Male Circumcision under Local Anaesthesia

Course Handbook for Participants

World Health Organization

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MALE CIRCUMCISION UNDER LOCAL ANAESTHESIA COURSE HANDBOOK FOR PARTICIPANTS

* Chapter 6: Paediatric and Neonatal Circumcision is not within the scope of this training.

OVERVIEW

BEFORE STARTING THIS TRAINING COURSE

This *Male Circumcision under Local Anaesthesia* training course will be conducted in a way that is very different from traditional training courses. First of all, it is based on the assumption that people participate in training courses because they:

- Are **interested** in the topic
- Wish to **improve** their knowledge or skills, and thus their job performance
- Desire to be **actively involved** in course activities

The training approach used in this course is highly interactive and participatory.

MASTERY LEARNING

The **mastery learning** approach to clinical training assumes that all participants can master (learn) the required knowledge, attitudes or skills provided sufficient time is allowed and appropriate training methods are used. The goal of mastery learning is that 100 percent of those being trained will "master" the knowledge and skills on which the training is based.

While some participants are able to acquire new knowledge or a new skill immediately, others may require additional time or alternative learning methods before they are able to demonstrate mastery. Not only do people vary in their abilities to absorb new material, but also individuals learn best in different ways—through written, spoken or visual means. Mastery learning takes these differences into account and uses a variety of teaching and training methods.

The mastery learning approach also enables the participant to have a self-directed learning experience. This is achieved by having the clinical trainer serve as facilitator and by changing the concept of testing and how test results are used. In courses that use traditional testing methods, the trainer administers pre- and post-tests to document an increase in the participants' knowledge, often without regard for how this change affects job performance.

By contrast, the philosophy underlying the mastery learning approach is one of a continual assessment of participant learning. With this approach, it is essential that the clinical trainer regularly inform participants of their progress in learning new information and skills, and **not** allow this to remain the trainer's secret.

With the mastery learning approach, assessment of learning is:

Competency-based, which means assessment is keyed to the course objectives and emphasizes acquiring the essential knowledge, attitudinal concepts and skills needed to perform a job, not simply acquiring new knowledge.

Dynamic, because it enables clinical trainers to provide participants with continual feedback on how successful they are in meeting the course objectives and, when appropriate, to adapt the course to meet learning needs.

Less stressful, because from the outset participants, both individually and as a group, know what they are expected to learn and where to find the information, and have ample opportunity for discussion with the clinical trainer.

KEY FEATURES OF EFFECTIVE CLINICAL TRAINING

Effective clinical training is designed and conducted according to **adult learning principles**—learning is participatory, relevant and practical—and:

- Uses behaviour modeling
- Is competency-based
- Incorporates humanistic training techniques

Behaviour Modeling

Social learning theory states that when conditions are ideal, a person learns most rapidly and effectively from watching someone perform (model) a skill or activity. For modeling to be successful, the trainer must clearly demonstrate the skill or activity so that participants have a clear picture of the performance expected of them.

Learning to perform a skill takes place in three stages. In the first stage, **skill acquisition**, the participant sees others perform the procedure and acquires a mental picture of the required steps. Once the mental image is acquired, the participant attempts to perform the procedure, usually with supervision. Next, the participant practices until **skill competency** is achieved and the individual feels **confident**

performing the procedure. The final stage, **skill proficiency**, only occurs with repeated practice over time.

Skill Acquisition	Knows the steps and their sequence (if necessary) to perform the required skill or activity but **needs assistance**
Skill Competency	Knows the steps and their sequence (if necessary) and **can perform** the required skill or activity
Skill Proficiency	Knows the steps and their sequence (if necessary) and **efficiently performs** the required skill or activity

Competency-Based Training

Competency-based training (CBT) is distinctly different from traditional educational processes. Competency-based training is learning by **doing**. It focuses on the specific knowledge, attitudes and skills needed to carry out a procedure or activity. How the participant performs (i.e., a combination of knowledge, attitudes and, most important, skills) is emphasized rather than just what information the participant has acquired. Moreover, CBT requires that the clinical trainer facilitate and encourage learning rather than serve in the more traditional role of instructor or lecturer. Competency in the new skill or activity is assessed objectively by evaluating overall performance.

For CBT to occur, the clinical skill or activity to be taught first must be broken down into its essential steps. Each step is then analyzed to determine the most efficient and safe way to perform and learn it. Information for each skill performed by clinicians appears in the ***Male Circumcision under Local Anaesthesia*** reference manual.

An essential component of CBT is **coaching**, which uses positive feedback, active listening, questioning and problem-solving skills to encourage a positive learning climate. To use coaching, the clinical trainer should first explain the skill or activity and then demonstrate it. Once the procedure has been demonstrated and discussed, the trainer/coach then observes and interacts with the participant to provide guidance in learning the skill or activity, monitors progress and helps the participant overcome problems.

The coaching process ensures that the participant receives **feedback** regarding performance:

- **Before practice**—The clinical trainer and participant should meet briefly before each practice session to review the skill/activity, including the steps/tasks that will be emphasized during the session.

- **During practice**—The clinical trainer observes, coaches and provides feedback as the participant performs the steps/tasks outlined in the learning guide.
- **After practice**—This feedback session should take place immediately after practice. Using the learning guide, the clinical trainer discusses the strengths of the participant's performance and also offers specific suggestions for improvement.

COMPONENTS OF THE MALE CIRCUMCISION UNDER LOCAL ANAESTHESIA TRAINING PACKAGE

This training course is built around use of the following components:

- Need-to-know information contained in a **reference manual**
- A **participant's handbook** containing validated questionnaires and learning guides, which break down the skills or activities into their essential steps
- A **trainer's notebook**, which includes questionnaire answer keys and detailed information for conducting the course
- **Well-designed training aids**, such as job aids and checklists
- Course director's guide
- Competency-based **performance evaluation** tools

The reference manual recommended for use in this course is the ***Male Circumcision under Local Anaesthesia*** manual, which contains information on the basics of male circumcision and reproductive health, basic counselling skills, and the recommended standard male circumcision procedure.

USING THE MALE CIRCUMCISION UNDER LOCAL ANAESTHESIA TRAINING PACKAGE

In designing the training materials for this course, particular attention has been paid to making them "user friendly" and to permit the course participants and clinical trainer the widest possible latitude in adapting the training to the participants' (group and individual) learning needs. For example, at the beginning of each course, an assessment is made of each participant's knowledge. The results of this precourse assessment are then used jointly by the participants and the advanced or master trainer to adapt the course content as needed so that the training focuses on acquisition of **new** information and skills.

