

Faculty of Health Sciences

University of Cape Town



2021

Curriculum Vitae
Mogamat Rushdie Hendricks

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Curriculum Vitae

Mogamat Rushdie Hendricks

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1. Personal Details

Title	Doctor
Name and Surname	Mogamat Rushdie Hendricks
Department	Medicine
Division	Pulmonology
Current position	Honorary Associate Professor
Period in current appointment	3 years
Period of appointment at UCT	Extended until March 2024
Source of funding (GOB/*Research/ Other)	N/A

2. Qualifications

1979	Bachelor of Dental Surgery at the University of the Western Cape
1987	Master of Dental Surgery in Maxillofacial and Oral Surgery at the University of the Western Cape
2015	Certificate in Animal Science at the University of Cape Town
2017	PhD in Plastic Reconstructive and Maxillofacial Surgery at the University of Cape Town

3. Positions held and details of current position

1980-1982	Teaching and training undergraduate students as a junior lecturer in the Department of Maxillofacial and Oral Surgery at the Faculty of Dentistry, University of the Western Cape
1983-1986	Registrar in specialist training programme and also lecturer in the Department of Maxillofacial and Oral Surgery at the Faculty of Dentistry, University of the Western Cape and Groote Schuur Hospitals Group
1987-1989	Junior consultant and lecturer in the Department of Maxillofacial and Oral Surgery at the Faculty of Dentistry, University of the Western Cape and Groote Schuur Hospitals Group
1989-1998	Senior consultant and senior lecturer in the Department of Maxillofacial and Oral Surgery at the Faculty of Dentistry, University of the Western Cape and Groote Schuur Hospitals Group
1987-present	Senior consultant and trauma specialist at 2 Military Hospital, Wynberg Military Base, Cape Town
1987-present	Specialist Maxillofacial and Oral Surgeon in private practise with interest in head and neck oncology
2008-present	Providing tuition and hands-on clinical training to final-year dental and medical students and young graduates from University Medical Centre Groningen, Netherlands, University of Copenhagen, University of Roehampton (UK) and Universities of Bonn and Koln, Germany.
2011-2012	Supernumerary specialist in the Department of Otorhinolaryngology at Stellenbosch University, Tygerberg Hospital, Western Cape
2012-2016	Supernumerary specialist in Plastic Reconstructive and Maxillofacial Surgery, Department of Surgery, Faculty of Health Sciences, University of Cape Town
2016-2020	Honorary Research Associate in the Division of Pulmonology, UCT Lung Infection and Immunity Unit, Department of Medicine, Faculty of Health Sciences, University of Cape Town.
2020-present	Honorary Associate Professor in the Division of Pulmonology, UCT Lung Infection and Immunity Unit, Department of Medicine, Faculty of Health Sciences, University of Cape Town.

4. Memberships:

1979-present	Health Professions Council of South Africa Board of Healthcare Funders Specialist in Independent Practice
1980-1983	Lions International (past vice president, Kirstenbosch Branch)
1982-present	South African Rheumatism and Arthritis Association
1987-present	SA Society of Maxillofacial and Oral Surgeons Fellow of the International Association of Oral and Maxillofacial Surgeons South African Islamic Medical Association
1994-present	Professional Association of Diving Instructors as dive master
1997-present	Executive member of Western Cape Regional Division of the South African Dental Association Royal Society of South Africa
2005-present	South African Society of Dental Implantology
2008-present	Alumnus and international faculty member of the <i>Arbeitsgemeinschaft für Osteosynthesefragen (AO)</i> , Switzerland
2012-present	South African Society for Sleep Medicine South African Veterinary Council

5. Publications:

Original Scientific Publications

- (1) Atkinson J, **Hendricks R**. The skull of Philip II of Macedon and the Mind of his assassination
Acta Classica: Proceedings of the Classical Association of South Africa 2021 Vol 64
<https://doi.org/10.1353/acl.0.0000>
- (2) **Hendricks R**, Hofmann E, Peres J, Prince S, Hille JJ, Davies NH, Bezuidenhout D. Tendon-like tether formation for tongue base advancement in an ovine model using a novel implant device intended for the surgical management of Obstructive Sleep Apnoea Journal of Biomedical Materials Research Part B Applied Biomaterials December 2020 <https://doi.org/10.1002/jbm.b.34765>
- (3) **Hendricks R**, Patel Z, Pooran A, Vicatos G Comparison of Revascularized Fibula Free Flap reconstruction and Curvilinear transport Distraction Osteogenesis in closure of large post-maxillectomy defects: a new gold standard? Ann Maxillofacial Surgery, 2020;10(2): 304-311 DOI: [10.4103/ams.ams_267_19](https://doi.org/10.4103/ams.ams_267_19)
- (4) **Hendricks R** and Vicatos G, Creation of bone and soft tissue in post-maxillectomy patients using curvilinear transport distraction osteogenesis. Annals Maxillofacial Surgery, 2019,9(2):319-325
doi: [10.4103/ams.ams_88_19](https://doi.org/10.4103/ams.ams_88_19)
- (5) **Hendricks R**, Davids M, Khalifeh H, Landman HJ, Theron AE, Engela E, Dheda K Sleepiness Score-Specific Outcomes of a Novel Tongue Repositioning Procedure for the Treatment of Continuous Positive Airway Pressure-Resistant Obstructive Sleep Apnea. Annals Maxillofacial Surgery. 2019;9(1):28-36.
doi: [10.4103/ams.ams_151_18](https://doi.org/10.4103/ams.ams_151_18)
- (6) Boonzaier J, Vicatos G., **Hendricks R**. Repair of segmental bone defects in the maxilla by transport disc distraction osteogenesis - clinical experience with a new device. Annals Maxillofacial Surgery. 2015; 5(1):85-88. doi: [10.4103/2231-0746.161087](https://doi.org/10.4103/2231-0746.161087)
- (7) **Hendricks R**, Hallund M, Singh S. Total mandibular vertical distraction: A promising technique. Int J Oral Maxillofacial Surgery. 2003; Vol 32, April: Suppl 1.
- (8) **Hendricks R**. Total mandibular augmentation 'sandwich' osteotomy with interpositional bone grafting and immediate osseo-integrated implant placement. Int J Oral Maxillofacial Surgery. 2001; Vol 30, June: Suppl. A.

Case Reports:

- (9) Phillips VM, Grotepass FW, **Hendricks R**. Ameloblastic odontosarcoma with epithelium dysplasia – a case report. Br J Oral Maxillofacial Surgery. 1988; 26 Feb: 45-51.
- (10) **Hendricks R**. Abstract. A study of oro-facial and dental conditions in patients with rheumatoid arthritis. J Dental Research, 1982, Volume 61 Issue 1_suppl, March :74

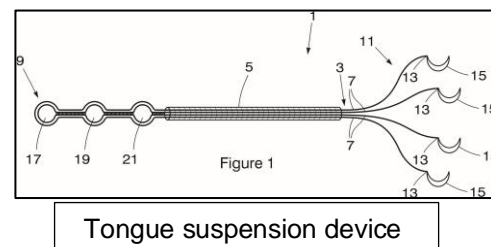
5.1 Publications summary over the last five years

Publications				
	No. first author	No. senior author	No. other author	Total
Articles in refereed/ peer-reviewed journals				
• International	4	1		5
• Local		1		
Books (authored or edited)				
Chapters in books				
Refereed/peer-reviewed conference outputs				
Patents	1	1		2

6. Patents:

6.1.1 Patent Application Number 1610177.6

Inventors	Mogamat Rushdie Hendricks Deon Bezuidenhout
Date	14 December 2017
Applicant	University of Cape Town



Obstructive sleep apnoea (OSA) is a serious debilitating condition with significant morbidity and mortality affecting almost one billion adults globally. The current gold standard in the non-surgical management of airway collapse is continuous positive airway pressure (CPAP). However, non-compliance leads to a high abandon rate (27- 46%). While there are multiple sites of airway obstruction during sleep, the tongue base is recognized as the key player in the pathogenesis of OSA. Poor outcomes of current tongue suspension devices are due to fracture, slippage or migration of devices. This patent presents a novel Tongue Suspension Device for the Treatment of Continuous Positive Airway Pressure-Resistant Obstructive Sleep Apnoea. Three tongue tethering device groups, namely a polydioxanone/polyurethane combination (PDO+PU) treatment group, a polydioxanone (PDO) analytical control group, and polypropylene (PP) descriptive control group, were implanted into 22 sheep (75-85kg) in a two-phased study. After implant times of 8, 16 and 32 weeks, sheep were serially euthanized to allow for explantation of their tongues and chins. The PDO+PU devices remodelled during the 32-week implant period into a hybrid biological tendon through the process of gradual degradation of the PDO and collagen deposition as shown by electrophoresis, histology and mechanical testing. The control PDO device degraded completely after 32 weeks and the PP devices remained intact. The hybrid biological tendon exhibited a break-strength of 60N, thus exceeding the maximum force to overcome upper airway collapse.

(12) INTERNATIONAL APPLICATION PUBLISHED UNDER THE PATENT COOPERATION TREATY (PCT)

(19) World Intellectual Property
Organization
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- (71) Applicant: UNIVERSITY OF CAPE TOWN [ZA/ZA];
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- (72) Inventors: HENDRICKS, Mogamat Rushdie; 8 Bruce
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Cape Town (ZA).

(74) Agent: VON SEIDELS INTELLECTUAL PROPERTY
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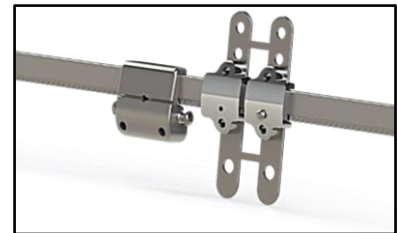
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CA, CH, CL, CN, CO, CR, CU, CZ, DE, DJ, DK, DM, DO,
DZ, EC, EE, EG, ES, FI, GB, GD, GE, GH, GM, GT, HN,
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KW, KZ, LA, LC, LK, LR, LS, LU, LY, MA, MD, ME, MG,
MK, MN, MW, MX, MY, MZ, NA, NG, NI, NO, NZ, OM,
PA, PE, PG, PH, PL, PT, QA, RO, RS, RU, RW, SA, SC,
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TM), European (AL, AT, BE, BG, CH, CY, CZ, DE, DK,
EE, ES, FI, FR, GB, GR, HR, HU, IE, IS, IT, LT, LU, LV,
MC, MK, MT, NL, NO, PL, PT, RO, RS, SE, SI, SK, SM,



6.2 Transport Distraction Apparatus US WO 2013076693 A1

Inventors	George Vicatos, James Angus Boonzaier, Mogamat Rushdie Hendricks
Date	14 March 2018
Applicant	University of Cape Town



Distraction device

Background: Large surgical defects in the maxilla due to trauma or tumor are usually reconstructed with revascularized-free fibula flaps (RFFF). In the past, the use of curvilinear transport distraction osteogenesis (CTDO) has been shown to be an efficacious way in closing large defects in the maxilla, but it had limitations which have now been overcome by the present development. The present distractor is an improvement upon the previous three prototypes and employs the concept of tetrafocal distraction by means of hybridizing the bone with the tooth in the transport disc segment. This patent aims to prove that tetrafocal distraction provides a viable alternative to the RFFF. Materials and Method: In a prospective cohort study of six postmaxillectomy patients, the method of CTDO was applied and investigated to ascertain the outcome. The regenerate bone was compared with the parent bone, using a new maxillary transport distractor. A linear bicortical fracture was created in the maxilla in a vertical direction (segmentally) to develop a mobile, vascularized transport disk. This transport disk underwent further subdivision to produce the concept of tetrafocal distraction. Results: After osseointegration of the dental implants, prosthetic rehabilitation of the dentition was successful. The authors report the successful outcome of two of the six cases subjected to CTDO to treat defects ranging from 25 mm (using bifocal distraction) to 80 mm along a curved trajectory (using tetrafocal distraction). Conclusions: The production of curvilinear bone and soft tissue along a horizontal plane has been demonstrated. From a clinical perspective, the new alveolar bone achieved the correct width and height to create a physiological vestibule and an esthetic zone for dental implants. In addition, the shape of the palatal vault is also reconstituted. The tetrafocal method of the CTDO is a reliable method of maxillary reconstruction.



US 20140324046A1

(19) **United States**

(12) **Patent Application Publication**
Vicatos et al.

(10) **Pub. No.:** US 2014/0324046 A1
(43) **Pub. Date:** Oct. 30, 2014

(54) **TRANSPORT DISTRACTION APPARATUS**

Publication Classification

(71) Applicant: **University of Cape Town, Cape Town (ZA)**

(51) **Int. Cl.**
A61B 17/66 (2006.01)

(72) Inventors: **George Vicatos, Cape Town (ZA); Mogamat Rushdie, Cape Town (ZA); James Angus Boonzaier, Cape Town (ZA)**

(52) **U.S. Cl.**
CPC *A61B 17/663* (2013.01)
USPC **606/58**

(73) Assignee: **University of Cape Town, Cape Town (ZA)**

(57) **ABSTRACT**

(21) Appl. No.: **14/360,560**

(22) PCT Filed: **Nov. 23, 2012**

(86) PCT No.: **PCT/IB2012/056664**

§ 371 (c)(1),
(2), (4) Date: **May 23, 2014**

Transport distraction apparatus for performing transport distraction osteogenesis is provided which includes a track capable of being formed into a curvilinear shape with a carriage movable longitudinally along the track. The carriage has a fixation plate secured or securable to it and at least one gear for moving the carriage along the track in order to adjust its position relative to the length of the track. The track has a series of formations extending along one edge of the track and engaged by the gear which is at least partially accommodated within a space between a plane including the front face of the track and a plane including the rear face of the track. Preferably, the apparatus creates a gap between a central region of the track and a patient's bone in use. A fixation plate is also provided.

