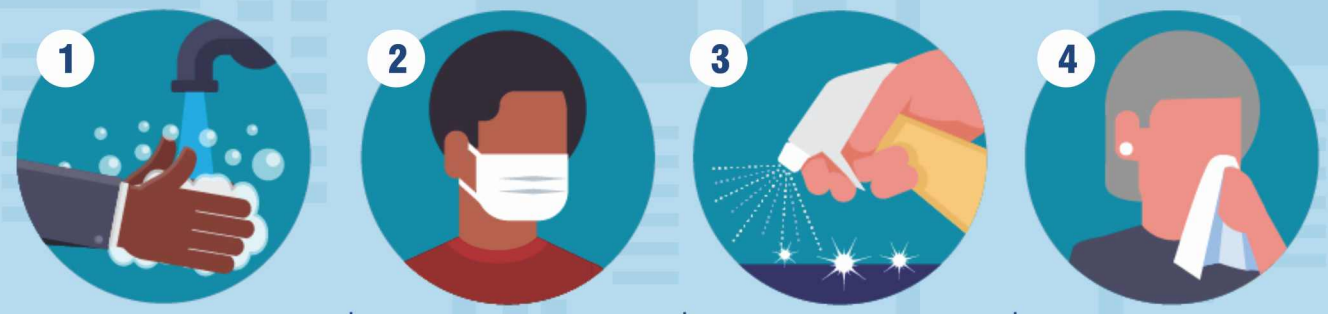
cure DAY HOSPITALS

www.cure.co.za

How to PROTECT YOURSELF *FROM THE CORONAVIRUS*

Cure Day Hospitals are taking extra precautions to ensure our hospitals stay a safe and hygienic establishment during the COVID-19 outbreak.

For more information call the hotline 0800 029 999 | www.sacoronavirus.co.za



1. Remember to wash your hands using soap and water or disinfectant.
2. Wear a facemask if you are sick.
3. Clean and disinfect frequently touched surfaces daily.
4. Cover mouth and nose when coughing or sneezing.

Happy 12th Birthday Cure Day Hospitals Holdings

It is Cure 's 12th Birthday. What a privilege to have been part of the journey from day one. Cure has grown as follows:

- 1 Hospital to **9 Hospitals**
- 20 Staff members to **250 staff members**
- R10 million annual revenue to **R300 million annual revenue**
- 3 Theatres to **41 Theatres**
- 24 Beds to **200 Beds**
- From non-compliant to **Level 5 BEE contributor**

As I always say "**A hospital without good staff is only a building**". The above mentioned growth was made possible because of the dedicated and competent staff that we have at our 9 hospitals.

It is very encouraging to see the positive and satisfactory feedback from our patients continuously.

We will strive to improve service levels through our Customer Centric Culture. Thank you to the staff who have been here from inception.

Celebrating 10 years with us

Betsie

Nkhensani

Celebrating 12 years with us

Julie

Celebrating 12 years with us

Ria **Tjoppie** **Karen** **Bella** **Lindie**

A special thank you to the first board who laid the foundation for Cure.

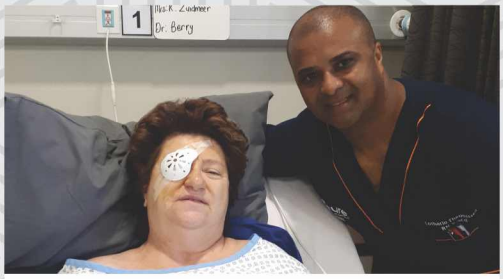
A special thank you to the existing board members who ensured sustainable growth. I trust that they will continue taking Cure to the next level in the new decade.

"Happy 12th Birthday Cure"

Bert von Wielligh

CURE EAST LONDON ***COMING SOON***

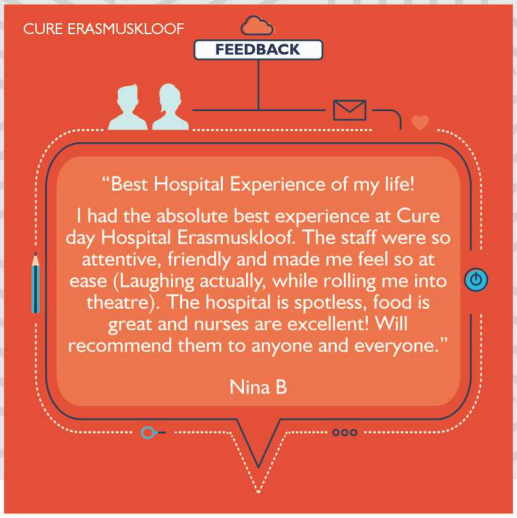
HOSPITAL HIGHLIGHTS



Cure Paarl performed their first Pars Plana Vitrectomy (PPV) procedure on the 19 February 2020 by Dr Norman Nieder-Heitman an Ophthalmologist from Paarl Eye Centre.

Vitreoretinal surgery encompasses a wide range of surgeries that focusses on diseases of the retina, the vitreous and occasionally the choroid.