A second feature relates to the use of the reference manual and course handbook. The **reference manual** is designed to provide all of the essential information needed to conduct the course in a logical manner. Because it serves as the "text" for the participants and the "reference

source" for the trainer, special handouts or supplemental materials are not needed. In addition, because the manual contains **only** information that is consistent with the course goals and objectives, it becomes an integral part of all classroom exercises—such as giving an illustrated lecture or providing problem-solving information.

The **participant's handbook**, on the other hand, serves a dual function. First and foremost, it is the "road map" that guides the participant through each phase of the course. It contains the course syllabus and course schedule, as well as all supplemental printed materials (precourse questionnaire, exercises, learning guides and course evaluation) needed during the course.

The **trainer's guide** contains the same material as the course handbook for participants as well as **material for the trainer**. This includes the course outline, precourse questionnaire answer key, midcourse questionnaire and answer key, and competency-based qualification checklists.

In keeping with the training philosophy on which this course is based, all training activities will be conducted in an interactive, participatory manner. To accomplish this requires that the role of the trainer continually change throughout the course. For example, the trainer is an **instructor** when presenting a classroom demonstration; a **facilitator** when conducting small group discussions or using role plays; and shifts to the role of **coach** when helping participants practice a skill. Finally, when objectively assessing performance, the trainer serves as an **evaluator**.

In summary, the competency-based training approach used in this course incorporates a number of key features. **First**, it is based on adult learning principles, which means that it is interactive, relevant and practical. Moreover, it requires that the trainer facilitate the learning experience rather than serve in the more traditional role of an instructor or lecturer. **Second**, it involves use of behaviour modeling to facilitate learning a standardized way of performing a skill or activity. **Third**, it is competency-based. This means that evaluation is based on **how well** the participant performs the procedure or activity, not just on **how much** has been learned. **Fourth**, where possible, it relies heavily on the use of anatomic models and other training aids (i.e., it is humanistic) to enable participants to practice repeatedly the standardized way of performing the skill or activity **before** working with clients. Thus, by the time the trainer evaluates each participant's performance using the checklist, **every** participant should be able to perform **every** skill or activity competently. **This is the ultimate measure of training.**

INTRODUCTION

COURSE DESIGN

This training course is designed for clinical service providers (physicians, nurses, nurse-midwives, clinical officers). The course builds on each participant's past knowledge and experience and takes advantage of the individual's high motivation to accomplish the learning tasks in the minimum time. Training emphasizes **doing**, not just knowing, and uses **competency-based evaluation** of performance.

This training course differs from traditional courses in several ways:

- During the morning of the first day of the course, participants' knowledge is assessed using a Precourse Questionnaire to determine their individual and group knowledge of male circumcision and reproductive health.
- Classroom and practical sessions focus on providing practice in male circumcision and reproductive health.
- Progress in knowledge-based learning is measured during the course using a **standardized written assessment** (Midcourse Questionnaire).
- Progress in learning recommended clinical procedures is documented using appropriate **learning guides**.
- A trainer using competency-based **skills checklists** conducts evaluation of each participant's performance.
- Successful completion of the course is based on **mastery of both the content and skill components**.

EVALUATION

This course is designed to produce individuals qualified to use the recommended procedures when providing male circumcision services. Qualification is a statement by the training organization that the participant has met the requirements of the course in knowledge and skills. Qualification does **not** imply certification. Personnel can be certified only by an authorized organization or agency.

Qualification is based on the participant's achievement in two areas:

- Knowledge—Knowledge transfer as measured by a score a score exceeding the criterion-referenced pass score established for the Midcourse Questionnaire
- Skills—Satisfactory performance of recommended procedures either during a simulated practice session with anatomic models or with clients

Responsibility for the participant's becoming qualified is shared by the participant and the trainer.

The evaluation methods used in the course are described briefly below:

Midcourse Questionnaire. This knowledge assessment will be given at the time in the course when all didactic subject areas have been presented. A score exceeding the criterion-referenced pass score established for the questionnaire demonstrates knowledge-based mastery of the material presented in the reference manual. A pass score of 80%, based on a criterion-referenced validation procedure involving subject matter analysis of each test question has been established for the MC Midcourse Questionnaire. For those scoring less than 80% on their first attempt, the trainer should review the results with the participant individually and provide guidance on using the reference manual to learn the required information. Participants scoring less than 80% can take the Midcourse Questionnaire again at any time during the remainder of the course.

Male Circumcision under Local Anaesthesia Key Skills Checklists. These checklists will be used to evaluate each participant as s/he demonstrates essential evaluation and management procedures in the simulated clinical setting or with clients. The checklists will be more applicable in the pre-service environment where participants are likely to lack competency in the selected skills. In determining whether the participant is qualified, the clinical trainer(s) will observe for the key skills during the practice. The participant must be rated "satisfactory" in each skill or activity to be evaluated as qualified.

Within 3 to 6 months of qualification, it is recommended that graduates be observed and evaluated working in their institution by a course trainer or their supervisor using the same checklists. This *post-course* evaluation is important for several reasons. First, it not only gives the graduate direct feedback on her/his performance, but also provides the opportunity to discuss any startup problems or constraints to service delivery. Second, and equally important, it provides the training centre, via the trainer, key information on the adequacy of the training and its appropriateness to local conditions. Without this type of feedback, training easily can become routine, stagnant and irrelevant to service delivery needs.

Following training, the trainer should (if necessary) strengthen the supervisor's skills. The latter should also monitor progress of the learner's action plan and revise as needed. The supervisor should continually evaluate the learner's performance and stay in contact with the trainers by giving appropriate feedback. The learner's co-workers and others need to be supportive of the learner's accomplishments.

COURSE SYLLABUS

Course Description

This course is designed to prepare participants to acquire the knowledge, skills and attitudes needed to provide male circumcision and reproductive health counselling and services. The course is designed for 10 days but may be extended as needed to accommodate variations in client volume and participant learning needs.