(30) **Foreign Application Priority Data**

Nov. 25, 2011 (ZA) 2011/08678

7 Teaching and Learning

Lectured and trained students in Department of Maxillofacial and Oral Surgery (MFOS), Faculty of Dentistry, University of Western Cape (UWC) from 1980 until 1998 at levels of junior lecturer, lecturer and senior lecturer. During this 18-year period of tenure, I was involved in the clinical teaching and training of over 350 dental graduates.

Clinical venue: Tygerberg Hospital, Parow. D-Level. Operating Theatre on C-level.

7.1 UWC Committee responsibilities:

- Member: Senate (Faculty representative)
- Member: Faculty Board
- Member: Faculty Cluster Heads Committee
- Member: Faculty Research Committee
- Member: Faculty Academic Programme Committee
- Member: Faculty Teaching and Learning Committee
- Member: Faculty Student Selection Committee
- Member: Faculty Assessment Committee

7.2 Management responsibilities at UWC

- Contribute to effective management of the Oral Health Centre (OHC) and Faculty of Dentistry, UWC
- Coordinate undergraduate and post-graduate research in Department MFOS, UWC
- Coordinate undergraduate programmes in Department MFOS, UWC
- Coordinate post-graduate programmes in Department MFOS, UWC
- Attend, participate in and report on academic meetings of OHC and UWC structures

7.2.1 Teaching and Research responsibilities at UWC

7.2.2 Undergraduate teaching to students in 4th to 6th year of study at UWC

My areas of interest in didactic teaching / formal lectures were the following:

- Anatomy of the head and neck with special reference to Fascial Planes
- Spread of Infection in head and neck region
- Management of sepsis in head and neck region
- Trauma and acute management thereof
- Treatment of polytrauma
- Management of medical and trauma emergencies
- Upper airway management
- Fractures of the facial skeleton
- Development and Micro-anatomy of the Temporomandibular Joint (TMJ)
- Anatomy, Physiology, Pathophysiology and Surgery of the TMJ apparatus
- Auto-transplantation of teeth

Coordination of Undergraduate Programme entailed:

- Daily clinical teaching in Hospital and outlying clinics
- Supervise students in the clinics while working on patients
- Teaching students in the operating theatre
- Assist/ guide students with their research projects

Examining students clinically, orally and written on quarterly and semester basis

Performing as Internal and External Examiner for end of Semester examinations.

7.2.3 Teaching and Training post-graduate students

Supervision and training of registrars in a 5-year Master of Dental Surgery (MChD) Specialist Programme in Maxillofacial and Oral Surgery (MFOS) at UWC. The Department of MFOS at UWC Dental Faculty was linked to the Department of Plastic Reconstructive and Maxillofacial Surgery at University of Cape Town. Hence, clinical and in-hospital training was undertaken at the Groote Schuur Hospital Complex Hospitals including Red Cross War Memorial Children's Hospital, Somerset and Conradie Hospitals.

7.3.2.1 Training of Specialists from 1987 to 1998:

The followings students qualified as Specialist Maxillofacial and Oral Surgeons during this period. All dissertations were co-supervised by me:

- Dr G Hein
- Dr A Kassan
- Dr A Mohamed (Cum Laude) (Deceased)
- Dr Y Ismail
- Dr V Rughubar

The followings students qualified as Specialist Maxillofacial and Oral Surgeons after this period (1998) and were further upskilled and mentored by me in Private Practise:

- Dr E Fakir (Cum Laude)
- Dr E Parker
- Dr A Gibbons (East Grinstead, UK)
- Dr M Hallund (University Copenhagen)

The followings specialists are from allied specialty disciplines and receive surgical training and upskilling by myself in Private Practise:

- Dr Z Patel (Specialist Prosthodontist)
- Dr G Abrahams (Specialist Oral Medicine and Periodontology)

The following are potential PhD students for co- supervision by myself for 2021

- Dr Zaheed Patel (specialist prosthodontist)
- Dr Kamlen Pillay (plastic and reconstructive surgeon)
- Assoc. Prof. Saleigh Adams (plastic and reconstructive surgeon)
- Dr Mohamed Shah (dental surgeon)

The following is potential MSc student for supervision by myself for 2021

- Dr Jessica Pritchard

7.2.3.1 Supervision of students in Bio-Mechanical Engineering

The following students were supervised by me as co-supervisor in undergraduate projects in Bio-Mechanical engineering

- Mr J A Boonzaier distractor design project BSc. Eng. (Cum Laude) (2013)
- Ms. E Kruze. Sheep surgery armamentarium design. BSc. Eng. (2014)

Subsequent to his undergraduate degree, Student JA Boonzaier was further co-supervised by me for his master's dissertation towards an MSc. Eng. degree at UCT, conferred upon him in 2013 (Cum Laude).

7.2.4 Teaching students from abroad

For the past 25 years (since 1996), I have had the pleasure of teaching and mentoring students from UK, Denmark, Netherlands and Germany. These were senior students who visit South Africa for an elective period of about 3 months. While the majority are of a dental background, some are medical doctors intending to specialize later. They have completed their undergraduate education and training. Some of them have later specialized in surgery or otherwise. What began as an informal arrangement, later became formalized so that presently there is an MOU signed between UCT and University Medical Centre Groningen (UMCG), Netherlands. This facility encourages UCT medical student exchanges to UCMG. Students visiting RSA are registered at UCT and also the Health Professions Council of South Africa for the duration of their stay. Planned activities for visiting student are as follows:

- Students attend private practice consultations with my patients on a daily basis and see about 50 patients per week. Patient consent is acquired beforehand.
- Students are exposed to pathology (especially tumours), trauma and temporomandibular pain and dysfunction patients and see a fair amount of dental implantology cases in both my surgical rooms and the operating theatre.
- Students accompany me on a daily basis to various hospitals where they assist in theatre and gain hands-on experience with various types of surgical procedures.
- At 2 Mil Hospital in Wynberg, they see military patients for not only minor surgery, but also facial fractures, mandibulectomies, maxillectomies and reconstruction procedures including free vascularized tissue transfer.
- In my specialist Private Practice, students which see similar type of cases involving tracheotomies, head and neck surgery, orthognathic surgery, TM Joint surgery and obstructive sleep apnoea surgery.
- At Groote Schuur Hospital in the Department of Medicine where I am appointed as HRA, they get exposure to sleep apnoea research methodology (protocol writing and planning).
- As working with dental implants sometimes involve sinus lifting, bone augmentation in the mandible and maxilla is often carried out. Students also get time to spend with a restoring Prosthodontist and learn about rehabilitating the dental occlusion using dental implants.
- Students spend time working on research projects with me and are given seminar topics to prepare and present.
- Students are dispatched under University appointed supervision to sub economic areas where they meet up with other students and perform exodontia to get hands-on experience in the townships. In this way, they are exposed to life in disadvantaged communities.
- For the 3 – 4month period spent with me, students are given a good foundation, not only in surgery and medicine but also personal skills in patient communication and care.

Name	Year	Institution
1) Andrew Gibbons	1998	Univ. Roehampton, United Kingdom
2) Christina Lund	1999	Univ. Copenhagen, Denmark
3) Ulrich Kern	2001	Univ. Koln, Germany
4) Lina Halstedt	2002	Univ. Copenhagen, Denmark
5) Jappe Buijs	2004	Univ. Medical Centre Groningen, Netherlands
6) Marlene Schuurhuis	2005	Univ. Medical Centre Groningen, Netherlands
7) Andrea Boerendonk	2006	Univ. Medical Centre Groningen, Netherlands
8) Kirsten Slagter	2007	Univ. Medical Centre Groningen, Netherlands
9) Malene Hallund	2010/ 1996	Univ. Copenhagen, Denmark
10) Frederick Tinkga	2015	Univ. Medical Centre Groningen, Netherlands
11) Gert Kuilen	2017/2018	Univ. Medical Centre Groningen, Netherlands
12) Kim Smit	2017/2018	Univ. Medical Centre Groningen, Netherlands
13) Elena Hoffman (Medical)	2018	Univ. Bonn, Germany
14) Iris Oude Wesselink	2018/2019	Univ. Medical Centre Groningen, Netherlands
15) Sophie Boberg-Ans	2019	Univ. Copenhagen, Denmark

7.2.5 Current Teaching / Mentoring to local undergraduate students

Name	Year	Institution
16) Jessica Pritchard	2014-2019	University of Western Cape
17) Tahseen Tayob (Medical)	2016-2019	University of Cape Town

7.3 External examining of dissertations

External Examination of PhD thesis:

Candidate:	Mogammad Thabit Peck
Degree:	PhD Medical Bioscience
Title:	An analysis of the biological and morphological properties of a novel platelet and leukocyte concentrate
Supervisor:	Prof D Hiss
Date:	December 2018
Submitting Institution:	University of Western Cape
Examining Institution:	University of Cape Town

8 Research: Scholarly presentation at congresses:

8.1 Keynote / invited talks presented in last 2 years:

Name	Place	Date	Title
Arbeitsgemeinschaft für Osteosynthesefragen(AO) Craniomaxillofacial Course	Red Cross War Memorial Children`s Hospital, Cape Town	October 21-22 2019	Surgical interventions to the Temporomandibular Joint
Arbeitsgemeinschaft für Osteosynthesefragen(AO) Craniomaxillofacial Course	Red Cross War Memorial Children`s Hospital, Cape Town	October 21-22 2019	Minimally Invasive approaches to the TMJ Arthrocentesis: Indications and techniques
Continuing Professional development meetings	Kingsbury Hospital Calremont, Cape Town	August 2, 2019	Obstructive Sleep Apnoea: Why current treatment modalities fail and introducing a novel surgical solution
AGM of South African Dental Technicians Association	Conference Centre Century City, Cape Town	July 20,2019	Surgical and Prosthodontic Rehabilitation of the resected maxilla and mandible
South African Dental Association-Algoa Midlands	The lodge on Main Port Elizabeth	July 18, 2019	Obstructive Sleep Apnoea: An update of current approaches
Islamic Medical Association Annual general meeting	Lord Charles Hotel Somerset West	June 16, 2019	Innovations in Maxillofacial Surgery
Dept. Plastic Reconstructive and Maxillofacial Surgery	Groote Schuur Hospital, Cape Town	April 02, 2019	Occlusion: Importance in management of facial fractures

8.1.1 Invitational / Keynote talks given:

- Minimally Invasive approaches to the TMJ Arthrocentesis: Indications and techniques Arbeitsgemeinschaft für Osteosynthesefragen (AO) Craniomaxillofacial Course Red Cross Hospital October 21-22; 2019 Cape Town RSA (60 min)
- Surgical interventions to the Temporomandibular Joint Arbeitsgemeinschaft für Osteosynthesefragen (AO) Craniomaxillofacial Course Red Cross Hospital October 21- 22 ; 2019 Cape Town RSA (60 min)
- Obstructive Sleep Apnoea: Why current treatment modalities fail and introducing a novel surgical solution 02 August 2019, Kingsbury Hospital, Cape Town, RSA (60 min)
- Surgical and Prosthodontic Rehabilitation of the resected Maxilla and Mandible, AGM of South African Dental Technicians Association, 20July, 2019 Conference Centre Century City, Cape Town RSA (60 min)
- Obstructive Sleep Apnoea: An update of current approaches, South African Dental Association-Algoa Midlands, The lodge-on-Main, 18July, 2019, Port Elizabeth (60 minutes).
- Innovations in Maxillofacial Surgery AGM Islamic Medical Association 16 June 2019 Lord Charles Hotel Somerset West RSA (60 minutes).
- Occlusion: Importance in management of Facial Fractures. Department of Plastic, Reconstructive and Maxillofacial Surgery. Old Groote Schuur Hospital 02 April,2019 (60 minutes)
- Innovations in maxillofacial Surgery 40th Homecoming Reunion, University of the Western Cape, 13th July 2018. (60 min)
- Innovations in maxillofacial Surgery, Magnetic storm, Port Elizabeth, August 2018 (3 hours)
- Lecture entitled 'And then the problems began'. South African Society of Maxillofacial and Oral Surgery Invited Lecture, Durban, 17-19 October 2014 (60 min)
- Keynote speaker at 60th Anniversary of Danish Society of Maxillo-Facial and Oral Surgeons. Copenhagen, 16 November 2012 (3 hours)
Lectures given at above meeting:
 - History of tertiary education in apartheid South Africa
 - Innovations in trauma management
 - Management of extensive tumours of the head and neck
 - Advances in distraction osteogenesis
- Reconstruction of large maxillectomy defects by transport distraction osteogenesis. 3rd Pan African Conference on Oral & Maxillo-Facial Surgery. Vineyard Hotel, Cape Town, 11-14 October 2012 (60 min)
- Optimization of form and function in partial mandibulectomy reconstruction by means of vertical distraction osteogenesis of the revascularized free fibula. 3rd Pan African Conference on Oral & Maxilla-Facial Surgery. Vineyard Hotel, Cape Town, 11-14 October,2012 (60 min)
- Transport distraction osteogenesis – a new method for closing post-maxillectomy defects. University of Pretoria, June 2012 (2 hours)
- Facing the future: Re-growing large parts of the upper jaw. South African National Science Festival, Rhodes University, Grahamstown, 14-20 March 2012 (60 min)
- A novel surgical method of treating CPAP resistant Obstructive Sleep Apnoea. South African Society of Sleep Medicine Congress, November 2011 (60 min)
- Distraction osteogenesis, a viable alternative to bone grafting. South African Society for Dental Implantology. Durban, 29-30 August 2008 (60 min. Standing ovation)
- Anatomy, histology, physiology, pathology and surgery of temporomandibular joint. Lecture to Department of Conservative Dentistry, University of the Western Cape, June 2008 (4 hours)
- Anatomy, histology, physiology, pathology and surgery of temporomandibular joint. Lecture to Department of Orthodontics, University of the Western Cape, April 2007 (3½ hours)
- Anatomy, histology, physiology, pathology and surgery of temporomandibular joint. Lecture to Department of Conservative Dentistry, University of Pretoria, April 2007 (4 hours)

