to protect ourselves from the virus but others as well. However, this has introduced PPE-related skin irritations among some people. These skin irritations can range from rashes, abrasions, flare-ups of eczema or acne, also dubbed as “maskne” as this acne is caused by the wearing of masks. These irritations can be found around the chin, jaw, cheeks or mouth area.



What causes these skin irritations?

There are quite a number of reasons why one's skin reacts in a particular way. Since the beginning of Covid-19, people's bodies have had to adjust to a lot of new things, such as lockdown, quarantine and curfews, amongst others.

This could leave many people feeling stressed, anxious and some depressed. When the body is stressed or under pressure it can produce certain hormones that stimulate the skin's oil glands and hair follicles which could lead to acne. In the context of face masks, skin irritations could be caused by:

- Excess moisture – masks trap moisture such as the sweat, oil and dirt that is close to the skin.
- Allergens – your skin might be sensitive to a laundry detergent causing skin allergies, as the skin on your face is more sensitive than the skin on the rest of your body.
- Re-using masks – if you reuse the same mask, all the oil, dirt, make-up and sweat that is obtained from the last wear, could cling onto your mask, making it a breeding ground for bacteria, causing skin irritations.
- Make-up and heavy moisturisers – as your skin is covered by fabric and the excess moisture from your breath, the make-up and moisturiser could clog your pores.

What can I do to prevent skin irritations?

As masks have been part of our new normal, we need to find ways to take care of our skin while simultaneously protecting ourselves and others from the virus. Here are some tips so help you prevent skin irritations:

- Practising good hygiene – washing your hands and face with soap, more especially on days where you had a face mask on, to wash away all the dirt and bacteria from the top layer of your skin.
- Switching to a more breathable mask – fabric masks made from cotton are recommended, as they offer a balance of protection and breathability for the person wearing it.
- Creating a skincare barrier by using a moisturiser and sunscreen – it is important to have a barrier of protection for our skin when wearing a mask. The application of sunscreen is also highly recommended, even if half of our faces are covered, the skin is still exposed to the sun's harmful rays.
- Only wear clean masks – surgical masks should only be worn once and discarded, a fabric mask should be washed after one use to remove the dirt and bacteria it acquired that day.

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GUIDELINES FOR WHAT TO DO WHEN A COVID-19 POSITIVE PERSON PASSES AWAY AT HOME

- In the event that a person dies at home of COVID -19, the person or persons attending to the mortal remains must not, at any stage, handle the mortal remains.
- Emergency Medical Services must be called immediately to declare the person dead, before removal by an undertaker.
- Funeral undertakers must bring a clear/ transparent polythene body bag with a minimum thickness of 150mm microns along when removing the mortal remains
- The deceased person's apparel and other articles on the deceased persons body must be handled with gloves and cleaned with a detergent followed by disinfection with a solution of at least 70% ethanol or 0.1% (1000 ppm) bleach.
- Clothing and other fabric worn by the deceased must be machine washed with warm water at 60 ° -90 °C (140- 194 °F) and laundry detergent.
- If machine washing is not possible, linens may be soaked in hot water and soap. In a large drum using a stick to stir while being careful to avoid splashing.
- The drum must then be emptied, and the linens must be soaked in 0.05 chlorine for approximately 30 minutes. Finally, the laundry must be rinsed with clean water and the linens must be allowed to dry in full sunlight. Human remains of a person under investigation must be managed the same as a COVID-19 death.

The funeral

Please note that viewing and storage of the body at home is prohibited. Funeral undertaker must deliver the mortal remains on the morning of the burial and not the night before the burial and must ensure that the remains are not touched. Cremation is highly recommended where a person has passed on due to COVID-19 but burial is permitted. Viewing of the human remains can only be done in the mortuary by family members (one at a time). The COVID-19 mortal remains must not be kept for more than seven days at the mortuary

- A burial or cremation of COVID -19 mortal remains must be carried out in accordance with the Human Remains Regulations.
- Burial services must be as short as possible and may not exceed two hours, in order to minimise possible exposure.
- Mourners must observe physical distancing during and after the burial service.
- Only close family members should attend a funeral and burial service.
- For the purposes of protecting the health of the mourners at a burial service, a person who is ill or is a patient should not attend a burial service irrespective of his or her relationship with the deceased.
- Those tasked with placing the body in the grave, on the funeral pyre, etc. must wear gloves and wash hands with soap and water once the burial is complete.

FOR MORE INFORMATION ON COVID-19 REGULATIONS,
please visit www.gpwonline.co.za

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BUILD SELF-EFFICACY TO COPE WITH COVID-19

A SENSE OF SELF- AND COLLECTIVE- EFFICACY TO FIGHT WITH CORONAVIRUS

People need to feel they have some control over what is happening to them, and a belief that their actions are likely to lead to generally positive outcomes.

Even so, it does not only take an individual to believe that we can beat this pandemic, but collectively we all have to believe and abide to the basic principles of COVID19 prevention. The Department of Health has endorsed that all communication about managing the pandemic take a collective stance; encouraging people to start thinking less about "I" and more about what "we" can do for the greater good hence the theme "It's in our Hands".