Course Goals

- To influence in a positive way the attitudes of participants to male circumcision
- To provide participants with knowledge and skills needed to provide other reproductive health counselling and services
- To provide the participants with the knowledge and skills needed to establish or improve infection prevention practices at health facilities

Participant Learning Objectives

By the end of this training course, participants will be able to:

- Describe the relationship between male circumcision and HIV infection
- Link male circumcision to the provision of other male sexual and reproductive health services
- Educate and counsel adult and adolescent clients about male circumcision
- Effectively screen clients for male circumcision
- Demonstrate one of three surgical methods of adult male circumcision
- Provide postoperative care following male circumcision and identify and manage adverse events resulting from male circumcision
- Prevent infection in the health care setting
- Monitor, evaluate and supervise a male circumcision service

Training/Learning Methods

- Illustrated lecture
- Demonstration
- Coaching
- Case studies
- Role play
- Group discussions
- Simulation
- Guided practice activities

Training Materials

The *Male Circumcision under Local Anaesthesia* course is designed to be used with the following materials:

- Reference manual: *Manual for Male Circumcision under Local Anaesthesia*
- Participant's course handbook
- Trainer's course notebook
- Overhead transparencies
- Job aids
- Videotapes (on infection prevention, guided forceps method, dorsal slit method and sleeve method of male circumcision)

Participant Selection Criteria

Participants for this course should be *clinicians* who are, by national policy, allowed to conduct minor surgery (doctors, clinical officers, nurses or midwives) and are working at different levels of health care delivery. Such clinicians should be currently providing or intend to provide male circumcision services.

Methods of Evaluation

- Precourse knowledge questionnaire
- Midcourse knowledge questionnaire
- Learning guides and checklists
- End of course evaluation

Course Duration

Ten (10) days in high-volume male circumcision clinics.

MODEL COURSE SCHEDULE FOR MALE CIRCUMCISION UNDER LOCAL ANAESTHESIA (STANDARD COURSE: 10 DAYS, 20 SESSIONS)				
DAY 1	**DAY 2**	**DAY 3**	**DAY 4**	**DAY 5**
08:00–12:30 **Welcome** **Introductions** **Official opening** **Participant expectations** **Workshop norms** **Overview of course** **Goals and objectives** **Review of course materials** **Precourse Questionnaire**—Identify individual and group learning needs **Exercise**—Exploring MC myths **Lecture/Discussion**—MC and HIV Infection **Exercise**—Cultural Issues Discussion	**08:00–12:30** **Overview** of day's scheduled activities (participant) **Lecture/Discussion**—Client Education, Counselling and Informed Consent **Lecture/Discussion**—Screening and Consent for MC/Preparation for Surgery **Role Play**—Group Education, Counselling and Informed Consent	**08:00–12:30** **Overview** of day's scheduled activities (participant) **Lecture/Discussion**—Infection Prevention **Demonstration/Practice**—Infection Prevention **Demonstration/Practice**—Knot Tying and Suturing	**08:00–12:30** **Overview** of day's scheduled activities (participant) **Lecture/Discussion—** Postoperative Care **Role Play**—Postoperative Counselling **Practice**—MC Skills as needed	**08:00–12:30** **Overview** of day's scheduled activities (participant) **Q & A Prior to MCQ** **Midcourse Questionnaire** **Practice**—MC skills as needed **Review**—MCQ
LUNCH	**LUNCH**	**LUNCH**	**LUNCH**	**LUNCH**
13:30–17:00 **Lecture/Discussion**—Linking MC to Other Male SRH Services **Exercise**—Male SRH Services Debate **Skills Assessment**—Assess Current Counselling Skills **Review** of day's activities	**13:30–17:00** **Lecture/Discussion**—Overview of Three Surgical Procedures **Demonstration/Video**—MC Procedure **Exercise**—Equipment Recognition **Review** of day's activities	**13:30–17:00** **Exercise—**Anatomy Race **Demonstration/Practice**—Target MC Method **Review** of day's activities	**13:30–17:00** **Lecture/Discussion**—Record Keeping, Monitoring, Evaluation and Supervision **Review**—Prepare for MCQ **Review** of day's activities	**13:30–17:00** **Discussion**—Preparation for Clinical **Practice**—MC skills as needed **Review** of day's activities
Reading Assignment: Review Chapters 3–5 of Manual for MC Under Local Anaesthesia	**Reading Assignment**: Review Chapters 7–8 of Manual for MC Under Local Anaesthesia	**Reading Assignment**: Review and practice as appropriate, based on assessments	**Reading Assignment**: Review and practice as appropriate, based on assessments	**Reading Assignment**: Review and practice as appropriate, based on assessments

MODEL COURSE SCHEDULE FOR MALE CIRCUMCISION UNDER LOCAL ANAESTHESIA (STANDARD COURSE: 10 DAYS, 20 SESSIONS)				
DAY 6	**DAY 7**	**DAY 8**	**DAY 9**	**DAY 10**
08:30–12:30 **Overview** of day's scheduled activities (participant) **Clinical Practice**—Male Circumcision and Postoperative Care—Group A **Clinical Practice**—Group Education, Counselling and Preoperative Assessment—Group B	**08:30–12:30** **Overview** of day's scheduled activities (participant) **Clinical Practice**—Male Circumcision and Post-operative Care—Group B **Clinical Practice**—Group Education, Counselling and Preoperative Assessment—Group A	**08:30–12:30** **Overview** of day's scheduled activities (participant) **Clinical Practice**—Male Circumcision and Postoperative Care—Group A **Clinical Practice**—Group Education, Counselling and Preoperative Assessment—Group B	**08:30–12:30** **Overview** of day's scheduled activities (participant) **Clinical Practice**—Male Circumcision and Postoperative Care—Group B **Clinical Practice**—Group Education, Counselling and Preoperative Assessment—Group A	**08:30–12:30** **Overview** of day's scheduled activities (participant) **Clinical Practice**—Male Circumcision and Postoperative Care—As needed to ensure competency **Clinical Practice**—Group Education, Counselling and Preoperative Assessment—as needed to ensure competency
LUNCH	**LUNCH**	**LUNCH**	**LUNCH**	**LUNCH**
13:30–17:00 **Clinical Practice**—Male Circumcision and Postoperative Care—Group A **Clinical Practice**—Group Education, Counselling and Preoperative Assessment—Group B **Review** of day's activities	**13:30–17:00** **Clinical Practice**—Male Circumcision and Postoperative Care—Group B **Clinical Practice**—Group Education, Counselling and Preoperative Assessment—Group A **Review** of day's activities	**13:30–17:00** **Clinical Practice**—Male Circumcision and Postoperative Care—Group A **Clinical Practice**—Group Education, Counselling and Preoperative Assessment—Group B **Review** of day's activities	**13:30–17:00** **Clinical Practice**—Male Circumcision and Postoperative Care—Group B **Clinical Practice**—Group Education, Counselling and Preoperative Assessment—Group A **Review** of day's activities	**13:30–17:00** **Course Evaluation** **Closing**
Reading Assignment: Review and practice as appropriate, based on assessments	**Reading Assignment**: Review and practice as appropriate, based on assessments	**Reading Assignment**: Review and practice as appropriate, based on assessments	**Reading Assignment**: Review and practice as appropriate, based on assessments	**Reading Assignment**: Review and practice as appropriate, based on assessments

PRECOURSE QUESTIONNAIRE

HOW THE RESULTS WILL BE USED

The main objective of the **Precourse Questionnaire** is to assist both the **clinical trainer** and the **participant** as they begin their work together in the course by assessing what the participants, individually and as a group, know about the course topic. Providing the results of the precourse assessment to the participants enables them to focus on their individual learning needs. In addition, the questions alert participants to the content that will be presented in the course. The questions are presented in the true-false format.