8.1.2 Scientific paper presentations (international)

- 2019 Obstructive Sleep Apnoea: a new approach. Annual SASMFOS Congress (Triangular meeting between UK, Australia and RSA.) October, Cape Town
- 2018
- Modified maxillary advancement with complete sinus augmentation- a novel technique
 - Obstructive Sleep Apnoea (OSA): an update
 - A novel surgical technique in the treatment of severe OSA
 - Management of Cleido-Cranial Dysplasia with hyperdontia
 - Novel 3-wall orbital decompression in thyroid related orbitopathy
 - Surgical and prosthodontic rehabilitation of the post-maxillectomy patient
- 2nd Danish-South African conference on Maxillofacial Surgery, Aesthetic Dentistry and Pathology, February, Cape Town
- 2012 Development of a biologic tendon in the management of OSA. 60th Anniversary of Danish Society of Maxillo-Facial and Oral Surgeons. November, Copenhagen,
- 2008
- Techniques in bone regeneration – what works and what doesn't.
 - Management of maxillofacial trauma – general overview.
 - Approach to temporo-mandibular joint disorders.
 - Surgical management of extensive tumours of the head and neck
- Danish-South African conference on Maxillofacial Surgery, Aesthetic Dentistry and Pathology, February, Cape Town
- 2007 Reconstruction of partial maxillectomy defect by means of transport distraction osteogenesis. 18th International Conference on Oral and Maxillofacial Surgery. November Bangalore, India,
- 2003 Total mandibular distraction – a promising technique. 16th International Conference on Oral and Maxillofacial Surgery. April, Athens, Greece
- 2001 Total mandibular augmentation (sandwich osteotomy) with inter-positional bone grafting and immediate osseo-integrated implant placement. 15th International Conference on Oral and Maxillofacial Surgery. May, Durban
- 1988 Implant placement in the atrophic mandible. Annual meeting of German Society of Implantology. Kappel/Rhein, West Germany

8.1.3 Scientific paper presentations (national)

- 2017 Approach to maxillectomies. Annual SASMFOS, Waterfront, September, Cape Town
- 2016 Mandibular reconstruction with distraction osteogenesis. Annual SASMFOS, September, Johannesburg
- 2015 Auto-transplantation of third molars. Annual SASMFOS, August, Somerset West
- 2014 Techniques in bone regeneration – a review. Annual SASMFOS, October, Durban
- 2013 Approach to temporo-mandibular joint disorders. Annual SASMFOS, Magaliesberg, September, Gauteng
- 2012 Orbital decompression- novel approach. Annual SASMFOS, October, Cape Town
- 2011 Management of maxillofacial trauma. Annual SASMFOS May, Gauteng
- 2009 Experience with Nobel dental implants. South African Dental Association Annual Congress. February, Durban
- 2008 Distraction osteogenesis, a viable alternative to bone grafting. South African Society for Dental Implantology. August, Spier, Western Cape
- 2007 Reconstruction of partial maxillectomy defects by means of transport distraction osteogenesis. Annual SASMFOS May, Johannesburg
- 2006 Recurrent neuro-ectodermal tumour of infancy – review of literature and presentation of a case. Annual SASMFOS. August, Port Elizabeth
- 2005 Meniscopectomy - a review of current techniques. Annual SASMFOS. Champagne Sports Resort, July. KZN
- 2004 Failure of TMJ alloplastic prosthesis - Quo vadis? Annual SASMFOS. October, Kwa-Maritane, Pilanesberg, Gauteng
- 2002 Total mandibular distraction. SASMFOS February, Durban
- 2000 Extra-medullary plasmacytoma with solitary lymph node involvement. SASMFOS September, Gauteng
- 1999 Mandibular augmentation with osseo-integrated implants. SASMFOS February, Cape Town
- 1993 Trans-facial osteotomy–how to split the face. Faculty Research Day. University of the Western Cape
- 1992 Surgical aspects of dental implant placement. 12th Annual Convention of Islamic Medical Association. Protea Hotel, Stellenbosch
- 1991 Orbital trauma. Continuing medical education meeting in ophthalmology. May, University of Cape Town
- 1989 Primary epidermoid carcinoma of the mandible. SASMFOS. October, Johannesburg
- 1982
- Oral and dental manifestations of Stills disease (juvenile chronic arthritis) International Association for Dental Research. May, Johannesburg
 - Temporomandibular joint changes in Still's disease (J.C.A). South African Rheumatism & Arthritis Association Congress. June, Durban

8.2 Congresses attended (international)

- South African Society of Maxillofacial and Oral Surgeons (SASMFOs) Annual Conference. (Triangular meeting between UK, Australia and RSA.) October, Cape Town 2019
- 2nd Danish-RSA conference on Maxillofacial Surgery, Aesthetic Dentistry and Pathology, Cape Town 2018
- 60th Anniversary of Danish Society of Maxillo-Facial and Oral Surgeons. Copenhagen, November 2012
- Danish-RSA conference on Maxillofacial Surgery, Aesthetic Dentistry and Pathology, Cape Town 2008
- 18th International Conference on Oral and Maxillofacial Surgery. Bangalore, India, November 2007
- 16th International Conference on Oral and Maxillofacial Surgery. Athens, Greece, 2003
- 15th International Conference on Oral and Maxillofacial Surgery. Durban, 2001
- Annual meeting of German Society of Implantology. Kappel/Rhein, West Germany, June 1988

8.2.1 Congresses attended (national)

- AGM Islamic Medical Association. Somerset West, Western Cape June 2019
- 40th Homecoming Reunion of Dental Faculty. University of the Western Cape, July 2018
- Masterclass in Orthognathic Surgery, Annual SASMFOS, Waterfront, Cape Town, September 2017
- SASMFOS Annual Congress. Johannesburg, September 2016
- SASMFOS Annual Congress. Somerset West, Western Cape, August 2015
- SASMFOS Annual Congress. Durban, October 2014
- SASMFOS Annual Congress. Magaliesberg, Gauteng, September 2013
- Pan African Congress of maxillofacial and Oral Surgeons with SASMFOS Cape Town, October 2012
- SASMFOS Annual Congress. Gauteng, May 2011
- South African Dental Association Annual Congress, Durban February 2009
- South African Society for Dental Implantology. Spier, Western Cape, August 2008
- Meeting challenges in implant dentistry. Cape Society Dental Implantology. Cape Town, November, 2007
- SASMFOS Annual Congress. Johannesburg, May 2007
- SASMFOS Annual Congress. Port Elizabeth, August 2006
- SASMFOS Annual Congress. Champagne Sports Resort, KZN, July 2005
- Updates in implant dentistry. Cape Society Dental Implantology. Cape Town, November, 2005
- SASMFOS Annual Congress. Kwa-Maritane, Pilanesberg, October 2004
- Temporomandibular joint: Yesterday, today and tomorrow. Dr M. Franklin Dolwick (USA). SASMFOS Conference, October 2003
- Conference of the South African Dental Association. IDEC, Durban, 2002
- SASMFOS Annual Congress. Durban, February 2002
- SASMFOS Annual Congress. Gauteng, February 2000
- SASMFOS Annual Congress. Cape Town, February 1999
- Faculty research day. University of Western Cape 1993
- 12th Annual Convention of Islamic Medical Association, Stellenbosch, Western Cape 1992
- Meeting on cleft palate and craniofacial surgery. Speaker – Dr Jeff Posnik (USA) Cape Town, 1992
- SASMFOS Annual Congress. Wild Coast, September 1991
- Continuing Medical Education Forum, University of Cape Town, 1991
- Temporomandibular joint management into the 90's. Speaker – Dr Daniel Laskin. (USA), Gauteng 1990
- Orthognathic surgery. SASMFOS Speaker – Prof H. Obwegeser (Germany) Gauteng, September 1990
- Reconstructive Surgery. SASMFOS Speaker – Prof H. Sailer (Swiss) Drakensberg, October 1989
- SASMFOS Annual Congress, Johannesburg, October 1989
- International Association for Dental Research. Johannesburg, September 1982
- South African Rheumatism and Arthritis Association. Biennial Congress, Durban, 1982
- South African Dental Association 20th Jubilee Congress, Durban 1982

8.2.2 Training Courses attended (national)

- Computer and model-based solutions with Nobel Guide. Johannesburg, November 2007
- Computer and model-based solutions with Nobel Guide. Cape Town, November 2007
- Advanced orbital trauma and reconstructive surgery. Johannesburg, 2007
- Implantology. Egon Euwe (Italy), Liene Molly (USA), Ernst Hegenbarth (Germany), Peter Schupbach (Switzerland), Cape Town. September, 2007
- Biologic one-piece implant - Nobel Direct. Nobel Biocare. Cape Town, May 2005
- ICD 10 Coding. Discovery Institute. Cape Town, March 2005
- All on 4. Dr Paulo Malo (Italy). Nobel Biocare. Cape Town, November 2004
- Course on rhinoplasty (2 days). Aesthetic plastic surgery of the nose. Gauteng, October 2004
- Hard and soft tissue management in modern implantology Dr Egon Euwe. Cape Town. March, 2002
- Continuing Education Course in Oral Pathology. University of Pretoria, Centurion, 1999
- AO plate (compression) in Maxillofacial Surgery. Johannesburg, 1996
- Advanced course in implantology. (1 day). Speaker- Dr Jack Hahn (USA) Cape Town, 1993
- One-day course in core-vent implants. Speaker – Dr Gerald Nisnik. USA, 1992
- Update course in cleft palate and cephalometrics. Speaker – Prof K. Butow. Pretoria, 1987
- Introduction to dental Implantology – 3-day course. Speaker – Dr John Kent (USA) Durban, 1986

8.2.3 Training Courses attended (international)

- Principles in advanced maxillofacial fracture management. Davos, Switzerland December 2008
- Temporomandibular joint arthroscopy surgery workshop. (Human Anatomical Specimens) Strassbourg Osseointegration Research Group. Vienna, October 2008
- Limited attendance clinic on temporomandibular joint function and orthognathic surgery. 16th International Conference on Oral and Maxillofacial Surgery. Athens, 2003
- Limited attendance clinic on alveolar distraction in relation to implant surgery. 16th International Conference on Oral and Maxillofacial Surgery. Athens, 2003
- Limited attendance clinic on rhinoplasty. 16th International Conference on Oral and Maxillofacial Surgery. Athens, 2003
- Reconstructive pre-prosthetic surgery. John Cawood. 15th International Conference on Oral and Maxillofacial Surgery. Durban, 2001
- Pre-prosthetic surgery of jaws – implantology. Stephen Lundgren. 15th International Conference on Oral and Maxillofacial Surgery. Durban, 2001
- Reconstruction and rehabilitation of jaws. Robert E. Marx. 15th International Conference on Oral and Maxillofacial Surgery. Durban, 2001
- Principles of Oral Surgery. Derek Henderson (UK), Durban 1982

8.2.4 Training Courses presented:

- Minimally Invasive approaches to the TMJ Arthrocentesis: Indications and techniques Arbeitsgemeinschaft für Osteosynthesefragen (AO) Craniomaxillofacial Course Red Cross Hospital October 21-22 ; 2019 Cape Town RSA. (Human anatomical Specimens)
- Surgical approaches to the TMJ Apparatus: Indications and techniques Arbeitsgemeinschaft für Osteosynthesefragen (AO) Craniomaxillofacial Course Red Cross Hospital October 21-22; 2019 Cape Town RSA. (Human Anatomical Specimens)
- Prosthetic replacement the TMJ Apparatus: Indications and techniques Arbeitsgemeinschaft für Osteosynthesefragen (AO) Craniomaxillofacial Course Red Cross Hospital October 21-22; 2019 Cape Town RSA. (Human Anatomical Specimens)
- Continuing Medical Education Course in Ophthalmology. (3 days). University of Cape Town, November 1991

