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UCT study reveals major barriers to surgical care in peri-urban Cape Town

A new study by researchers at the [University of Cape Town \(UCT\)](#) has uncovered significant challenges in delivering surgical care in peri-urban communities, with nearly one in three residents reporting experiencing delays in receiving appropriate surgical treatment, even when living close to healthcare facilities.

The research, published in the [South African Medical Journal](#), surveyed 432 adults across 10 neighbourhoods in the Klipfontein subdistrict, including Gugulethu, Nyanga, Manenberg and Klipfontein Transitional Council. It represents the first comprehensive assessment of surgical experiences from a community perspective in peri-urban South Africa.

Key findings

The study found that 60% of community members have undergone at least one surgical procedure in their lifetime, and 45% of those who have undergone surgery have done so in the past five years alone. Caesarean deliveries accounted for the largest share of procedures (27%), underscoring the critical importance of safe and timely obstetric surgical services.

Using the internationally recognised Three Delays framework, researchers identified systematic barriers at every stage of surgical care access:

- 20% of participants delayed seeking care
- 26% experienced delays reaching facilities
- 32% faced delays in receiving appropriate treatment once at a facility
- Only 22% reported no delays in their surgical care journey

The study revealed that 10% of surgical patients experienced postoperative disability: a rate significantly higher than the 3–7% reported in high-income countries. These disabilities primarily presented as pain, functional impairments and mobility limitations.

"Our findings demonstrate that geographical proximity to healthcare facilities has improved, but does not ensure optimal or timely access to surgical care. Nearly half of participants lived within 10 kilometres of a healthcare facility, yet significant barriers persist," said [Dr Moses Isiagi](#), a senior lecturer at UCT's [Division of Global Surgery](#) and lead author of the study.

"This is not just about building more facilities; it's about understanding the complex interplay of factors that prevent people from receiving timely, high-quality surgical care."

High chronic disease burden compounds surgical risks

The study also revealed a high prevalence of chronic diseases in the community, with 56% of participants reporting at least one chronic condition. Hypertension was most common, affecting 37% of the community overall and 42% of women. Women also had significantly higher rates of chronic disease overall (60% versus 47% in men) and higher average body mass index.

[**Professor Bruce Biccard**](#), Nuffield Professor of Anaesthetic Science at the University of Oxford, said that the findings have important implications for surgical outcomes, as chronic diseases increase surgical risk and the likelihood of postoperative complications. Professor Biccard is a former Second Chair of UCT's Department of Anaesthesia and Perioperative Medicine, director of Global Surgery Research and author of *Safer Surgery for Africa: Challenges and Solutions*.

The research team has identified three priority interventions:

- enhanced community education on chronic disease management and primary healthcare
- increased capacity for elective surgery to address care delays
- implementation of structured programmes to improve surgical care delivery in resource-limited settings

[**Professor Salome Maswime**](#), head of UCT's Division of Global Surgery and the study's senior author, said: "These results provide crucial evidence for policymakers and healthcare providers working to achieve universal surgical access in South Africa. Our findings can inform targeted interventions to improve surgical care access and outcomes in similar peri-urban settings across sub-Saharan Africa."

About the study

The study was conducted by researchers from UCT's Division of Global Surgery and WHO Collaborating Centre on Integrated Clinical Care and African Partnership For Perioperative and Critical Care Research. The research was partially funded by the National Institute for Health and Care Research Global Health Group on Perioperative and Critical Care and The Gabrielle Foundation.

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