For the clinical trainer, the questionnaire results will identify particular topics that may need additional emphasis during the learning sessions. Conversely, for those categories in which 85% or more of participants answer the questions correctly, the clinical trainer may elect to use some of the allotted time for other purposes. For example, if the participants as a group did well (85% or more of the questions correct) in answering the questions in the category "Infection Prevention" (questions 33 through 37), the clinical trainer may elect to assign that section as homework rather than discussing these topics in class.

For the participants, the learning objective(s) related to each question and the corresponding section(s) in the reference manual are noted beside the answer column. To make the best use of limited course time, participants are encouraged to address their individual learning needs by studying the designated section(s).

PRECOURSE QUESTIONNAIRE

Instructions: On the answer sheet provided, print a capital T if the answer is True and a capital F if the answer is false.

1. BENEFITS AND RISKS OF MALE CIRCUMCISION

1.	Male circumcision is the removal of the glans of the penis.	Page 1-1
2.	The benefits of circumcision include prevention of phimosis.	Page 1-2
3.	Male circumcision has no effect on the prevalence of HIV infection.	Pages 1-3 to 1-7
4.	Ulcerative STIs facilitate the entry of HIV into target cells in the foreskin.	Page 1-5
5.	MOST men in sub-Saharan Africa will NOT willingly undergo safe and inexpensive male circumcision.	Page 1-6

2. LINKING MALE CIRCUMCISION TO OTHER MALE SEXUAL AND REPRODUCTIVE HEALTH SERVICES

6.	Male circumcision should be regarded as an entry point to male sexual and reproductive health services.	Page 2-3
7.	Men's role in reproductive health includes supporting the physical and emotional needs of women following abortion.	Page 2-5
8.	Balanitis is more common among boys and men who have been circumcised than among uncircumcised men.	Page 2-8
9.	Phimosis occurs when the foreskin is retracted and CANNOT be put back because of swelling.	Page 2-9
10.	One of the symptoms of urinary tract infection is a feeling of pain in the bladder or urethra even when not urinating.	Page 2-11

3. EDUCATING AND COUNSELLING CLIENTS, AND OBTAINING INFORMED CONSENT

11.	Group education is NOT necessary if individual counselling will be conducted.	Page 3-1
12.	Circumcised men are fully protected against HIV acquisition and transmission.	Page 3-4
13.	Counselling is NOT about taking responsibility for clients' actions and decisions.	Page 3-5
14.	Only clients who have appropriate decision-making capacity and legal status can give their informed consent to medical care.	Page 3-10
15.	Open questions are questions that require a one-word answer.	Page 3-7

4. FACILITIES AND SUPPLIES, SCREENING OF PATIENTS, AND PREPARATIONS FOR SURGERY

16.	Urethral discharge is a contraindication to male circumcision in the clinic.	Page 4-5
17.	Filariasis is an absolute contraindication to male circumcision in a clinic.	Page 4-5
18.	Shaving of the pubic hair is a necessary preoperative requirement for male circumcision.	Page 4-7
19.	A sterile gown is ALWAYS required when performing male circumcision in a clinic.	Page 4-10
20.	If necessary, adequate illumination can be provided by fluorescent lighting arranged over the operating table.	Page 4-2

5. SURGICAL PROCEDURES FOR ADULTS AND ADOLESCENTS

21. The preferred suture material for adult male circumcision is 3.0 or 4.0 chromic catgut. Page 5-4
22. Vertical mattress sutures are appropriate for repair of the frenulum. Page 5-5
23. Povidone iodine MUST NOT be used on the skin of the penis. Page 5-9
24. Local anaesthesia is provided through a dorsal penile nerve block and ring block. Page 5-10
25. The maximum volume of 1% plain lidocaine for a 70 kg young man is 21 ml. Page 5-11
26. The sleeve resection method of male circumcision is the EASIEST to perform. Page 5-16
27. A sterile, dry gauze MUST be placed over the suture line after male circumcision. Page 5-30

7. POSTOPERATIVE CARE AND MANAGEMENT OF COMPLICATIONS

28. All patients undergoing male circumcision should be given oral and written post-operative instructions. Page 7-2
29. Sexual intercourse and masturbation should be avoided for 6 months after male circumcision. Page 7-2
30. The surgical dressing is BEST removed 24–48 hours after surgery. Page 7-2
31. To control excessive bleeding during MC, the surgeon MUST apply firm pressure with a swab and wait for 30 seconds. Page 7-7
32. Wound disruption in the first few days after MC may be caused by a haematoma formation. Page 7-7

8. PREVENTION OF INFECTION

33. The risk of acquiring HIV after being stuck by a needle is HIGHER than the risk of acquiring Hepatitis B. Page 8-2
34. Handwashing is the single MOST important procedure to limit the spread of infection. Page 8-3
35. Eyeware is recommended for providers performing male circumcision in the clinic. Page 8-9
36. Soiled instruments MUST be cleaned prior to decontamination. Page 8-11
37. High-level disinfection is the only acceptable alternative to sterilization. Page 8-12

Note: Chapter 6, Paediatric and Neonatal Circumcision, will be covered in separate training materials.

9. MANAGING A CIRCUMCISION SERVICE

PRECOURSE QUESTIONNAIRE ANSWER SHEET

Instructions: For each question, circle **TRUE** or **FALSE** on the answer sheet below.

1	TRUE	FALSE	26	TRUE	FALSE
2	TRUE	FALSE	27	TRUE	FALSE
3	TRUE	FALSE	28	TRUE	FALSE
4	TRUE	FALSE	29	TRUE	FALSE
5	TRUE	FALSE	30	TRUE	FALSE
6	TRUE	FALSE	31	TRUE	FALSE
7	TRUE	FALSE	32	TRUE	FALSE
8	TRUE	FALSE	33	TRUE	FALSE
9	TRUE	FALSE	34	TRUE	FALSE
10	TRUE	FALSE	35	TRUE	FALSE
11	TRUE	FALSE	36	TRUE	FALSE
12	TRUE	FALSE	37	TRUE	FALSE
13	TRUE	FALSE	38	TRUE	FALSE
14	TRUE	FALSE	39	TRUE	FALSE
15	TRUE	FALSE	40	TRUE	FALSE
16	TRUE	FALSE	41	TRUE	FALSE
17	TRUE	FALSE	42	TRUE	FALSE
23	TRUE	FALSE			
24	TRUE	FALSE			
25	TRUE	FALSE			

ROLE PLAYS

GENERAL DIRECTIONS FOR CONDUCTING ROLE PLAYS

Periodically, you will be partnered with two other people for a role play. One will be the counsellor, one the client and one the observer. Your group will sit together and conduct the role-play. Afterwards, share feedback with the counsellor on his/her performance.