8.2.5 Live Surgery broadcast at Conferences (local and international)

- Cadaver Surgery live: Approach to the Temporomandibular Joint and neck dissection *Arbeitsgemeinschaft für Osteosynthesefragen* (AO) Craniomaxillofacial Course Red Cross Hospital October 21-22; 2019 Cape Town RSA.
- Cadaver live: Surgical approach to Arthrocentesis and Arthroscopy to the Temporomandibular Joint *Arbeitsgemeinschaft für Osteosynthesefragen* (AO) Craniomaxillofacial Course Red Cross Hospital October 21-22 ; 2019 Cape Town RSA
- Cadaver live: Surgical approach to Prosthetic replacement of the Temporomandibular Joint *Arbeitsgemeinschaft für Osteosynthesefragen* (AO) Craniomaxillofacial Course Red Cross Hospital October 21-22 ; 2019 Cape Town RSA
- Live surgery: Surgical expansion of the bony orbit via bicoronal flap exposure and facial degloving. South African–Danish Conference on Maxillofacial Surgery, Aesthetic Dentistry and Pathology. Cape Town Mediclinic, 2008
- Live surgery on sinus lifting procedure: Post Graduate Diploma in Implantology, lecturer and demonstrator, University Western Cape World Health Oral Health Collaborating Centre 16 January 2008 Cape Town
- Vertical distraction osteogenesis: An alternative to bone grafting in severely resorbed mandible and maxilla. Dr R Hendricks, Johannesburg. CPD course given for 7 points. Live surgery audiovisual transmission of the following procedure: Total mandibular vertical distraction for placement of implant (fixed prosthodontics). Dr R Hendricks & surgical team, Lenmed Clinic, Lenasia, Johannesburg, October 2003

8.2.6 Conference moderator / chairperson

- AOCMF Course-Surgical interventions for the temporomandibular joint. Course with Human Anatomical Specimens. Cape Town, October 2019
- South African Danish Conference on Maxillofacial Surgery, Aesthetic Dentistry and Pathology, February 2018, Cape Town
- South African Society of Maxillofacial and Oral Surgeons, Cape Town, October 2012
- South African Danish Conference on Maxillofacial Surgery, Aesthetic Dentistry and Pathology, Cape Town November 2008
- Moderator of Seminar on South African Culture at Solms–Delta Wine Estate, Simondium, Western Cape November 2008,
- 18th International conference of Oral and Maxillofacial Surgery, Bangalore, India November 2007.

8.2.7 Organizing committee for conferences

- AOCMF Course-Surgical interventions for the temporomandibular joint. Course with Human Anatomical Specimens. Cape Town, October 2019
- South African Danish Conference on Maxillofacial Surgery, Aesthetic Dentistry and Pathology, Cape Town, February 2018,
- South African Society of Maxillofacial and Oral Surgeons, Cape Town, 2012
- South African Danish Conference on Maxillofacial Surgery, Aesthetic Dentistry and Pathology, Cape Town November 2008
- 18th International conference of Oral and Maxillofacial Surgery, Bangalore, India, November 2007.

8.3 Research projects

Title of project/ award	Project Number	Grant source	Amount of Funding	Own Role	Collaborators
Master's project: Extraction and retention of teeth in the line of mandibular fracture: A study in a Western Cape sample. Accepted in partial fulfillment towards an MChD degree in Maxillofacial and Oral Surgery at the University of the Western Cape (1987)	#1	N/A	N/A	Principal Investigator	Dr V Garach UWC (supervisor)
PhD project: Evaluation of the clinical outcome of curvilinear transport distraction osteogenesis and revascularized fibula free flaps in the reconstruction of large post-maxillectomy defects at the University of Cape Town (2012-2016)	#2	Medical Research Council (Prof A Bunn)	R300 000.00	Principal Investigator	1) Assoc. Prof. Dr George Vicatos Dept. Engineering UCT. (Supervisor) 2) Dr Zaheed Patel Prosthodontist Private Practise
Engineering design and development of the armamentarium for the creation of bone and soft tissue using the concept of curvilinear transport distraction osteogenesis in post-maxillectomy patients. Department of Mech. Engineering at UCT (2012-2016)	#3	Medical Research Council (Prof A Bunn)	R300 000.00	Principal Investigator	1)Titamed Engineering Paarden Island Cape Town (Mr Kevin Katz) 2) Mr J Boonzaier (UCT Engineering student)
Surgical management of severe obstructive sleep apnoea by means of tongue suspension. A clinical study performed in private practice and completed in 2012. Vincent Pallotti Hospital, Pinelands.	#4	Private Medical Aid funders	Fee for service	Principal Investigator	1) Dr Hoosain Khalfey 2) Dr Eug. Engela 3) Dr Hilda Landman 4) Dr Anne Theron 5) Dr Malika Davids 6) Prof. K Dheda

8.4 Output of creative work; independent reviews, awards and other critical comments:

This project created substantial national and international media interest as shown below:

- Mr James Boonzaier (engineering student) won the undergraduate Engineering Design award at UCT
- Dr Rushdi Hendricks at BHP-Billiton/National Science and Technology Finalist 2011-2012 for Engineering, Innovation, Science and Technology as team leader of University of Cape Town Maxillofacial Surgery Unit
- Dr Rushdi Hendricks was invited to present his work at the National Science Festival (Scifest, Africa) held in Grahamstown, Eastern Cape from 14-20 March,2012.
- Assoc. Prof. George Vicatos won Inventor of the Year Award for Popular Mechanics (2012) for device design.

8.5 Media coverage promoting UCT generated by research projects #2 and #3

8.5.1 Cape Times:

- <https://www.uct.ac.za/dailynews/?id=8013> December 2011
- <https://www.nstf.org.za/wp-content/uploads/2015/10/WhosWho2011.pdf>
- <http://www.scifest.org.za/uploads/files/Programme%20Numbered%20Correctly%20small.pdf> 14-29 march 2012
- <http://www.ifr.sun.ac.za/Occasional%20papers/The%20Leading%20Edge/The%20Leading%20Edge%20-%20January%202012.pdf>
- <http://amsjournal.com/article.asp?issn=2231-0746;year=2015;volume=5;issue=1;spage=85;epage=88;aulast=Boonzaier;type=3>
- <http://www.digitaljournal.com/article/320717>
- <https://m.vietnambreakingnews.com/tag/cape-town-on-saturday/page/2/> 31 January 2012
- monday478.rssing.com/chan-11623388/all_p9.html February 4 2015
- <https://www.talkvietnam.org/tag/hendrick/31> Jan 2012
- <http://www.forestry.co.za/uploads/File/Industry%20News/2012/June%202012%20-%20FABI%20&%20TPCP%20-%20M&G%202012-06-22%20NSTF%20awards.pdf>
- www.pubfacts.com/search/Distracted%20Osteogenesis%20of%20the%20Maxilla/3
- <http://tubethe.com/watch/-HSImGyk2fU/uct-engineers-help-make-medical-history-by-teaming-up-with-maxillo-facial-surgeon.html>

8.5.2 Die Burger:

- <http://www.pressreader.com/south-africa/die-burger/20120201/282763468528703> 1 Feb 2012
- http://academic.sun.ac.za/Health/Media_Review/2012/6feb12/files/Meganisme.pdf 1 Feb 2012
- http://www.health.uct.ac.za/sites/default/files/image_tool/images/116/News/HealthSciences_Focus.pdf

8.5.3 The Star:

- <https://www.nstf.org.za/wp-content/uploads/2015/10/WhosWho2011.pdf>
- www.scifest.org.za/uploads/.../Programme%20Numbered%20Correctly%20small.pdf 2012
- https://www.google.co.za/?gfe_rd=cr&ei=VPTTWJKullmp8wek4qCwAw#q=rushdi+hendricks+the+star&start=10&*+images
- <https://www.vietnambreakingnews.com/tag/rushdi-hendricks/jan31> 2011
- <https://www.talkvietnam.org/tag/hendrick/31> jan 2011

8.5.4 Sunday Times:

- <http://www.timeslive.co.za/scitech/2012/01/27/University-of-Cape-Town-invents-new-jaw-reconstruction-device1>
- <https://www.nstf.org.za/wp-content/uploads/2015/10/WhosWho2011.pdf>
- www.scifest.org.za/uploads/.../Programme%20Numbered%20Correctly%20small.pdf

8.5.5 UCT Monday Paper:

- <https://www.uct.ac.za/dailynews/?id=8013>
- <https://www.uct.ac.za/mondaypaper/?id=8967>
- http://www.ebe.uct.ac.za/sites/default/files/image_tool/images/50/EBE%20Faculty%20Research%20Report.pdf
<http://uct.ac.za/dailynews/?id=10001>

8.5.6 Popular Mechanics:

- https://www.uct.ac.za/usr/press/2012/maxillo_facial.pdf2012
- <https://www.uct.ac.za/dailynews/?id=8013>
- www.motioncontrol.co.za/news.aspx?pklnsid=41110
- www.timeslive.co.za › Sci-Tech2012
- www.scifest.org.za/uploads/.../Programme%20Numbered%20Correctly%20small.pdf2012

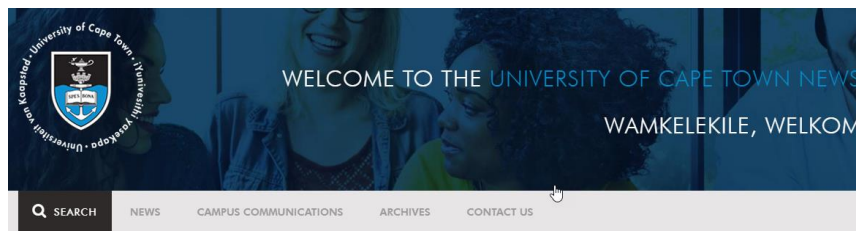
Please note that some of the web-media reports may have expired.

8.5.7 You Tube Video coverage:

- 2012 https://www.youtube.com/watch?feature=player_detailpage&v=-HSImGyk2fU
- 2012 https://www.youtube.com/watch?v=6c_XooxYnVY
- 2012 <https://www.youtube.com/watch?v=SmuWtnPkNRI>

8.6 Outcomes of research projects

- Outcome of research project # 2 conducted from 2012- 2016 has been submitted for publication as follows:
 - **Hendricks R, Patel Z, Pooran A, Vicatos G** Comparison of Revascularized Fibula Free Flap reconstruction and Curvilinear transport Distraction Osteogenesis in closure of large post-maxillectomy defects: a new gold standard? *Ann Maxillofacial Surgery*, 2020. **xx(xx-xx)**:
- Outcome of research project # 3 conducted from 2012- 2016 has been published as follows:
 - **Hendricks R** and Vicatos G, Creation of bone and soft tissue in post-maxillectomy patients using curvilinear transport distraction osteogenesis. *Annals Maxillofacial Surgery*, 2019,9(2):319-325



UCT engineers help make medical history

22 DECEMBER 2011 | STORY BY NEWSROOM



At work: (From left) Dr Rushdi Hendricks, James Boonzaier, Dr George Vicatos and dentist Dr Yusuf Parker during that groundbreaking first surgery.

If nature abhors a vacuum, it sometimes needs a helping hand to fill the gaps.

A push - or, to be more exact, a tug - is exactly what a team made up of a UCT mechanical engineer Dr George Vicatos, his MSc student James Boonzaier and a maxillo-facial oral surgeon Dr Rushdi Hendricks offered mother nature. In a benchmarking and already award-winning piece of surgery -

likely a world first - in September, they harnessed some established surgical principles and fine metalwork to rebuild a patient's entire missing palate.

But instead of tucking in a prosthetic or a bone graft, as is common, they simply coaxed the palate to seal itself.

Hendricks approached a factory in Germany, hoping they could produce a distractor and plate that could take the helix-like 3D bends. It would not be commercially viable, they told him.

A chance meeting with Vicatos, of UCT's Department of Mechanical Engineering, changed that. Vicatos turned it into a project for Boonzaier, who designed the contraption, now patented under UCT. (Boonzaier's involvement was funded by the Medical Research Council.)

The design has now eared Vicatos and the team the title of South Africa's Inventor of the Year, named so by sci-tech magazine *Popular Mechanics*.

"In the end, it is such a simple thing," says Vicatos of the gadget.

In September, Hendricks implanted the first design into a 37-year-old patient. (A UCT team was there to record the event.) With Vicatos, Boonzaier and dentist Dr Yusuf Parker on-hand, Hendricks severed bone - which would act as the "transport disk" - at the back of the jaw, but keeping the surrounding network of nerves and blood vessels intact, essential for growth. He then fixed the distractor, and screwed the track elsewhere around the jaw.

Other than the apparatus itself, Hendricks had a post-operation trick up his sleeves as well. While distraction - pulling on the transport disk - is usually done at a rate of 1mm a day in adults and 2mm in children, he'd decided on 1.5mm per day in his patient. That, he explains, would allow for the growth of both soft and hard bone and tissue that make up the palate.

By day six after the surgery, 9mm of the patient's palate and surrounding bone had been regenerated. Once the entire palate had been filled, which took about a month, the palate was allowed to settle for three months, after which the contraption will be removed. Finally, teeth will be implanted into the new bone.