Improving our "self-efficacy" may help. This is our confidence to perform well in a particular part of our life, such as adapting to a global pandemic. Albert Bandura (1977), a pioneer humanist and father of the concept of self-efficacy has contributed to five different ways to build self-efficacy:

1. Focus on the positive

Optimism is a big part of resilience and self-efficacy.

When negative thoughts come up, catch them and try to reappraise them.

2. Don't get discouraged

In this unprecedented time, we all have to figure out new ways of doing things. Not all our efforts will work the way we want.

Rather than getting down when things don't go our way, view failure as an opportunity to try again with a different approach. Continually getting back on your feet is the hallmark of resilience, and is key to emerging successfully on the other side of difficult situations.

3. Personal Mastery

Our past experiences influence our confidence that we can perform the same task successfully today. It is important that we reflect on our past hard times, pick out the positive ways that we coped and apply them to today's situation.

4. Acknowledging your efforts:

It's tempting to focus on productivity loss and all the things we can't do during COVID-19, but be sure to acknowledge and celebrate the things you are getting done. Self-efficacy grows when we complete tasks successfully, even if it's something as simple as sending an email you've been putting off.

5. Positive Modelling

Modelling expands our own personal mastery and allows us to learn from others. We can talk with our social networks for best practices on how to successfully cope with COVID-19. We can seek out others who have dealt with it successfully and learn from them.

Improving our self-efficacy will look different for each of us. That's because we all have different strengths and weaknesses

Although self-efficacy is a personal attribute, it is very much influenced by those around us. We are in this together. We can help one another. We can offer what we have. We can learn from one another. We can get through this together.



Hand wash/
sanitise
regularly



Practice
social
distancing



Wear a
cloth mask



Cough/sneeze
into a bent
elbow or tissue

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GUIDE TO UNDERSTANDING PROSTATE CANCER



Dr David Batuule
Head of Clinical Unit in the Department of Urology
Durban's St Aidan's hospital

It is very important for men from the age of 45 years and 40 years if they have a family history of prostate cancer, to go to their Urologists for check-ups and undergo screening for Prostate Cancer. When it is detected early during stage 1 and 2, they can be cured!

The Prostate is a small gland under the bladder which produces fluid that forms part of semen.

Prostate Cancer is the commonest solid malignant tumour in men in South Africa. It mainly affects men over 60 years of age but can occur in younger men. It also carries worse prognosis in African (black) men compared to other races

The risk of being diagnosed with Prostate cancer is high if there is an identification of the following factors:

- Positive family history 1st degree relative, brother or father with prostate cancer. In positive family history the risk of developing it is up to 5 times higher than the general public.
- Older age (above 60yrs).
- Diet high in fatty red meat.
- Inactivity and obesity.

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SYMPTOMS

There are numerous symptoms which may be present to varying degrees and some men may experience all of them and others only a few.

- Difficulty or painful passing of urine or straining on urination.
- Weak urinary stream or flow.
- Inability to pass urine (complete blockage of urination).
- Burning urination (dysuria).
- Blood stained urine or frank bleeding on urination.
- Blood stained semen (ejaculation) / painful ejaculation.
- Offensive or smelly urine.
- Frequent passage of urine, especially at night.
- Feeling of incomplete bladder emptying.
- Pain in the pelvic or lower back regions.
- Loss of weight.

DIAGNOSIS

Diagnosis can only be done when men have come forwards to seek help at a healthcare facility after experiencing some symptoms. Then a Urologist and a team of other medical professionals embark on a treatment process to assist patients which usually begin with Screening, and culminate to them making a diagnosis. These are some of the methods of diagnosis they use.

- Blood test by medical practitioner –Prostate specific antigen (PSA), if over 4ng/ml: it is suspicious for cancer.
- Physical examination – Digital rectal examination of the prostate gland by urologist.
- Prostate biopsy – Is done if high PSA (above 4ng/ml) and abnormal rectal findings.
- Scans such as Bone scans and Radioisotope scans may be done to check if disease has spread beyond the prostate after a positive biopsy.

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PROSTATE CANCER STAGES

- **Stage 1** – Disease confined to the prostate and not felt on examination.
- **Stage 2** – Confined to prostate but felt or detectable on clinical physical examination.
- **Stage 3** – Spread outside prostate but still not spread beyond the pelvic region. Also not spread to nearby glands.
- **Stage 4** – Spread to other areas of the body such as bones, lymph nodes, lungs, liver, brain etc.

Stage 1 & 2 = Localised

Stage 3 = Locally advanced

Stage 4 = Metastatic / Advanced

TREATMENT

Treatment depends on Age, Stage of disease and encompasses the following:

- **Watchful waiting / active surveillance (Observation)**

This involves observation with no active treatment. It is for small cancers and relatively older patients with small risk of spread. There are regular follow-ups and blood tests. Doctors may institute treatment for Stage 1 only if cancer shows signs of growing.