Directions for Each Role

Counsellor

- Quickly skim the main points of the counselling protocol section before the role play begins.
- Take your time.
- Use the questions.
- Stay organized.

Client

Before the role play, read through the client scenario. Refer to the scenario when responding to the counsellor. Although the information given in the scenario does not cover all of the questions you may be asked, try to make an appropriate response that does not contradict the facts outlined for you. Try to be a very responsible and uncomplicated client, as this is a learning experience and not a test of the counsellor's skills and abilities.

Observer

Before the role play, read through the **observation checklist**. Also read the **client scenario**. During the role play, quietly observe and make notes, but if the counsellor is having difficulty or is not using the protocol, you may offer suggestions to the counsellor. You may also offer suggestions to the client if his or her responses do not follow the client scenario.

The observation checklists are designed so they can be used for multiple role-plays. Fill in the name of the person acting as the *counsellor* for each role-play.

ROLE PLAY 1

Peter is a 12-year-old boy who is currently attending school. He has been brought to the male circumcision and reproductive health clinic (MCRHC) by his parents who are from the Northwest Province of Zambia. The parents would like him to undergo a male circumcision procedure before the school resumes from holiday, but they are afraid of complications from services provided in traditional

circumcisions. The parents are surprised that the service provider could ask about the sexual activity of their 12-year-old boy.

ROLE PLAY 2

John is 16 years old and is the first of five children. He dropped out of school 2 years ago because he was unable to pay his school fees after his father died of AIDS. His mother has also been suffering from HIV/AIDS and John thinks she may soon die also. He currently works in the market as a potter, helping to move goods in and out of the market.

John has come to the clinic today to undergo a male circumcision procedure because he heard that it could prevent him from getting an HIV infection like his parents. He admits to having been sexually exposed in the past and that he has a couple of sexual partners in the market. He has never used condoms. He started smoking recently, and drinks beer only when he can afford it.

ROLE PLAY 3

Stephen, a 25-year-old, has been treated three times for an STI thought to be gonococcal infection. He thinks that this problem is due to the fact that he is uncircumcised, and he has come to the clinic to have the procedure done to put an end to the problem "once and for all." He is also hoping to get married in the near future. He does not know his HIV status.

ROLE PLAY 4

Edward is 12 years old. He appears to be very worried as he hides behind his parents who have brought him for male circumcision. Edward doesn't know why he needs to undergo circumcision when most of his classmates have not had this done. His parents, who are Muslims, have told him that it is a religious necessity for all Muslims.

On further questioning, the health care provider finds out that Edward is primarily concerned about the pain that he will experience when undergoing the procedure. He mentions a boy in school who had traditional circumcision and who has complained of having very severe pain and a "bent penis" every time he has an erection.

ROLE PLAY 5

Joseph is a 50-year-old uneducated farmer. He has come to complain that his 11-year-old son, whom he brought for circumcision at the University Teaching Hospital 1 month ago, was only circumcised and not educated about the other important issues in the "rites of passage" that traditional circumcisers usually cover. He wants the health care provider to educate his son on these very important issues; otherwise, his son will become "very bad" in the society.

ROLE PLAY 6

Alfred is a university lecturer from West Africa, where male circumcision is usually done at birth. He and his wife have brought their 2-week-old son to the clinic requesting neonatal circumcision, but they are a bit worried about the quality of the services in the clinic.

ROLE PLAY 7

Josephine, a 26-year-old housewife, has come to the male circumcision clinic to obtain information about circumcision. She says that her husband John, a businessman who died recently of AIDS, was not circumcised, and she erroneously thinks that if he had been circumcised, he would not have been infected by the virus. Therefore, she wants the clinic to help circumcise her two sons to protect them from HIV infection.

ROLE PLAY 8

Peter, a 26-year-old carpenter, has been experiencing severe pain during urination in the last 4 days. He also has a purulent urethral discharge. He admits to having unprotected sexual intercourse with a prostitute in the last week. He has come to the clinic to have male circumcision so that “this pain will go away.”

MALE CIRCUMCISION UNDER LOCAL ANAESTHESIA COURSE EXERCISES

Exercise 1.1. Opposites Game	
Purpose	To introduce trainers and participants through an ice-breaking game.
Duration	15 minutes
Instructions	• Get to know your new “classmates.” • You will be given a card with a word on it. When the instructor says “go,” it will be your “mission” to find the participant who has a card with the word opposite to that on your card. • Introduce yourself to your fellow participant and learn a little more about your new partner. Be prepared to introduce your partner to the rest of the class.

Exercise 1.2. Societal Myths: Brainstorming	
Purpose	To generate a list of the societal myths that may affect both providers and consumers of male circumcision.
Duration	20 minutes
Instructions	A myth is a widely held false belief about a topic. • The course instructor will go around the room asking each participant in turn to state one myth regarding circumcision that is present in her/his community. • Rapidly continue until the topic has been exhausted. Participants should say “Pass” if they cannot think of an additional myth.

Exercise 1.3. Cultural Issues: Group Discussion	
Purpose	To consider cultural factors affecting the practice of male circumcision.
Duration	20 minutes
Instructions	As a small group of four or five individuals, discuss the following issues: • Consider how male circumcision has been viewed within your culture and how that view has changed as a result of evidence linking it to HIV prevention. • Discuss any cultural factors that **must** be considered in order to link male circumcision to other male reproductive health services. • Develop a list of stakeholders who will have to be involved in the formulation of a policy on male circumcision in order to enhance its acceptability in your community. • Nominate one member of your group to present a summary of your discussion to all workshop participants.

Exercise 2.1. Male Sexual and Reproductive Health Services: Debate	
Purpose	To analyze the appropriate role for families, peers, schools, the religious community and health care system in maintenance of male sexual and reproductive health.
Duration	30 minutes
Instructions	The community and health care system both have an important role in maintaining male sexual and reproductive health. Be prepared to defend the role of either the community or health care system in a lively debate with your peers.