- Outcome of research project # 4 conducted in 2012 has been published as follows:
 - **Hendricks R**, Davids M, Khalfey H, Landman HJ, Theron AE, Engela E, Dheda K Sleepiness Score-Specific Outcomes of a Novel Tongue Repositioning Procedure for the Treatment of Continuous Positive Airway Pressure-Resistant Obstructive Sleep Apnea. *Annals Maxillofacial Surgery*. 2019;9(1):28-36.
- Outcome of research project # 5 conducted in 2015 has been submitted for publication as follows:
 - **Hendricks R**, Hofmann E, Peres J, Prince S, Hille JJ, Davies NH, Bezuidenhout D. In vivo tendon formation using a novel device for eliciting tongue base advancement in the management of Obstructive Sleep Apnoea. *Journal of Biomedical Materials Research Part B Applied Biomaterials* 2020

8.7 Further Research Projects

Title of project	Project Number	Grant source	Amount of Funding	Own Role	Collaborators
Development of a biological tendon for tongue suspension in the treatment of obstructive sleep apnoea in an animal model (sheep) at the Research Animal Facility of the University of Cape Town, 2015	#5	Technology Innovation Agency / UCT SEED Fund	R600 000.00	Principle Investigator	1) Prof. D Bezuidenhout 2) Assoc. Prof. Neil Davies 3) Prof. S Prince 4) Dr Jade Peres 5) Prof. J Hille
Evaluation of the safety and efficacy of a Novel Tongue Anchorage device in Continuous Positive Airways Pressure non-compliant patients with Obstructive Sleep Apnoea	#6	Technology Innovation Agency UCT/ Discovery Health/ Please see ADDENDUM for potential funding: Amnis Capital	R15 Million for phase 1 (safety and efficacy) - Funding negotiation in progress	Principle Investigator	1) Prof. K Dheda 2) Dr A Esmail 3) Assoc. Prof. G Calligaris 4) Dr R Raine 5) Assoc. Prof. R Hofmeyr 6) Dr A Karjiker (ENT) 7) Dr S Ebrahim (ENT)

8.8 Summary of Project #6

Evaluation of the safety and efficacy of a novel tongue anchorage device in continuous positive airways pressure non-compliant patients with obstructive sleep apnoea

Objective:

To demonstrate safety and efficacy of the tongue anchorage device in patients who are non-compliant on CPAP with moderate to severe OSA.

8.7.1. Safety

Safety pilot study:

Safety will be assessed in a pilot study. The aim of the pilot study will be to demonstrate safety of the tongue anchorage device in patients who are non-compliant on CPAP with moderate to severe OSA.

For this aspect of the study, 40 participants will be screened in order to randomise 20 participants who are truly non-compliant on CPAP. 10 Participants will be randomised to the surgical arm of the study. All other aspects will be the same as for the main study including follow up schedule. An early safety analysis will be conducted after randomising 10 participants (5 surgical participants), while the final safety analysis will be conducted after 10 surgeries have been performed.

After each of the safety analysis (early and final), the study will be paused, and an interim safety analysis will be conducted where data will be presented to an independent DSMB. The data will then be reviewed and the study will only proceed after pronouncement of safety from the DSMB. The safety analysis report will be presented to the Human Research Ethics Committee and to Surgical Departmental Research Committee.

All participants will be followed up as per the protocol and the primary safety outcome will be measured at 4 weeks post-surgery. All adverse events will be managed throughout the study period, and graded according to severity. For the primary safety endpoint, a focussed safety analysis will be conducted at the 4week post-surgery visit. This will be measured by a composite of the number and severity of adverse events as defined by the GCP, length of stay in the hospital over the standard 3 days, re-intubation rates, airway obstruction, bleeding, swelling, difficulty in swallowing and death. See safety assessment for further details. Adverse events will be classified as significant if they require any form of intervention.

Our safety endpoint will be to show that the novel tongue anchorage device is safe in the pilot study.

8.7.2 Efficacy

To show anatomical and clinical efficacy of the novel tongue anchorage device in patients with moderate to severe obstructive sleep apnoea that are non-compliant to CPAP.

8.9 Output of creative work; independent reviews, awards and other critical comments:

This project created international media interest via UCT from Nature Careers as shown below:

<https://www.nature.com/articles/d41586-019-02252-w>

9 Honours, grants/awards and prizes:

- University Western Cape Bursary for achievement covered tuition fees for 1973 (first year Dentistry)
- Mauerberger Foundation Scholarship for deserving undergraduates, awarded from 1974 to 1979. Award covered University tuition fees in full for complete undergraduate degree in dental surgery (6 years).
- Medical Research Council funding (R300,00.00) for research (PhD): 2012-2013
- Technology Innovation Agency seed funding for animal trial in obstructive sleep apnoea, 2015 (R600 000.00)
- Technology Innovation Agency for pilot clinical trial (R15 million) in obstructive sleep apnoea, Award status still pending.
- Laudable Service Award from Area Military Health Unit of South African National Defence Service, 2009
- National Science and Technology Finalist 2011-2012 for Engineering, Innovation, Science and Technology as leader of University of Cape Town Maxillofacial Surgery Unit
- South African Society of Maxillofacial and Oral surgeons 2015 for continued education 17-19 October 2014 Elangeni Hotel Durban RSA.
- International Faculty lecturer for *Arbeitsgemeinschaft für Osteosynthesefragen (AO)* Craniomaxillofacial Courses Davos Switzerland since 2019

9.1 Certificate/awards:

- German Association for Dental Implantology. Intensive course on Implantology. 15-27 July, 1988 Kappel / Rhein West Germany
- Professional Association of Diving Instructors/ Specialty diver/ Underwater Photographer 16 August 1996, Maldives.
- AO Maxillofacial course and Workshop on Craniofacial trauma and Tumour Surgery September 20-21, 1996, Johannesburg RSA
- Professional Association of Diving Instructors/ Divemaster 25 December 1996, Cape Town, RSA.
- Continuing Education in Oral Pathology. Centurion Lake Hotel 31 July 1999, University of Pretoria, Pretoria, RSA
- Presenter at 14th International conference of Oral and Maxillofacial Surgery, May 14-20, 2003. Athens, Greece
- AO Advanced Orbital Trauma and Reconstructive Surgery October 19-20, 2007 Johannesburg RSA
- Presenter at 18th International conference of Oral and Maxillofacial Surgery, November 14-18, 2007. Bangalore, India
- Post Graduate Diploma in Implantology, lecturer and demonstrator, University Western Cape World Health / Oral Health Collaborating Centre 16 January 2008 Cape Town
- AO CMF Course Principles in Craniomaxillofacial Fracture Management December 15-19, 2008. Davos Switzerland.
- Certificate of Appreciation for laudable service to South African National Defence Force 09 November 2009, Wynberg Cape Town, RSA
- Finalist for NTS-BHP Billiton Award, Science, Engineering, Technology and Innovation 2011-2012 UCT Maxillofacial Surgery Unit, Johannesburg, RSA
- South African Society of Maxillofacial and Oral Surgeons Certificate of Appreciation to continued education .17-19 October 2014, Elangeni Hotel Durban RSA
- AOCMF Course Faculty Teacher Surgical interventions for the temporomandibular joint. Course with Human Anatomical Specimens.October21-22, 2019 Cape Town, RSA

10 Social Responsiveness

10.1 Professional services

10.1.1 Skills Inventory:

I am involved in performing, teaching, lecturing and examining on all aspects of the Maxillofacial and Oral Surgical spectrum. I have a special interest in Obstructive Sleep Apnoea and maxillary tumours.

- **minor oral surgery:** this involves removal of impacted wisdom teeth, treatment of infected teeth via apicectomy and abscess drainage, removal of the benign tumours of bone and soft tissue in the oral cavity, extraction of teeth, surgically or mechanically, removal of denture trauma (epulis fissuratum), biopsy of soft tissue and saliva glands to assist in diagnosis.
- **auto- transplantation of teeth:** usually in the late teens and in the early 20s, I suggest transplanting the impacted wisdom teeth into the sockets of first molars and canines which have a poor prognosis. This has turned out to be a very useful procedure.
- **placement of dental implants into** the upper and lower jaws have become more and more sought after. The prognosis of these implants has been very successful over the past 30 years.
- hence the **regeneration of bone** via sinus lifting and also via alveolar augmentation has become commonplace with the adjuvant therapy of platelet rich fibrin.
- **major oral surgery:** in this regard bone augmentation procedures involving alloplastic material is becoming the norm. However, I still prefer to harvest live bone transfer which I usually do myself. In selected cases I would perform costochondral grafting and calvarial bone harvesting both procedures I perform by myself.
- when the relationship of the jaws are horizontally and vertically incongruent, I perform **orthognathic surgery** for example Le Fort 1 osteotomy, bilateral sagittal split osteotomies and genioplasties. This type of surgery is usually done in conjunction with prosthodontists and orthodontists. This is very rewarding surgery but requires intensive planning and execution.
- **temporomandibular joint disorders** are very common and only 5 to 10% of diagnosed cases of internal derangement usually go for surgery. I have performed over 500 surgical procedures to the temporomandibular joint apparatus over the past 30 years and these include meniscopeplasties, menisectomies followed by temporal muscle flap reconstruction and total joint replacements using stock imported prosthesis. Most temporomandibular joint problems can be treated conservatively if they are of muscular origin.
- **trauma of the facial skeleton** commencing with minor trauma to deciduous teeth followed by permanent teeth can then escalate to fractures of the mandible, the chin, the maxilla, the nose, the cheekbones and the forehead and sinuses. I treat all forms of facial trauma including hard and soft tissue problems.
- **oncological surgery:** I treat benign and malignant tumours of bone and soft tissue involving the mandible and maxilla. Post-maxillectomy surgical defect reconstruction presents a major challenge and hence I have mastered the art of curvilinear distraction osteogenesis (the subject of my PhD) in order to attain anatomical rehabilitation of large surgical defects in the mandible and in the maxilla. I also employ the concept of free vascularised tissue transfer and this could involve composite flaps of fibula to the upper or lower jaw during reconstruction of tumour resection surgical defects. I have also pioneered the reconstruction of the lower jaw through distraction osteogenesis on the implanted revascularized fibula.
- **treatment of facial deformity** whether it is congenital or acquired by trauma or oncological surgery. I enjoy the challenge of reconstructing deformity faces.
- The **surgical management of obstructive sleep apnoea.** These involve patients who are non-compliant or resistant to the use of CPAP and who required tongue suspension procedures. I have developed the technology and tested the proof of concept in an animal model. I have published two articles on the subject

and am presently involved in a level I study in a large sample of patients using my tongue suspension device. In patients with large tongues, I perform a simultaneous tongue reduction procedure.

10.2 Community outreach

10.2.1 Vision Medical Suite (VMS)

I have been fortunate to be approached by one of my ex-dental students, Dr Yusuf Da Costa to be associated in an advisory capacity to this wonderful organization since its inception as a formalized institution. Many of my ex-students are involved in this venture including 4 of my classmates who graduated with me in 1979. Working with mentally and physically challenged patients is indeed a huge privilege and requires extra-special skill and dedication.

Mostly it requires love and compassion for those less fortunate who become the “forgotten people” of society. This special group of professionals comprising medical and dental professionals work unselfishly to deliver dental health where a lot of the treatment is administered under intravenous sedation under well controlled and monitored conditions by qualified anaesthesiologists and other medical personnel.

This worthy organization requires ongoing fundraising to provide and facilitate a safe working environment for both patients and caregivers. The biggest challenge at present is to acquire a permanent premise for the organization to carry out its daily duties in a congenial working environment accessible to all.



Professor Rushdi Hendricks (right side) and Mr Hashiem Da Costa (co-founder) at 2nd South African-Danish International Conference Radisson Hotel February 2018

10.2.2 The Al-Ansaar Project (Eastern Cape)

In the late 1990's, my 2 brothers (Abdul and Sadick Hendricks) and myself expressed our concern publicly and joined the outcry against the cruel and unjust treatment of the Palestinian People. We organized rallies for the Palestinian people in Port Elizabeth and Cape town. My elder brother Abdul (now 72 yrs old) led a convoy of cars and trucks with food and medical supplies in a road trip from Cape town to Palestine. After organising a number of rallies, we decided to group together and formed an organisation called the Al-Ansaar Trust.

Our initial intention was to set up a youth centre to get our youth off the streets and involve them in community activity. Abdul was placed in charge of the organisation but then suggested an alternative idea to a youth centre. He suggested building a structure that could provide an income and become self-sustaining. Hence in the early 2000's the Al-Ansaar Trust acquired a piece of land via a donation. The land was subdivided to get some funding and we used the funds to draw up plans and have the land rezoned for business purposes. After that we investigated for some funds to put up a structure and found out that the amount of interest that we would have to repay was above our means. So the Hendricks family, meaning my brothers, sisters and myself collected money between us and started the first building. After completion of the first 4 buildings, we started renting out the premises and repaying the loans that we made to Al-Ansaar. Presently, some nine years later, the building worth about 7 ½ million Rand is complete and fully paid up.



The Hendricks family- founders of Al-Ansaar Trust
From left: Abdul, Rushdi, Mureeda, Nazlie, Sadick

10.2.2.1 Activities within the building:

- 1) a community radio station using the premises free of charge,
- 2) a group called F.A.D. meaning Families Against Drugs, for which they also getting the premises for free as they are per presenting a service to the community especially with the present scourge of drugs addiction
- 3) a medical centre where we have 4 medical doctors coming in on a regular basis at least one day per week. They offer their services free of charge to the community,
- 4) we run the soup kitchen on a weekly basis giving free food to people who come from all areas to collect food from us.
- 5) We also have another building rented free of charge to another organisation involving South African Nationals Zakah Fund. They train people to empower themselves in the field of sewing / clothing manufacture in order to open up their own businesses.