Cure Bellville chose to give something back to the environment during the month of love and participated in the Spekboom Challenge, which is a social media drive motivating South Africans to plant at least 10 Spekbome. The purpose of the initiative is to increase awareness about the importance of trees and the Spekboom's ability to absorb more carbon dioxide than any other plant.



Cure Midstream featured on KykNet Ontbytsake. Featured in the video is Sr Benita Pretorius as well as Dr Smit, ENT Specialist.

CURE WILGEHUEWEL

Please meet our dynamic lady Ophthalmologist team – VisuSense.

Dr Irene Freed (left) MBChB(Wits), FC Ophth(SA)(Wits), MMED(Ophth).

Dr Suzanne Smith (middle) MBChB(UOFS) FC Ophth(SA), MMed(Ophth).

Dr Katy Rafferty (right) MBChB(UCT) FC Ophth(Witts) MMed (Ophth).

Cure Somerset West welcomed Dr Mari Fourie (Dentist) and her dental assistant, Rossdene on board.

Dr Gerard de Bruyn (ENT) joined the Cure team part time, but will be full time in private practice as from 1 April 2020.

Cure Somerset West and Tygerberg Hospital joined hands with the 10 Urology patients that were Pro Bono cases at our hospital. Thank you to the surgical team for making a difference in these patients whom have been on long waiting lists at Tygerberg Hospital: Dr Pieter Spies, Dr Etienne du Plessis, Dr Heidi van Deventer, Dr Hes van Heerden, Dr Anje Jacobs, Dr Kashief Abass.

CURE MEDKIN

SESSION ROOMS NOW OPEN

For more information contact:
Nkhensani Tshivhase on
nkhensani@cure.co.za

THERE ARE 2 TYPES OF HEARING LOSS IN CHILDREN:

Reference: article written by
Dr Anton van Lierop
Ear, Nose and Throat Specialist
Paarl

Conductive hearing loss due to abnormal conduction of sound to the inner ear or Sensory-Neural Hearing Loss due to decreased function of the inner ear itself. Although conductive deafness is the most common cause of hearing loss (4% of school children), sensory-neural hearing loss (0.3%) is the most severe and more permanent cause.

Temporary hearing loss due to Eustachian tube dysfunction (fluid in the middle ear) or middle ear infections is common and is treated with medication or ventilation tubes. Permanent hearing loss is often present at birth but in about 10-20% of cases the hearing loss occurs after birth. The risk factors for sensory-neural hearing loss include: family history of deafness, certain infections during pregnancy (rubella, mumps, meningitis), certain medications that may affect the ear, certain syndromes associated with hearing loss, complications during / after birth, prematurity, low APGAR score, severe jaundice and head injuries. If babies have any of these risk factors, hearing tests should be requested. However, in 20-30% of cases the cause is unknown.

The presentation of hearing loss depends on the age of presentation and degree of hearing loss. Severe hearing loss is usually diagnosed at 6-9 months of age. Mild hearing loss usually presents with speech and language impairment, behavioural problems or poor school performance. If a child is specifically struggling with speech impairment, hearing tests should be done in the first instance.

The faster the hearing loss, especially severe sensory-neural hearing loss, is diagnosed, the quicker treatment can be started and the better the outcome for the child. In most First World countries this is realized, and universal hearing screening is done in all newborn babies. In South Africa this is not the case, but the equipment is widely available, and audiologists can do this test just after birth. This is known as an OAE test and lasts only a few minutes. Brain stem reflex tests can also be done if an OAE screening test fails. The diagnosis of hearing loss must be made early, before 6 months, so that treatment such as hearing aids or possible cochlear implants can be given. Children with deafness also need special education, and schools for hearing impaired children are there to perform these functions.

CURE STAFF *News and Updates*

Freda de Swardt
Promoted to Financial Manager

Mmamoko Lamola
New Group HR Manager

Patron Mhlanga
Promoted to Patient Admin Manager

Tammy
New Receptionist at Cure Holdings

Chantel Vos
New Midstream Marketing Officer

Thabo Sedisho
New filing Clerk at Cure Holdings

Vusi Dubazane
New Medkin Receptionist

CURE VALUES OUR PATIENT'S FEEDBACK

See how we rated nationally from December to March 2020!

SurveyMonkey

Service received from reception/ admissions staff **91% Excellent**	Nursing care pre-operative and post-operative **94 % Excellent**	Discharge information **90% Excellent**
Ease of finding hospital location **87% Excellent**	Cleanliness of facility **94% Excellent**	Likeliness of you to recommend our facility **94% Excellent**

OUR CHAIRMAN TURNED 70!

HAPPY Birthday

Congratulations to Dr Oscar Shimange, wishing you many more prosperous years.

CURE MEDKIN — **FEEDBACK** — *CURE PAARL*

"I wish to express my sincere appreciation and gratitude on the service and assistance that I received today from Dr Shimange and Team.

Please keep up the great work and support that you provide to your patients. Our country needs people of your calibre.