Exercise 3.1. Integration with Traditional Circumcision Events	
Purpose	To consider the benefits of integrating traditional practices surrounding male circumcision.
Duration	20 minutes
Instructions	In many communities, male circumcision is a traditional practice with significant social and cultural benefits. As a small group of four or five individuals, discuss the coordination of a group circumcision event with traditional circumcisers in the community: • Consider the value and social power that the traditional circumciser brings to the community. • How would you explain the value of medical circumcision to the traditional circumciser? • List the essential components of the group circumcision event and discuss which components are **most** appropriate for the traditional circumciser and which are most appropriate for the health care provider. • Nominate one member of your group to present a summary of your discussion to all workshop participants.

Exercise 3.2. Male Circumcision Clinical Skills Sessions	
Purpose	To reinforce clinical skills in group education, individual sexual reproductive health counselling, preoperative assessment and postoperative assessment.
Duration	120 minutes
Instructions	As a small group of three to five individuals: • Consider the importance of group education, individual sexual and reproductive health counselling, preoperative assessment and postoperative assessment in connection with male circumcision. • Be prepared to respond to the scenario at each station, bearing in mind the appropriate action to be taken.

Exercise 4.1. Recognition of Circumcision Equipment	
Purpose	To correctly identify essential equipment to safely provide male circumcision.
Duration	20 minutes
Instructions	• Be prepared to be assigned to a team of four or five people. • Your team will be given a bag containing equipment. Some of this equipment is required and some **not** required for standard male circumcision. • When the instructor says “go”, your team will have 3 minutes to select the equipment that is essential to standard male circumcision. • Your team will gain one point for each essential piece of equipment and lose one point for each non-essential piece of equipment selected. • The team with the **most** points is the winner.

Exercise 5.1. Calculating Maximum Dose of Local Anaesthesia	
Purpose	To correctly determine the maximum dose of local anaesthesia.
Duration	15 minutes
Instructions	Calculate the maximum dose of anaesthesia (in ml) for the following clients undergoing male circumcision: • A 10-year-old boy weighing 35 kg receives 1% lidocaine (10mg/ml). • A 23-year-old man weighing 80 kg receives 2% lidocaine (20mg/ml).

Exercise 5.2. Male Reproductive Anatomy: Anatomy Race	
Purpose	To demonstrate understanding of male reproductive anatomy.
Duration	20 minutes
Instructions	• Be prepared to be assigned to a team of four or five people. • Your team will be given a blank flipchart or flipchart paper taped to a wall. • Your team will be given a bag containing a paper cut-out of each component of the male reproductive system; i.e. bladder, prostate, penis, glans, foreskin, urethra, etc. • When the instructor says “Go”, your team’s “mission” is to assemble the male reproductive system on the flipchart using the articles in the bags. • The first group to finish correctly is the winner.

Exercise 7.1. Promoting Postoperative Abstinence	
Purpose	To promote postoperative abstinence until the wound is completely healed.
Duration	20 minutes
Instructions	As a small group of four or five individuals, discuss the following issues: • Consider how male circumcision affects sexuality from the male perspective. • Consider how male circumcision affects sexuality from the female partner’s perspective. • What cultural factors may affect a man’s (or couple’s) decision on timing of sexual intercourse after male circumcision? • Describe some of the underlying issues that may be related to a man’s (or couple’s) decision to resume sexual intercourse prior to healing. • In addition to providing clear and accurate information, what other counselling activities might be taken to ensure abstinence until the wound is completely healed? Nominate an individual to present key points from the discussion.

Exercise 8.1. Infection Prevention Case Study	
Purpose	To recognize infection prevention standards related to male circumcision and take appropriate corrective actions when best practices are not met.
Duration	20 minutes
Instructions	As a small group of four or five individuals, you will be given a case study related to male circumcision: • Have all infection prevention standards been met by the service providers involved in this case? • What strategies/protocols would you suggest in order to meet infection prevention standards appropriate for MC services? • Discuss how you would follow up with the clinic administrators and service providers in order to ensure that standards remained in place. Nominate an individual to present key points from the discussion.

Exercise 8.2. Infection Prevention Clinical Skills Session	
Purpose	To reinforce sterile technique to be used during surgery.
Duration	120 minutes
Instructions	• Infection prevention is a vital skill in order to have a safe and successful procedure. • As a group of three to five individuals, visit each of the four stations. Observe the proper technique demonstrated to achieve and maintain infection prevention standards before, during and after surgery.

Exercise 9.1. Developing and Maintaining Performance Standards	
Purpose	To apply monitoring and evaluation principles in order to develop male circumcision performance standards, assess performance and improve performance as necessary.
Duration	20 minutes
Instructions	As a small group of four or five individuals, consider the following issues related to developing and maintaining performance standards related to male circumcision: • Articulate one measurable performance standard that you would recommend related to MC. (Please do not use the standards presented in the manual.) • Describe both the formal and informal systems that you would put in place to measure gaps in performance. • Describe the steps that you would take if performance gaps were identified. • Would the steps to improve performance vary based on location or provider cadre? Explain why or why not. Nominate an individual to present key points from the discussion.

Exercise 9.2. Analyzing Forms for "Good Data" Collection	
Purpose	To analyze MC records for ability to provide "good data."
Duration	30 minutes
Instructions	Divide into three small groups of four or five individuals: • Distribute one of the following forms to each group: – Stock control card – Clinic register – Client record form • Ask groups to analyze the quality of the data being collected on each form using principles for collecting "good data" described in the reference manual. • Ask groups to suggest improvements to each of the forms. Nominate an individual to present key points from the discussion.

Slide 1

Male Circumcision
Course Introduction

Slide 2

Introductory Session Objectives

- Get to know each other
- Determine participants' and trainers' expectations and skills to share
- List workshop norms
- Outline course goal and learning objectives
- Review training materials
- Outline training approaches
- Describe course evaluation methodologies
- Assess participants' individual and group course entry knowledge and skills

MC Course Introduction 2

Slide 3

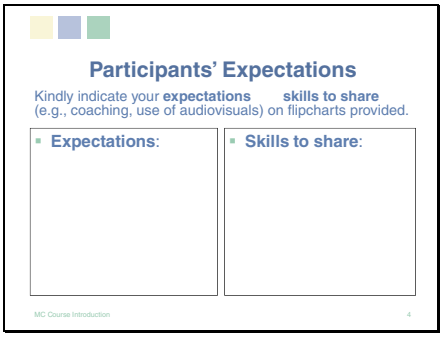
Paired Introduction

Interview time: 5 mins.