After almost 15 years, we have reached the stage where we have now purchased another property with the intention of moving all these NGOs out of our main building into that building. We could then rent out more space at the centre which has become quite busy and we could increase our turnover.

10.2.2.2 Accommodation for abused families

We have recently received 100,000 Rand from a donor to establish a centre or a flat for abused families. So at the new premises that we purchased, it is our main intention to house the F.A.D. (family against drugs) which will be in charge of the centre and in turn cater for the abused families. Family counselling will be provided by our cousin Ms Jawaiyer Hendricks (Social worker).

Additional trustees of Al -Ansaar:

- 1) Sheikh Shamiel who is the leader of the Islamic Centre in Port Elizabeth
- 2) Sheikh Salamtoe from New Brighton area as we need to incorporate people from the black townships
- 3) Mr Younis Ahmed (accountant) who is responsible for drafting the trust documents
- 4) Mr Imran Peterson (legal expert)
- 5) Ms Feroza Abrahams who is also linked to the business sector

The Al- Ansaar Trust continues to operate today with my brother, Abdul, at the helm and being the main driving force on a full-time basis. Abdul is backed financially by his 2 brothers and some members of the community in Port Elizabeth.

10.2.3 The boy from the Comores Islands

The dedication and generosity of his medical team has given Irchad Mohammed something to smile about: simply being a normal teenager

by Annie Brookstone (Editor: Life Magazine)

At just 16 years old, Irchad Mohammed has faced more adversity than some people do in a lifetime hailing from the Comore Islands, this young man's life was turned upside down at the age of eight when he developed what is medically known as an odontogenic keratocystic tumour; a disfiguring, non-cancerous tumour of the lower jaw. In 2004, Irchad was sent to Johannesburg for treatment but the tumour was not completely removed and four years later it started going back over a period of two years. Irchad's life became consumed by the rapidly growing tumour, while his family struggled to save enough money to once again send him back to South Africa for treatment.

10.2.3.1 A second chance

in 2010, Irchad's family sent him to an uncle in Cape Town to find out what treatment would be possible. By this stage, everyday activities that most of us take for granted- like eating, speaking and simply smiling at a joke-were presenting a real challenge for Irchad. By recommendation, Irchad's uncle was directed to Dr Hendricks.

Dr Rushdi Hendricks, a prominent Maxillofacial and Oral surgeon based at the Life Kingsbury and Claremont Hospitals in Cape Town, says he was immediately touched when Irchad came to see him for a consultation and committed himself to doing whatever he could to ensure a happy ending to the experience of "pain-and- shame" that Irchad had faced.

"I very carefully investigated and planned his treatment in the most cost-effective way possible and was assisted in this by many good people", says Dr Hendricks

One of the challenges that Dr Hendricks faced was not only removing the tumour, which had grown to an enormous 110 mm, but making sure that any tissue from which it could regrow would be removed to prevent a recurrence of the problem. However, to successfully remove the tumour, meant that Irchad would lose most of his lower jaw, his gums and all of his lower teeth.

Dr Hendricks set about ensuring that a new "jawbone" could be accurately created for Irchad. "This" he says, "was done using a pre-moulded mandibular reconstruction plate which is preformed onto a plastic 3-D model-created by a computer using statistical measurements age -matched for Irchad's age group - as the original jaw was destroyed by the tumour." The plate could be used to support a bone graft from Irchad's fibula, while sections of nerve would be preserved for future sensation.

The extraordinary surgery to remove the tumour and reconstruct Irchad's jaw took place on 10 August 2010. Says Dr Hendricks, "because the tumour was so extensive, most of the lower jaw had to be removed with it. I had to split Irchad's lower lip and chin to expose it and attempt to preserve as much nerve supply to the area as possible. In addition, there was the risk of disrupting the blood supply to the area of tumour removal and it was imperative for the bone grafts to have its own blood supply. While I prepared the vessels of the neck to receive the reconstructive grafts, Plastic and Reconstructive Surgeon, Dr Ottie van Zyl (who most generously offered his services free of charge), harvested the fibula bone from the side of Irchad's lower leg complete with its attendant artery and vein and connected it to the neck vessels.

Dr Hendricks adds that the bone graft had muscle, fat and skin which he used to build a new gum and floor of the mouth. He then set about ensuring not only that the new jawbone supporting the graft from Irchad's fibula fitted correctly, but that the nerves were connected for future sensation and that the grafted tissue received ample nutrients and oxygen.

10.2.3.2 A helping hand

In light of Irchad's tremendous struggle and the time and effort dedicated to the planning of this most rewarding case, Dr Hendricks ensured that Irchad received the best treatment possible and that that the cost of the surgery itself was carried by Life Healthcare, something for which his family and his medical team are eternally grateful. But the outpouring of love and kindness towards Irchad did not stop here. Also involved in the rehabilitation of Irchad's jaw was dentist, Dr Mohammed Karodia, and dental technician, Oliver Meier, who supplied their services at a nominal fee. Dr Karodia explained that this was a very challenging case for the team, but that Irchad's immense bravery and spirit inspired them from the beginning.

Another generous donation came from the Nobel Biocare International Dental Implant company. Says Dr Hendricks, “as the new bone is not really mandible but fibula, it was very important to select a reliable dental implant and the gracious donation of six dental implants as well as prosthetic components for Irchad certainly contributed towards our success.”

A year after the original surgery, the second part of reconstruction of Irchad`s jaw could begin. According to Dr Hendricks, the new mandible was already well healed. “I removed the long reconstruction plate and screws in August 2011 and the dental implants were simultaneously placed into the jaw to support a metal superstructure which in turn would support a hybrid bridge to replace the teeth in the mandible.”

Meier says “the technical aspects and design and construction of the prosthesis was complicated as the implants and the bone had to be optimally placed. This is difficult, especially when placing six implants which are to hold a screw retained fixed restoration which would give Irchad teeth in his lower jaw. I manufactured the prosthesis to fit passively which is very important in implantology to ensure success with osseo-integration (bone adaptation) of the implant and correct placement of the prosthesis.”

10.2.3.3 Cause to smile

Dr Hendricks highlights the compassion and care displayed by all involved, saying “for the second surgery, Life Healthcare once again came to our assistance, and levied only a nominal fee for the hospitalisation and the costs for the surgery. The cost of anaesthesia was also waived by the anaesthesiologist, Dr Ashley Davidson”.

The final step in Irchad`s long journey to recovery was the placement of the hybrid bridge- a cause to smile for all involved. “Now that the work is complete,” says Dr Hendricks, “Irchad can smile, eat, speak, and laugh like any other teenager can. I felt very humbled by this case. In spite of the great adversity that Irchad encountered-including disfigurement, pain, poor function and other difficulties, he never once complained to me and this trust gave me the will to go the extra mile for him.”

Dr Karodia and Meier both agree that when the time came the fitment of the final restoration, they were thrilled with the result. “The success wasn’t only clear by Irchad`s smile and now functional bite, but by the look in his eyes.” Says Meier.

And what does the softly spoken teenager say? Although English isn’t his first language, Irchad has certainly learnt enough in his time in South Africa to say, “I am very happy.” But it’s not his words that are most telling of the team’s success, but his radiant smile: a smile that had been impossible a little over a year ago.

Life magazine summer 2011/2012



Irchad Mohamed before surgery



Specialist maxillofacial and oral surgeon Dr Rushdi Hendricks of Life Claremont Hospital with 16-year-old Irchad Mohamed, whose face Hendricks helped reconstruct after a tumour disfigured his jawbone, pictured on the lower left.

10.2.3.4 The Argus 2011

SIPOKAZI FOKAZI: Health Writer, sipokazi.fokazi@inl.co.za

A teenager from the Comores, who had his lower jawbone and gums removed due to a disfiguring tumour on his face, will now be able to smile again, thanks to a Cape Town doctor who reconstructed his face using a bone from his leg. Irchad Mohamed, 16, will undergo an operation at a private Claremont hospital tomorrow where he will have implants that will hold together his new dentures. He was left toothless after surgery last year in which an odontogenic keratocystic tumour that grew on his mandible was removed. Doctors found that the tumour, the size of a small pineapple, was rare and benign, but was an aggressive and recurring cyst that not only damaged the tissue of the gum, but also ate away at the jawbone. Mohamed, who developed the tumour when he was only eight years old, had it removed for the first time in Joburg in 2004, but it grew back four years later.

His parents didn't have the money for a second operation, so they started saving. It would take another two years before they saved enough money for Mohamed's treatment and flights to Cape Town. The teenager, whose uncle lives in the city, had the tumour removed at the Life Claremont Hospital last August, but because it had created so much damage to his tissue and jawbone, doctors had to remove most of his lower jaw, gums and lower teeth. Dr Rushdi Hendricks, a specialist maxillofacial and oral surgeon who performed the reconstruction of Mohamed's face with the help of plastic surgeon Dr Ottie van Zyl, said due to the loss of gums and lower jaw, doctors used a procedure known as a "composite graft". They harvested a small fibula bone together with its skin, muscle, veins and nerves, from the back of the teenager's leg. Using a pre-shaped mandibular reconstruction plate that bends the fibula bone into the shape of a lower jaw, the bone was transplanted into the mouth to extend the existing jawbone. The tissue was used to create a new gum and floor of the mouth. Hendricks said while this operation was a success and almost "normalised" Mohamed's life, because he still had no teeth, he was still unable to smile or eat normal foods. "The second stage of reconstruction will give him not only an ability to chew, but he will be able to smile just like you and I," said Hendricks. And the ecstatic Mohamed can't wait to finally smile. While still nervous about the next operation, he said getting a new set of teeth was the only thing on his mind.



The Coelocanth: Token of appreciation painted for Dr Hendricks by Irchad Mohamed

10.2.4 Lions Club of Kirstenbosch

I was introduced to the Lions Club of Kirstenbosch in 1980 by Dr Mervyn Druian, a dentist practising in the Cape Town Central. He subsequently emigrated to the UK and presently is at the service of the Queen as her personal dentist. At that time, during the apartheid years, it was quite unusual for a person of colour to be accepted in an all- white international organisation. Through the five years that I worked with the Lions Club I moved up the ranks to eventually become the first black vice-president of the Lions Club of Kirstenbosch in 1983.

This club taught me how to raise funds from the community and return it to the community. Also, as most of the members were either self – employed with business acumen or held senior positions in the business sector, we had good social and business networking outlets which enhanced and strengthened our fiscal component. Some of the activities that we carried out with the following

- Each year we would raise funds at the Community Carnival held at the Maynardville Park grounds in Wynberg. My job was to sell hot dogs and hamburgers in the park. We would raise significant amounts of money for which we had many beneficiaries in the community.
- Each year we would have the Antique Dealers Fair where we would raise money for the South African Riding for the Disabled (SARDA)
- On weekends, we would volunteer to take disabled children to the beach. This also included children with hearing and vision disabilities.
- On a weekend week would volunteer to collect an old lady from Hope Street in Cape Town on a Sunday morning and transport her to Valkenberg Hospital where she would feed her mentally challenged son.

Above are some of the activities that I can still remember being involved in with the Lions Club of Kirstenbosch. Each year we would have our annual general meeting at the Goudini Spa in Worcester. When I learned, as vice president, that applications for a permit to the Minister in charge of the Group Areas Act was made annually on my behalf to attend the Houdini spa which at that time was for the exclusive use of whites only, I was deeply offended by this surreptitious action and subsequently resigned from the organisation.

However, now 30 years later, the Lions Club of Kirstenbosch is still going strong with current activities such as the ONE TO ONE unique day of fun and laughter and excitement where a member of the club takes an intellectually challenged person and pairs with them as a friend for the day. Also are THE BLISTERS FOR BREAD takes place in Greenpoint and was started in 1968 is now in his 50th year and organised by the Peninsula School Feeding Association

ONE to ONE is a communal initiative, a fair arranged exclusively to highlight intellectual disability



Lions Clubs International is the world's largest service club organization with more than 1.4 million members in approximately 46,000 clubs in more than 200 countries and geographical areas around the world.

10.2.5 The Noxolo School

During 1976, I was an undergraduate student in dentistry in my third year and also served as the class captain until I qualified in 1979. I was very much involved in community dentistry and became the first postgraduate registrar at University of the Western Cape. Community dentistry was the first registered specialty of the UWC Dental Faculty to be recognized by the erstwhile South African Medical and Dental Council. The late Prof. Hanief Moola was the head of Department of Community Dentistry and under his guidance, one of our main projects was to start a dental facility in Crossroads.

10.2.5.1 Origin of the Crossroads Squatter Camp:

The following is an extract from a book by **Crazy for Democracy: Women in Grassroots Movements** by Temma Kaplan

“The women, many of whom had travelled with their children from shanty town to shanty town until they reached Crossroads, created loose associations through which they could advance themselves and their children. To serve the approximately 9000 children who lived at Crossroads and played in the sand and on which the squatter community was built in 1976, the women created a school, Noxolo (teach). 18 months later, they attached a community centre. By 1978, Noxolo had four grades and four teachers for 352 students. Its child paid one Rand tuition that various church groups supplemented. On May 27, 1978 they open this Sizamile lower primary school at Crossroads. Describing how the schools were built, Mrs Ntongana explained that “each child had to bring zincs, nails and poles and we put the building together. It was just a shelter in the beginning. During the day Mrs Jane Yanta, she was our leader then, used to be busy helping the women who were teaching there. We didn’t know when or how we would get money to pay them, but it was a start. At that time everyone was proud to help because people could see we were in need and that we must do something to get something.”

