Launch of 15 new machines to strengthen efforts to ensure early detection and treatment of cervical cancer in KZN

04 April 2018

Despite the efficacy of screening for cervical cancer to ensure early detection and treatment, at least 3500 women – or 10 per day – die in South Africa due to this disease.

However, the unveiling of 15 new Large Loop Excision of the Transformation Zone of the cervix [LLETZ] cervical cancer machines in Durban will go a long way towards clearing the backlog and reducing waiting times for those who require cervical cancer treatment.

Speaking at the official unveiling of the machines, held at Durban's Inkosi Albert Luthuli Central Hospital today (04 April 2018) MEC Dhlomo said the key to winning the fight against cancer is still screening through Pap Smear and Liquid-Based Cytology (LBC), in order to ensure early detection and treatment of cervical cancer.

Currently, 17 hospitals in KZN have a purpose-designed, functioning LLETZ machine (mainly specialist hospitals).

Until now, women have had to be referred to health facilities far from home to access the lifesaving LLETZ procedure, sometimes having to join a significant waiting list.

However, with these machines, which cost R60 000 each, the Department's plan is to make access to the LLETZ service easier by increasing the number of hospitals which can provide the LLETZ service.

"These LLETZ machines use a small surgical procedure on the woman's cervix to remove that part of the cervix where the cells are becoming abnormal (dysplastic), which might otherwise develop into cancer. What we have to keep in mind is that an important feature of cancer of the cervix is that the disease has a long pre-cancer phase which lasts for several years."

"From now onwards, with the advent of LLETZ procedure, particularly in rural based hospitals, we are sure to treat this form of ailment before it progresses to cancer, which again, we emphasise, is preventable," said MEC Dhlomo.

The distribution of the new LLETZ machines is as follows:



with acting Head: Health Dr Musa Gumede: Prof Motshedisi Sebitloane, UKZN Head of Department (Obstetrics and Gynaecology) and Dr Neil Moran, Head: Obstetrics and Gynaecology, KZN Dept of Health



isiZulu - part 1 isiZulu - part 2

Sites where new LLETZ machines will be placed from April 2018	Expected impact
Nkandla Hospital	Reduce case burden at Queen Nandi
Eshowe Hospital	Reduce case burden at Queen Nandi
Benedictine Hospital	Reduce case burden at Queen Nandi
Nkonjeni Hospital	Reduce case burden at Queen Nandi
Osindisweni Hospital	Reduce case burden at Mahatma Gandhi
King Dinuzulu Hospital	Reduce case burden at Addington and Mahatma Gan
Murchison Hospital	Reduce backlog at Port Shepstone

Sites where new LLETZ machines will be placed from April 2018	Expected impact
Christ The King Hospital (LLETZ provided by NGO)	Reduce case burden at Edendale
Rietvlei Hospital	Reduce case burden at Edendale
Church of Scotland Hospital	Reduce case burden at Grey's Hospital
Charles Johnson Memorial Hospital	Reduce case burden at Newcastle
Northdale Hospital	Needs to reduce its' own backlog.
Manguzi Hospital	UMkhanyakude would be able to manage all its back that of Queen Nandi
Bethesda Hospital	

MEC Dhlomo said: The vast distribution of these LLETZ machines will now add more impetus to our efforts of preventing, detecting and managing the cervical cancer. We are also happy to announce that as soon as the LLETZ machines are installed – they will start servicing the patients as we have already trained personnel in their use. They are ready to hit the ground running"

MEC Dhlomo says the launch of the machines is a part of efforts to bring relief to the four (4) functional linear accelerators at Grey's Hospital (1), and the three at Inkosi Albert Luthuli Central Hospital.

MEC Dhlomo also took the opportunity to provide an update regarding the repair of oncology machines which treat advanced cancer at Addington Hospital; and the general management of cancer in the Province.

Today, we are able to report that the new oncology machine that was ordered has arrived and we have been made to understand that the first patients will be seen at the end of June 2018 after its installation.

I may as well add that the maintenance service contracts of these machines are being finalised by the National Department of Health on behalf of the KZN Department of Health. Meantime, Addington Hospital continues to attend to an average of 450 patients per month who are managed for chemotherapy and follow-ups.

Please be also informed that at Grey's Hospital, it is business as usual as we still have four (4) oncologists based there and are able to attend to a total of about 140 new patients and 500 follow up patients per month.

For Inkosi Albert Luthuli Central Hospital, we signed a six (6) month contract with the Wits Health Consortium to offer us with Oncology services. Wits Health Consortium undertook to provide

three (3) Oncologists that will be based at the hospital for eight hours per day, five days a week. According to this contract, Wits Health Consortium will see a total of 150 new patients and 300 follow-up patients per month.

In the Northern Region, for the first time, we now have successfully established collaboration with the Joint Medical House of Oncologists, based at the Richards's Bay Private Hospital, to treat our public sector cancer patients.

This is a 'New Satellite Site' which now operates at the Ngwelezane/Queen Nandi Hospital complex. Patients referred from King Cetshwayo, Zululand and UMkhanyakude Districts are treated here. Currently our patients there are receiving Radiation Therapy every month at an agreed upon rate. Previously, these patients would have been attended to at Inkosi Albert Luthuli Central Hospital but are now being treated closer to their homes.

MEC Dhlomo appealed to the media to help support the extraordinary "LLETZ drive" which is being initiated this month with the aim of cutting down the LLETZ waiting times to one month or less.

Please help us to make our people understand that the key to winning the war against cancer is to get screened regularly, so t hat problems can be picked up early to allow for early and timeous interventions."