- **Hormonal treatment**

This is given in form of injections and / or pills to suppress the effects of the male hormone, Testosterone. (Also can be done in the form of Orchiectomy or Surgical castration) Testosterone encourages the growth of prostate cancer so if suppressed, it will

reduce the ability of the cancer to grow. Side effects of this treatment include loss of libido. This treatment is usually reserved for Stage 4 and patients not wanting other modalities of treatment.

- **Surgery**

The prostate gland may be completely removed. It is major surgery and complications include erectile dysfunction and urinary incontinence (usually improves after a few months). This is for Stage 1 and 2 only.

- **Radiotherapy**

Uses radiation to destroy the cancer without an operation. May be used for patients who do not want to undergo or are unfit for surgery.

There are 2 methods, the External beam and brachytherapy
External beam radiotherapy: This is similar to an x-ray where rays are directed from outside the body to the prostate by a machine to "burn" the cancer. It is done daily over a period of 6 weeks.

Brachytherapy : Radioactive seeds are implanted into the prostate gland to "burn" the cancer from within the gland. It is a once off treatment but very expensive! About R100k for treatment and is recommended for Stage 1 & 2.

- **Chemotherapy**

Has a limited role and may be used in conjunction with above options

With *EARLY DETECTION*, Stage 1 and 2 are potentially curable, Stage 3 is potentially curable with intensive treatment and Stage 4 is for palliation and can be controlled with treatment resulting in an improved quality of life for many months to years.

PREVENTION AND SCREENING:

SCREENING- by doing annual PSA blood test for males 45 yrs and above. From 40 yrs for those with a positive family history of prostate cancer.

DIET- Eat tomatoes (or tomato products), Water melon and other coloured vegetables like carrots, butternut, red pepper, soya etc.

Reduce or avoid high consumption of "Red" meat products especially the fatty type.

Rather eat Fish or "white" meat products (Chicken).

EXERCISE- Establish a regular programme of Healthy Lifestyle Activities and drink at least 6 to 8 glasses of water daily.

PROSTATE CANCER RECOVERIES, SURVIVORS TESTIMONIALS



Health Chat Bulletin had an exclusive interview with patients who have recovered from the prostate cancer after being treated in our health facilities.

This is what they had to say



MR JABULANI SIBISI

My name is Jabulani Sibisi better known as M'jay a retired journalist.

My journey began in 2014 after I was referred to a Urologist for a check-up. My urologist Dr Batuule at St Adains Hospital took me through all the steps. In 2015 he detected a small growth in my prostate which had to be monitored every six months.

In 2018 I did a test called PSA it showed signs of growing cancer cells. Dr Batuule again, sat me down and explained in detail what was happening. He then referred me to a Cancer specialist for further consultation and discussed the treatment plan for my condition.

I was then referred to hospital for the MRI test, after that I had to do a process called brachytherapy. At that time my PSA was above 11. Early this year (2020) I went for a review and found that my PSA had gone below 3, meaning the cancer cells in my prostate are being destroyed.

My advice to my fellow men especially people who are above 50 years old is that they must go for a check-up every six months. Prostate cancer is one of the killer diseases that most men will battle with at some point and I'm one of those men because it attacked me. The important thing is to know is that if it is detected early enough a person can be cured.

THOKOZANI DLAMINI

When I joined a Management Consultancy company, during my induction my boss advised to subject myself to annual health screening for my own good and that of the company, although this was not company policy. I complied and when I left the company to join the educational sector in 1991, I would go for a health screening as and when I remembered and sometimes 2 or 3 years would pass without medical check-ups.

However each time I had to see a doctor I asked the doctor to refer me to a medical laboratory for a prostate cancer testing. Prostate blood test results grew from 5 to 12 up-to 16 until it was 20 over a period of 7 years.

I ignored the test results because I felt no pain, I was passing urine normally and my sexual life was normal and enjoyable

After a while, the next blood test, numbers jumped again to 22 and I still ignored it. Matters came to a head when after sometime having done the blood tests; I started experiencing that when passing urine it was dripping, I struggled to pass urine and my bladder would not empty fully forcing me to go back to the toilet for a second time in a short space of time.

When I phoned my Doctor about how I was feeling, he

advised me to see a specialist Urologist. I then went to St Aidans Hospital where I was examined, after a couple of blood tests I went for a biopsy. In September 2014, the biopsy results indicated that I indeed had prostate cancer. I was shattered and regretted why I ignored the early warning from the blood test results. To me, the news that I had a cancer sounded like a death sentence and I only told my wife and kids and to nobody else. Dr Batuule explained various ways and means of treating the cancer.

I opted for Brachytherapy. After this procedure I continued with blood tests and the tally of my blood tests results declined sharply and within a few months until the number was minus 2. That is how I survived prostate cancer in 2015. My advice to all men is that you need go for a prostate blood tests regularly and do not ignore test results if they indicate something.

My experience is that prostate cancer is a painless disease. Be that as it may kill you if it spreads from your prostate to other parts/ organs of your body. I am alive because my cancer was localized in the prostate when I was treated. I owe my life to my Doctor. I now do annual written prostate blood tests and all my blood results have remained minus 2.

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