But constructing the school under adverse circumstances was the least of the women’s problems; they also had to defend it against the government. Mrs Ntongana reported with great sadness “the Admin board came and demolished our school. Some of the teachers, they didn’t have qualifications to teach, so they (the board) chased them away. Some were locked up. When the parents came from work the school was flat. We don’t know what to do, but we didn’t give in. We started to build another school. They demolished again the third one they demolished with the bulldozer. It would be two days then they would break it down we didn’t give up. ”As women we organized all over to get help. So the organizations like the churches and Black Sash did help. And in the end we did win. Eventually we got permission to build. That’s how we got our school. We called it “Sizamile”- it means “we are trying.”

10.2.5.2 The Noxolo School as a community centre:

During the course of 1976, the political climate in the Cape was in turmoil:

The following is an extract from a book- **Making Freedom: Apartheid, Squatter Politics, and the Struggle for Home:** By Anne-Maria Makhulu

“The Bantu Affairs Administration Board had encouraged squatters to move to Crossroads as nearby settlements were raised. Yet even as women and their families submitted to the Bantu Affairs Administration board directives, their lives were continually punctuated by pass rates. Many of the women reported being afraid to argue with the magistrate when the cases were presented to the court to suggest that they had been ordered to move from Brown’s farm or Brackenfell and to resettle in Crossroads. Further, some had even been deported to the Eastern Cape as a consequence. So, the situation was increasingly very difficult for them. There had been trouble with the police. The Noxolo Primary School served as one of the two headquarters for the men’s committees that ran Crossroads, along with the woman’s committee the other headquarters was based at Sizamile Primary School. The police had visited Noxolo School and a number of people had been threatened and then beaten.

10.2.5.3 Saturday mornings at the Noxolo School.

The Noxolo School had been built from wood and iron. There was no electricity and the nearest running water was from a communal tap a few metres away from the site. As dental students, we worked on patients in the sunlight and manually dug holes in the teeth of patients to do temporary fillings (emergency treatment) for acute dental caries. We had gas stoves and boiled surgical instruments for dental extractions. We paid an interpreter R5.00 to help us with taking medical histories from the patients. What was interesting to us was that not a single patient demanded free treatment. They were happy to pay R 0.20 per treatment. We then use this money to pay the interpreter. As far as disposables were concerned, namely, local anaesthetic cartridges and needles, we managed to acquire some from

Millner`s dental suppliers in the city at no cost. This activity took place only on a Saturday morning and students were encouraged to have a roster. It was really an amazing experience to not only serve these needy people but to work with them in a constructive manner to improve their quality of life.

Dr Neil Myburgh (specialist in community dentistry), who is presently the acting Dean of the Dental School at University of the Western Cape and I worked tirelessly to get this dental clinic on the road. However, we were given full-time medical backup and assistance by the late Dr Ivan Toms, who worked daily at the same clinic looking after children and adults in his unique and dedicated manner, for which he is well remembered and revered today at UCT.

Now, some 44 years on, the Noxolo school still stands proud in brick and mortar... a testament to fearlessness and courage of the women of 1976...



Mrs A.N. Mene, principal of the Noxolo School at Crossroads, teaches her Std 5 class. The school was built by the Urban Foundation in co-operation with the Crossroads residents.

10.3 Public information and discourse

10.3.1 Media news:

10.3.1.1 Nature careers

BY AMBER DANCE 25 JULY 2019 | VOL 571 | NATURE | 589

Rushdi Hendricks felt confident in 2016 as he boarded the aeroplane. He was en-route to Johannesburg, South Africa, where he intended to convince potential investors to back his latest invention: an innovative treatment for sleep apnoea. Hendricks, a maxillofacial and oral surgeon at South Africa's University of Cape Town, had developed a biodegradable device that could be implanted at the base of the tongue. The device would encourage native stem cells to form a new tendon, which would pull the tongue forward so that it wouldn't fall back and block breathing during sleep. He'd done his homework: he'd shown that the device worked in sheep and had founded a company to develop it further. Now, he needed 15 million rand (US\$1 million) to move his invention into human testing. Armed with a PowerPoint presentation and accompanied by representatives of the university's Research Contracts and Innovation office, he was ready to present his plans to Netcare, the largest private-hospital network in South Africa. At the meeting, he told the story of the product, which, he explained, could help people with sleep apnoea when the usual breathing apparatus doesn't work. He laid out the market and the potential for future growth. Hendricks didn't manage to secure any cash, but he did get a promise that his company, Dreamhaven, could use Netcare beds and operating theatres for its clinical trials, for free. He considered it a good deal.

Another potential source of early funding is government grants. In 2014, Dreamhaven won 600,000 rand in seed funding from South Africa's Technology Innovation Agency (TIA) for the sheep studies. When that work was successful, he applied for 15 million rand for human trials. Last October, he met the TIA representatives in person for the first time. At the meeting, he was able to answer their questions, such as whether the stem cells will keep building tissue forever (they won't) and laid out his budget spreadsheet with timelines and contingency plans. The investors seemed convinced. And Hendricks thinks that his personal approach helped, too. So does Francois Oosthuizen, the university's technology commercialization manager. "Dr Hendricks took time to listen to the funders' concerns and questions," he says. "Rushdi's warmth and experience enabled him to reassure funders of his ability, and the value of the invention." Although the TIA hasn't yet signed on the dotted line, the funding procedure is in the final stages. "It helps a lot to have that personal contact with people," says Hendricks. "When they finally met me, they were sold."

Cape Argus:

- <http://www.iol.co.za/capeargus/jawbone-implants-to-give-comores-boy-his-smile-back-1123323> 23 August 2011
- <http://globalag.igc.org/health/world/smile.htm> October 2003

Cape Times:

- <https://www.uct.ac.za/dailynews/?id=8013> December 2011
- <https://www.nstf.org.za/wp-content/uploads/2015/10/WhosWho2011.pdf>
- <http://www.scifest.org.za/uploads/files/Programme%20Numbered%20Correctly%20small.pdf> 14-29 march 2012
- http://www.afaoms.org/panafcoms/2012/files/MFOS_Brochure.pdf
- <http://www.ifr.sun.ac.za/Occasional%20papers/The%20Leading%20Edge/The%20Leading%20Edge%20-%20January%202012.pdf>
- <http://amsjournal.com/article.asp?issn=2231-0746;year=2015;volume=5;issue=1;spage=85;epage=88;aulast=Boonzaier;type=3>
- <http://globalag.igc.org/health/world/smile.htm>
- <http://www.digitaljournal.com/article/320717>
- <https://m.vietnambreakingnews.com/tag/cape-town-on-saturday/page/2/> 31 january 2012
- monday478.rssing.com/chan-11623388/all_p9.html February 4 2015

- [https://www.talkvietnam.org/tag/hendrick/31 jan 2012](https://www.talkvietnam.org/tag/hendrick/31%20jan%202012)
- <http://www.forestry.co.za/uploads/File/Industry%20News/2012/June%202012%20-%20FABI%20&%20TPCP%20-%20M&G%202012-06-22%20NSTF%20awards.pdf>
- www.pubfacts.com/search/Distractio%20n%20of%20the%20Maxilla/3
- <http://tubethe.com/watch/-HSImGyk2fU/uct-engineers-help-make-medical-history-by-teaming-up-with-maxillo-facial-surgeon.html>

Die Burger:

- <http://www.pressreader.com/south-africa/die-burger/20120201/282763468528703> I Feb 2012
- http://academic.sun.ac.za/Health/Media_Review/2012/6feb12/files/Meganisme.pdf 1 feb 2012
- http://www.health.uct.ac.za/sites/default/files/image_tool/images/116/News/HealthSciences_Focus.pdf

The Star:

- <https://www.nstf.org.za/wp-content/uploads/2015/10/WhosWho2011.pdf>
- www.iol.co.za/.../jawbone-implants-to-give-comores-boy-his-smile-back-1123323aug 2011
- www.scifest.org.za/uploads/.../Programme%20Numbered%20Correctly%20small.pdf 2012
- https://www.google.co.za/?gfe_rd=cr&ei=VPTTWJKullmp8wek4qCwAw#q=rushdi+hendricks+the+star&start=10&images
- <https://www.vietnambreakingnews.com/tag/rushdi-hendricks/jan31> 2011
- [https://www.talkvietnam.org/tag/hendrick/31 jan 2011](https://www.talkvietnam.org/tag/hendrick/31%20jan%202011)

Sunday Times:

- <http://www.timeslive.co.za/scitech/2012/01/27/University-of-Cape-Town-invents-new-jaw-reconstruction-device1>
- <https://www.nstf.org.za/wp-content/uploads/2015/10/WhosWho2011.pdf>
- www.scifest.org.za/uploads/.../Programme%20Numbered%20Correctly%20small.pdf

UCT Monday Paper:

- <https://www.uct.ac.za/dailynews/?id=8013>
- <https://www.uct.ac.za/mondaypaper/?id=8967>
 - http://www.ebe.uct.ac.za/sites/default/files/image_tool/images/50/EBE%20Faculty%20Research%20Report.pdf

Independent Online

- <http://www.iol.co.za/news/uct-invents-bone-reconstruction-device-1229613>

Popular Mechanics:

- https://www.uct.ac.za/usr/press/2012/maxillo_facial.pdf2012
- <https://www.uct.ac.za/dailynews/?id=8013>
- www.motioncontrol.co.za/news.aspx?pklnnewsid=41110
- www.timeslive.co.za/Sci-Tech2012
- www.scifest.org.za/uploads/.../Programme%20Numbered%20Correctly%20small.pdf2012

UCT You tube publications

- 2012 http://www.youtube.com/watch?feature=player_detailpage&v=-HSImGyk2fU
- 2016 Collaboration with Associate Professor George Vicatos <http://uct.ac.za/dailynews/?id=10001>

10.3.2 Television Appearances:

- Morning Live: The use of modified direct current in pain control pain modulation device. 2012
- Sunrise TV: The use of modified direct current in pain control pain modulation device. 2012

- Cape Town TV: Pain management. 2012
- Dr Mol Show: Pain management using modified direct current. 2012
- Hello doctor (UCT). Maxillary reconstruction via distraction osteogenesis (PhD research project). 2012
- Stepping Stones – University of Cape Town Film Society. You tube topic: Maxillary reconstruction via distraction osteogenesis. 2012

10.3.3 Radio:

- Bush Radio – Pain management using modified direct current. 2013
- Radio 786 – Pain management using modified direct current. 2013
- Voice of the Cape – Pain management using modified direct current. 2013
- Channel Islam – Pain management using modified direct current. 2012
- Voice of the Cape 786 – Islam & Evolution. 6 November 2012
- Radio Metro – Pain management using modified direct current. 2012
- Cape Talk 567 – Pain management using modified direct current. 2012
- FM Mandela Bay – Obstructive Sleep Apnoea. 2012
- Radio Sonder Grense (RSG) – Obstructive Sleep Apnoea. 2012

10.4 Joint Academic Clinical Practice: Describe your contribution to enhancing clinical academic practice across the UCT affiliated service platform.

10.4.1 Active participation in multidisciplinary clinics with collaborative teaching and research

Since I joined the University of Cape Town in 2012 where I was registered for a PhD and practising as a Supernumerary specialist in Plastic Reconstructive and Maxillofacial Surgery, Department of Surgery, Faculty of Health Sciences, University of Cape Town, I have been in contact with numerous plastic surgery registrars and invited them to work with me in my private practice. Some of them who are now already qualified as plastic surgeons are still presently working with me on multidisciplinary cases. Because I have been involved in teaching undergraduate and postgraduate students from various universities including those from abroad, it has been second nature for me to involve various specialties while I'm doing complex cases involving oncological surgery and facial reconstruction. I usually involve senior registrars from the maxillofacial and oral surgery unit at University of the Western Cape as well as plastic surgery registrars from the University of Cape Town in my complex surgical cases. For the past 23 years (since 1996), I have had the pleasure of teaching and mentoring students from UK, Denmark, Netherlands and Germany. These were senior students who visit South Africa for an elective period of about 3 months. While the majority are of a dental background, some are medical doctors intending to specialize later. They have completed their undergraduate education and training. Some of them have later specialized in surgery or otherwise. What began as an informal arrangement, later became formalized so that presently there is an MOU signed agreement between UCT and University Medical Centre Groningen (UMCG), Netherlands. This facility encourages UCT medical student exchanges to UCMG. Students visiting RSA are registered at UCT and the Health Professions Council of South Africa for the duration of their stay.