- Instructions
  - Select a card with a word.
  - Pair up with someone who has an opposite word to yours and find out:
    - Their real names
    - Their preferred name for the workshop
    - Job title
    - Where they work
    - Involvement in MC
    - One hobby
  - Prepare to tell others about your new-found friend.

MC Course Introduction 3

Slide 4



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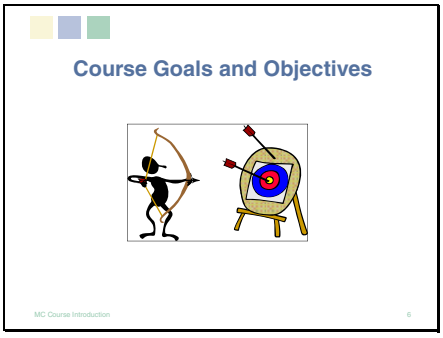

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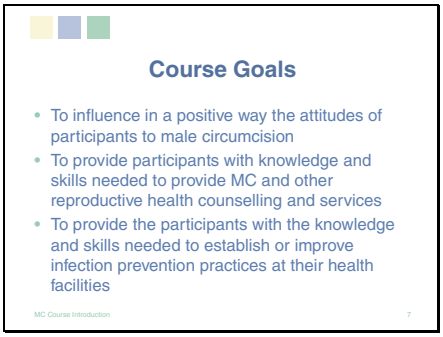

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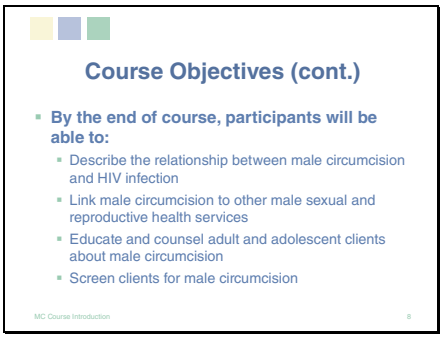

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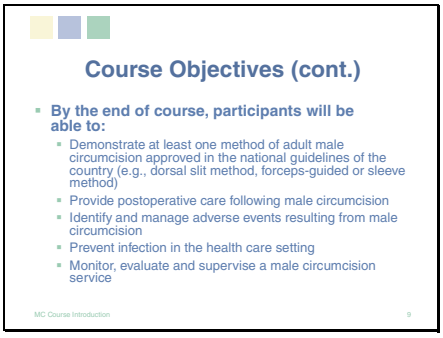


Slide 10

Training Materials

- WHO/UNAIDS/Jhpiego Generic **reference manual**: *Male Circumcision under Local Anaesthesia*
- WHO/UNAIDS/Jhpiego Generic Male Circumcision under Local Anaesthesia **Participant's Handbook**
- MC handouts of **presentation graphics**
-
- Relevant UNAIDS, WHO and UNFPA and guidelines on male circumcision

MC Course Introduction 10

Slide 11

Course Logistics

- Meals/tea break arrangements
- Whom to see if there are problems:
  - Logistical
  - Technical

MC Course Introduction 11

Slide 12

Training/Learning Methods

- Illustrated lectures
- Small group exercises
- Large group discussions
- Games
- Case studies
- Counselling role play
- Clinical practice sessions

MC Course Introduction 12

Slide 13

Methods of Evaluation

- Precourse knowledge questionnaire (Day 1)
- Midcourse knowledge questionnaire (Day 5)
- Use of checklists
- Individual and group assignments
- End of course evaluation form

MC Course Introduction 13

Slide 14

Expected Competencies

1. Group Education and Counseling for MC
2. Client Assessment
3. Suturing and Knot Tying
4. Adult Male Circumcision
5. Postoperative Care and Counselling
6. 48-Hour Postoperative Review

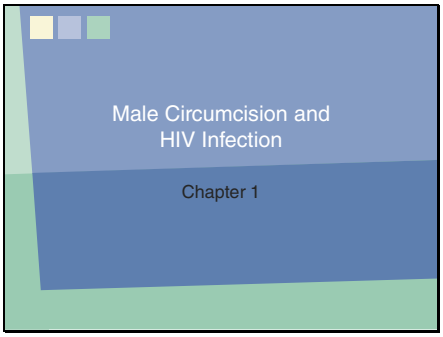
MC Course Introduction 14

Slide 15

Enjoy the Course…..

MC Course Introduction 15

Slide 1



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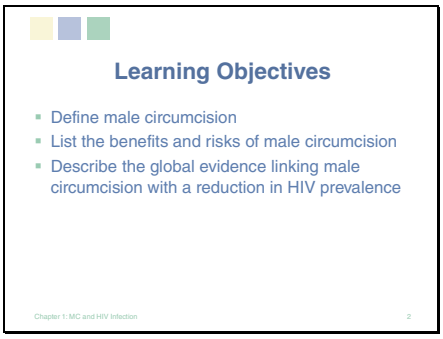

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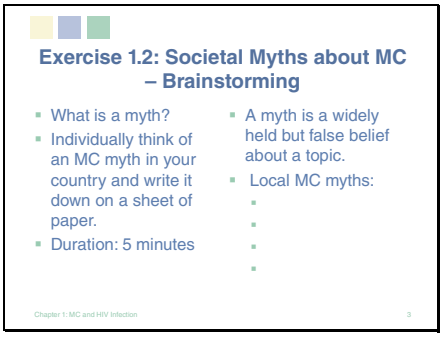

Slide 4

What is male circumcision?

- Male circumcision is the **surgical removal of the foreskin**, the fold of the skin that covers the head of the penis.
- It is an **ancient practice** that has its origin in religious rites.
- In many communities, it is **often performed** within the first two weeks after birth, or at the beginning of adolescence as a rite of passage into adulthood.

Chapter 1: MC and HIV Infection 4

Slide 5

How is MC performed?

- Briefly:
  - The foreskin is freed from the head of the penis (glans).
  - Excess foreskin is clipped off.
- If done in the newborn period, the procedure is simpler and quicker than in adolescents and adults.
- The period of superficial healing after MC is 5–7 days (although it takes 4–6 weeks for the wound to be fully healed).

Chapter 1: MC and HIV Infection 5

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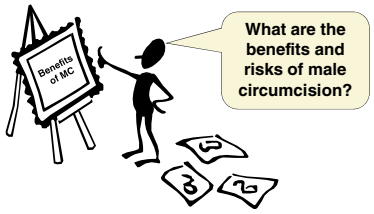

Chapter 1: MC and HIV Infection 6

Slide 7

Benefits of Male Circumcision

- Easier to keep the **penis and surrounding areas** clean
- **A reduced risk of urinary tract infections** in childhood
- **Prevention of inflammation of the glans** (balanitis) and the foreskin (posthitis)
- **Prevention of phimosis** (the inability to retract the foreskin) **and paraphimosis** (swelling of the retracted foreskin and the inability to return the foreskin to its original location)

Chapter 1: MC and HIV Infection 7

Slide 8

Benefits of Male Circumcision (cont.)