Thank you very much, Team!"

"All staff, from administration, ward to theatre, was very friendly, helpful and made my visit a very positive experience.

Thank you and keep up the excellent work!"

*CURE IS NOW A **LEVEL 5 BEE CONTRIBUTOR***

ARE YOU DOING **ENOUGH?**

by: Dr Michelle McLean
Dentist | BDS (Wits)

Did you know, dental caries (cavities) is the most prevalent disease in the world? How are you trying to prevent getting sick?
We all know that oral hygiene needs to be an incredibly important part of our daily lives, but do we know exactly why?
Here are some scary facts:

- Between 60-90% of school going children have at least one cavity
- Between 15-20% of adults aged 35-44 have severe gum disease
- Around 30% of people in the world, aged 65-74 have no natural teeth left
- 1-10 people out of every 100 000 have oral cancer

Poor oral hygiene has been linked to diabetes, heart disease, cancers, endocarditis, premature birth and low birth weight.

What causes dental caries

We all have commensal bacteria in our oral cavity – this is the bacteria which makes up our oral flora. With good oral hygiene habits, good diet and no other contributing factors, this bacteria can remain in the mouth without causing any harm. However, this bacteria thrives when the oral environment has a low pH (acidic). Any time we put food/drinks into our mouths, our pH immediately drops. This happens more severely with food containing simple carbohydrates (glucose, fructose, sucrose) such as sugars, fruits/fruit juices, breads, pastas, chocolates, fizzy drinks etc.

When the pH drops, this causes demineralization of the tooth structure, weakening the tooth and allowing bacteria to cause further damage.

This bacteria can also cause gum disease, which can result in halitosis (bad breath), inflamed and bleeding gums (gingivitis) and bone loss (periodontitis) This can eventually lead to the loss of teeth, as there is no longer anything supporting the teeth in the mouth.

Children

Dental caries is a huge concern in children and lot of adults believe that just because the primary/ milk teeth will fall out. This is not the case and it is extremely important to care for them. Yes, all 20 primary will fall out, but this usually happens between 6-12 years of age. During this time, children are learning about food textures, tastes and what a healthy, balanced diet is. Tooth decay causes toothache and severe infection, resulting in fewer foods eaten. If teeth are extracted at an early age, chewing becomes more difficult and inevitably, children will opt for softer foods, usually without sufficient fats and proteins, which could hinder muscle and brain development.

By retaining primary teeth until they are ready to exfoliate, we also help maintain sufficient space for the eruption of permanent teeth, possibly decreasing the need for drastic orthodontic treatment.

Unfortunately, dental care is the parent's responsibility until the child can understand the need for good oral hygiene and the consequences if not followed correctly, as well as the dexterity/physical ability to clean properly themselves.

- We need to ensure a child's teeth are brushed twice daily. The evening brush must be done AFTER dinner and no more food/drink, except water should go in the mouth, until breakfast the next morning.
- Use a toothpaste appropriate to the child's age. Do not use fluoride free toothpastes, as they cannot contribute to the health of your child's teeth.
- Young children who are still drinking from a bottle at night – this bottle may contain plain water, or only rooibos tea. There must not be any sugar/milk in the bottle. Anything else added to the bottle will cause rampant cavities and will result in the need for extensive dental treatment at a young age.
- Teeth need to be flossed every day.
- Bring your child to the dentist every 6 months, starting between ages 2-3. It is rarely a full checkup, but more of a chance for the child to get used to the environment, see how the lights work, how the chair moves and maybe count their teeth. The last thing you want is for your first dental visit to be an emergency due to pain and then this is all the child remembers when seeing the dentist.
- If you think you see an issue when brushing their teeth, possibly try take a photo with your cellphone to show the dentist. It's usually not a very accurate picture but will sometimes help the dentist see what is going on, especially if the child refuses to open their mouth at their appointment.

Adults

- Brush twice a day, with a fluoridated toothpaste
- FLOSS daily
- If you have braces or bridges and are unable to floss correctly due to these, invest in a water pick/flosser to reduce bacterial load and plaque
- Reduce the amount and frequency of ingesting simple carbohydrates
- Rinse your mouth with water during the work day, after food, if you are not able to brush
- Visit the dentist EVERY 6 MONTHS for a check up and clean, even if you have no pain. At these appointments, x-rays should be taken to unsure there are no cavities starting between your teeth (where you would not be able to see them with the naked eye) as well as check your bone levels, to ensure you are not starting to have bone loss.
- Bone loss is especially prevalent in smokers, as the 'warning signs' such as bleeding or swollen gums and pain, are usually nonexistent. Smoking causes vasoconstriction, decreasing blood supply to the oral environment, which negates the warning signs of gingivitis and periodontitis. This also decreases the healing capacity of the oral environment.
- Mouthwashes can be used as an adjunct to the above hygiene measures but should never replace them.

Please consult your family dentist if you are unsure of your oral hygiene routine or are staring to feel sensitivity or pain in your mouth. See you in the next 6 months!