10.5 Testimonials from Students and Colleagues

November 23rd 2019

Copenhagen Denmark



Letter of recommendation

Regarding Dr Rushdi Hendricks

Few people in this world take the time to really make a difference for younger and less experienced colleagues, and Dr Rushdi Hendricks is one of them, generous to share his tremendous knowledge and surgical skills with others. Dr Rushdi Hendricks is a fantastic teacher and inspirer and is not only academically oriented but also an extremely talented surgeon, who always carries his extreme care for his patients first. As a dental student from Denmark, I met Dr Rushdi Hendricks in 1996 at the dental school in Cape Town. I was fortunate enough to spend the next three months following Dr Hendricks work in his clinic, in surgery and assisting in his current research project, and thereby that becoming inspired and encouraged to study maxillofacial surgery, and just 10 years later I started my residency in Maxillofacial surgery in Copenhagen Denmark. I was then privileged to do a three months MFOS internship at University of the Cape Town and Groote Schuur Hospital in 2010, and also here being taught by Dr Hendricks and learning the skills of traumatology.

Today, as a Maxillofacial surgeon in Denmark, while teaching at the University of Copenhagen and being in private practice, I often look back realizing that a tremendous part of who I am today as a surgeon and teacher is encouraged and revived from the mentoring and guidance I have had from Dr Rushdi Hendricks throughout the years, I have known Dr Rushdi Hendricks for almost 25 years and am still impressed by his work, energy, passion and great visions for his field in Maxillofacial Surgery.

As chairman of the Danish Association of Oral and Maxillofacial Surgery, I had the honour to invite Dr Hendricks to speak at a day course at their Anniversary meeting in Copenhagen in 2012. In 2010, Dr Rushdi Hendricks and I organized the 1st Danish - SA Conference on Oral and Maxillofacial Surgery, held in Cape Town. And almost 10 years later, in 2018, we organized the 2nd Danish- SA Conference on Oral and Maxillofacial Surgery, also with a great number of participants. Dr Hendricks had fantastic ideas and vision for all projects but was also steadfast and action- oriented.

Dr Hendricks is a unique and skilled surgeon, an outstanding teacher and mentor but also to me, a true and dear friend. Dr Rushdi Hendricks will be a fantastic professor and by this position be able to share his knowledge, research and continue his passion in teaching and inspiring future colleagues. I hereby give my best recommendations.

Best regards

Dr Malene Hallund

Oral and Maxillofacial Surgeon

Senior Clinical Instructor in Oral Surgery at Dep. of Oral & Maxillofacial Surgery, University of Copenhagen, Denmark

Private practice, Copenhagen Clinic for Advanced Dentistry, Oral Surgery & Implants



Subject: Testimonial Dr Rushdi Hendricks 18 November 2019

To whom it may concern,

My name is Tahseen Lwazi Tayob and I am currently working as a doctor at New Somerset Hospital in Cape Town. I graduated from the University of Cape Town in December 2018 with a Bachelor in Medicine and Surgery.

Dr Hendricks played a vital role as a role model, mentor and teacher during my journey to becoming a doctor. I first met Dr Hendricks during my 4th year of Medical school in 2016, at the beginning of my clinical years. I was absolutely fascinated by the concept of Maxillo- facial surgery and eager to learn more. I had heard about Dr Hendricks' involvement and work with the regeneration of a patient's palate in 2011 and I had so many questions to ask him. Being a confident 4th year medical student I decided to approach Dr Hendricks directly, as I felt I didn't really have anything to lose. Little did I realise that this would be the beginning of my mentorship with Dr Hendricks.

Despite being extremely busy, Dr Hendricks always took the time to teach me about the area that he is so passionate about. I was absolutely amazed by his patience and willingness to start from basic principles and take the time to teach me about an area that is so complex in nature and specialized that we do not get exposed to it during our 6 years of medical school. He is always willing to go the extra mile and as a result over the past few years I have spent many hours during the week after University or during electives in my summer breaks in December 2016 and 2017 being taught by Dr Hendricks.

Dr Hendricks is an incredible clinician and I was lucky enough to gain exposure to the field of Maxillo- facial surgery from various angles, from basic principles, to diagnosis, surgical and non-surgical intervention and patient management as a whole. I really admire Dr Hendricks' method of practicing and teaching research-based medicine, from teaching me about new interventions and techniques to encouraging me to think outside of the box about potential areas of research.

Furthermore, what truly makes Dr Hendricks an exceptional surgeon is his ability to manage patients holistically. I admire the way that Dr Hendricks genuinely respects his patients and always takes the time to understand them, their concerns, fears and backgrounds. He also truly respects their autonomy and always ensures that the patient understands and is completely involved in their management process. Dr Hendricks' patience, knowledge, empathy, warmth and understanding is absolutely extraordinary and admirable and it has really inspired me and contributed to the person and doctor I am today. I have come across many doctors, professors and health professionals as a student and now as a doctor myself and I can confidently say that Dr Rushdi Hendricks truly stands out as an outstanding, surgeon, teacher, mentor and role model. I believe that Dr Rushdi Hendricks would be an incredible Professor and an asset to the University of Cape Town.

Yours sincerely,

Dr TL Tayob

Email: Tahseen.tayob@alumni.uct.ac.za

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University of Groningen

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Tel: +31 50 363 9111

Faculty of Medical Science

Centrum voor Tandheelkunde en Mondzorgkunde

Antonius Deusinglaan 1

9713 AV Groningen

The Netherlands

7 November 2019

Subject: Testimonial Dr.Rushdi Hendricks

Dear Sir/Madam,

My name is Iris Oude Wesselink and I am currently working as a dentist in the Netherlands. In July 2019, I obtained my Master's Degree in Dentistry from the University of Groningen. During my studies, I was curious to learn more about Maxillofacial surgery, which is why I decided to pursue an internship in this field. With the help of the Maxillofacial and Oral surgery department of the University Medical Centre in Groningen, I was introduced to Dr Rushdi Hendricks. Before the start of the internship, Dr Rushdi Hendricks was very involved in the preparations with respect to administrative matters and the substantive aspect of the internship.

During my three-month internship with Dr Rushdi Hendricks, I was involved in all aspects of patient care, including the intake of patients, treatment under both local and general anaesthetics, as well as the follow-up. Dr. Rushdi Hendricks taught me a lot about performing the right diagnostics and devising the treatment process. Hereby, the aim was always to link practice to knowledge gathered from scientific research. Further to this, I got the opportunity to be involved in surgical procedures. Having assisted several operations, I gained more insights into anatomy and treatment methods. Dr Rushdi Hendricks is not only a great Maxillofacial and Oral surgeon, but also a fantastic teacher. During the surgical procedures, there was always room for questions and discussion. He always asked me the right questions to test my knowledge, whilst remaining friendly. He is passionate about his profession and is very involved with his patients. His work ethic is extraordinary, as he ensures that there is always enough time for his students. All in all, this internship has really formed me as a dentist. In addition to his excellent qualities as a Maxillofacial and Oral surgeon and a teacher, Dr Rushdi Hendricks is a warm and loving person. I felt very welcome from day one and, thanks to him, I was able to develop myself both professionally and personally. I wish everyone a similar experience and recommend fulfilling an internship with Dr Rushdi Hendrick without doubt. I am convinced that he will be an excellent teacher to your students and valuable asset to your institution.

Your sincerely,



I.A. Oude

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 PO Box 72
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 The Netherlands

Centrum voor Tandheelkunde en Mondzorgkunde
 Antonius Deusinglaan 1
 9713 AV Groningen
 The Netherlands

Subject: Dr Rushdi Hendricks
 Groningen 5-11-2019,

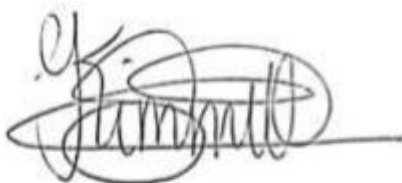
Dear Sir/Madam,

My name is Kim Smit and I am a graduated dentist and medical student in the Netherlands. I am based at the University of Groningen and next year I will be working as a registrar specialist Maxillo- Facial Surgery at the University Medical Centre of Groningen. In the last semester of my study dentistry, October 2017 to January 2018, I did an elective in Cape Town with Dr Hendricks.

The elective was very well organized. Together with Dr Hendricks I saw many interesting patients and cases. I followed patients from intake, to the theatre and we did proper follow-up. Dr Hendricks taught me how to make a good diagnosis, the principles of good surgery and to think academically. In theatre I was able to assist during the operations. There was always time to discuss treatment strategy, very often with a multidisciplinary input (e.g. plastic surgeons, prosthodontist, orthodontist, ENT-doctors and oral pathologist). I must say this elective with Dr Hendricks formed me as a dentist and a doctor since I have learned so many from him.

In my opinion Dr Hendricks is a great teacher, a good doctor and very passionate about his work. He has excellent didactic skills and he is very patient. Mostly he is a very warm and welcoming person. Above all, he creates a very safe environment to learn. Therefore, I can recommend Dr Hendricks as an outstanding teacher and I am fully confident that he will be very suitable as a professor in your institution.

Yours sincerely,



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 9715 CD Groningen
 kim_smit92@hotmail.com
 Tel: +31641639410



university of
 groningen



Sint Nicolaasga, 07-11-2019

Subject: Dr. Rushdi Hendricks

Dear sir/madam,

My name is Gert Keulen. In February 2018 I graduated as a dentist at the University of Groningen in The Netherlands. In the following month I started working as a dentist. With a broad scope of cases and tasks I enjoy my work as dentist very much. Many of the professional and interpersonal skills I use here on a daily basis have been refined under the guidance of Dr Rushdi Hendricks, as I followed an internship in Cape Town with Dr Hendricks during the last semester of my study.

The elective course in Cape Town from October 2017 to January 2018 has been a great learning experience for me as a student. Right from the start Dr Hendricks has been a very welcoming and considerate mentor. I was able to follow a wide variety of patients from intake to follow-up. Moreover, I was not only welcomed in at his practice but also in the theatre. This has resulted in a broad and rich learning environment. No matter the case and/ or location, there was always time to ask questions or discuss treatments. Dr Hendricks has time and again provided me with comprehensive explanations and valuable insights relating to dentistry and maxillofacial surgery in practice as well thinking academically about this field of profession.

During my time in Cape Town I have come to know Dr Hendricks as a very passionate doctor and maxillofacial surgeon. As a teacher he is both enthusiastic and patient. Besides introducing me to all facets of his work, he took the time to get to know me and my professional interests. Ultimately this has led to Dr Hendricks piquing my interest in surgical dentistry, like dental implants, a specialisation I am now pursuing. His extensive knowledge, welcoming personality and passion for his profession have made my elective course in Cape Town both rewarding and memorable. I warmly recommend Dr Hendricks as an excellent teacher and an outstanding professor.

Yours faithfully,



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06-11-2019 RE: Dr Hendricks

University of Copenhagen
Tandlægeskolen/Odontologisk Institut
Københavns Universitet
Nørre Allé 20
2200 København N

RE: Dr Hendricks

I am a dentist student at the University of Copenhagen in Denmark, currently finishing my 4th year, pursuing the dream of once becoming a maxillo-facial surgeon. I had the great pleasure of getting the chance, very impulsive, of following Dr Hendricks the 11th of March 2019 till 12th of April 2019 in Cape Town.

It was the most intense and educational experience I have ever had. Although Dr Hendricks was very busy, he always made time for me to explain, show and educate. He stayed after hours multiple times to teach me, continuously in the most patiently and pedagogical manner. He showed me numerous interesting cases, both current and previous ones, to give me the most optimal insight and overview.

I was guided from the intake of the patient, the thoughts of the individual cases and possible treatments, through the surgery in the theatre and all the way to the follow up, where he and I would outline a summary for educational purposes. Every step with a great amount of respect for his patients, colleagues and the treatment.

His passion, expertise and thoroughness shines through his work and shows in the great treatment results and successful cases. Furthermore, Dr Hendricks taught me to always do no harm and be the best surgeon for my future patients. He taught me to follow my dreams and I still appreciate his inspirational words, work passion and wisdom.

I did not feel uncomfortable or unwelcomed by neither in his amazing team at any moment. I may not have a huge experience in oral surgery nor in the expertise of oral surgeons yet, but through many years of studying, I can highly recommend Dr Hendricks as professor in your institution.

He is, no doubt, the best teacher I have ever had the pleasure of learning from and I wish for every dental or medical student to get the chance of learning from him.

Sincerely,

Sophie Boberg-Ans

A handwritten signature in black ink, appearing to be 'SBA' with a flourish.

Zentrum für Zahn-, Mund- und Kieferheilkunde der Universität Bonn
Welschnonnenstraße 17
53111 Bonn

Dr. med. Elena Hofmann
Lennestraße 30
53113 Bonn
Elena.hofmann@uni-bonn.de

4 November 2019

RE: Dr Rushdi Hendricks

I am a medical doctor and dentistry student at the University of Bonn, Germany, pursuing a career in maxillofacial surgery. During my training, I spent two electives with Dr Rushdi Hendricks from February to March 2018 and in September 2018. I also attended the 2nd Danish SA Conference on Oral and Maxillofacial Surgery hosted by Dr Hallund and Dr Hendricks in February 2018.

During this time, I was involved in the day to day management of patients from their first visit at Dr Hendrick's practice, to surgery as well as follow-up care. I was able to assist during many maxillofacial surgeries under his supervision and guidance, including acute trauma, surgical removal of teeth, orthognathic surgery and others.

Dr Hendricks has a warm and affable personality and is very conscious towards both patients and colleagues. I am pleased to recommend an outstanding teacher and mentor and I have no reservation in recommending him for the post of Professor. He will be an asset to any team or student.

Yours sincerely,

Elena Hofmann

Dr Elena Hofmann