- **A reduced risk of some sexually transmitted diseases in men**, especially ulcerative diseases like chancroid and syphilis
- **A reduced risk of men becoming infected with HIV**
- **A reduced risk of penile cancer**

Chapter 1: MC and HIV Infection 8

Slide 9

Risks of Male Circumcision

- **Pain**
- Risk of **bleeding**
- **Haematoma** (formation of a blood clot under the skin)
- **Infection** at the site of the circumcision
- **Increased sensitivity** of the glans (first few months)
- **Irritation** of the glans
- **Meatitis** (inflammation of the opening of the penis)
- **Injury** to the penis
- **Adverse reactions to the anaesthetic**

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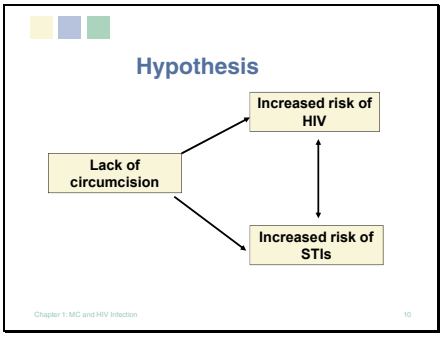

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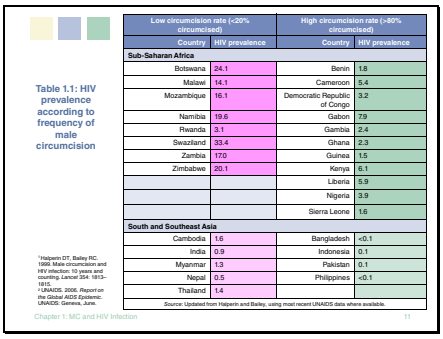

Table 1.1: HIV prevalence according to frequency of male circumcision

Low circumcision rate (<20% circumcised)		High circumcision rate (>80% circumcised)	
Country	HIV prevalence	Country	HIV prevalence
Sub-Saharan Africa			
Botswana	24.1	Benin	1.8
Malawi	14.1	Cameroon	5.4
Mozambique	16.1	Democratic Republic of Congo	3.2
Namibia	19.6	Gabon	7.9
Rwanda	3.1	Gambia	2.4
Swaziland	33.4	Ghana	2.3
Zambia	17.0	Guinea	1.5
Zimbabwe	20.1	Kenya	6.1
		Liberia	5.9
		Nigeria	3.9
		Sierra Leone	1.6
South and Southeast Asia			
Cambodia	1.6	Bangladesh	<0.1
India	0.9	Indonesia	0.1
Myanmar	1.3	Pakistan	0.1
Nepal	0.5	Philippines	<0.1
Thailand	1.4		

Source: Updated from Halperin and Bailey, using most recent UNAIDS data where available.

[1] Halperin DT, Bailey RC. 1999. Male circumcision and HIV infection: 10 years and counting. *Lancet* 354: 1813–1815.
[2] UNAIDS. 2006. *Report on the Global AIDS Epidemic*. UNAIDS: Geneva, June.

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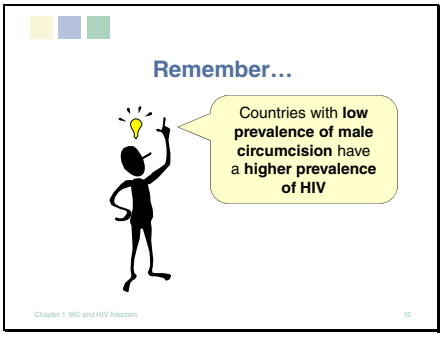

Slide 13

Male Circumcision and HIV: Data from India

- Reynolds SJ et al. 2004. MC and **risk of HIV-1** and other STIs in **India**. *Lancet* 363: 1239–1240.
- **Prospective study** of 2,298 HIV-uninfected men attending STI clinics in India
- **Findings:**
  - **Circumcision strongly protective** against HIV-1 infection (**adjusted relative risk 0·15**; 95% CI 0·04–0·62; p=0·0089)
  - No protective effect against herpes simplex virus type 2, syphilis and gonorrhoea

Slide 14

RCT Findings from South Africa

- French/South African researchers led by Dr. Auvert, of the French National Institute of Health and Medical Research*
- Study population: **3,274 HIV-negative men ages 18 to 24** in a South African township called Orange Farm were enlisted into the RCT of MC.
- **Results:** Male circumcision **reduced by about 61% the risk that men will contract HIV** through intercourse with infected women

* *Source:* Mark Schoofs, Sarah Lueck and Michael M. Phillips, *The Wall Street Journal*, 1294 words Jul 5, 2005.

Slide 15

RCT Findings from Kenya

- Bailey, RC et al. 2007. *Lancet*, 369: 643–656:
  - Randomised controlled trial of **2,784 men aged 18–24 years in Kisumu**, Kenya
  - Intervention group (circumcision n=1,391) or a control group (delayed circumcision, 1,393)
  - Assessed by HIV testing, medical exams and behavioural interviews
  - After adjustment, the **protective effect of circumcision was 60%** (32–77)

Slide 16

RCT Findings from Rakai, Uganda

- Gray, R et al. 2007. *Lancet* 369: 457–466:
  - **Randomized trial of 4,996 uncircumcised, HIV-negative men aged 15–49 years** in rural Rakai district, Uganda
  - Assigned for immediate circumcision (n=2,474) or circumcision delayed for 24 months (2,522)
  - **After 24 months**, the estimated **efficacy of intervention was 51%** (95% CI 16–72; p=0·006)

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Slide 17

WHO Comments and Recommendations on MC

- The 3 RCTs showed that **male circumcision** was safe and reduced the risk of acquiring HIV infection by **approximately 60%** and therefore:
  - **Male circumcision** should now be recognized as an **efficacious intervention for HIV prevention**.
  - Male circumcision **should be recognized as an additional, important strategy** for the prevention of HIV infection in men.

Chapter 1: MC and HIV Infection 17

Slide 18

Biological Reasons for MC's Protective Effect against HIV

- The **inner foreskin is much less keratinized** than other genital mucosa, so its **numerous Langerhans cells** and other immune cell targets are **unusually susceptible to HIV infection**.
- In an *in vitro* study, viral uptake in this tissue was 7 times more efficient than in cervical tissue.

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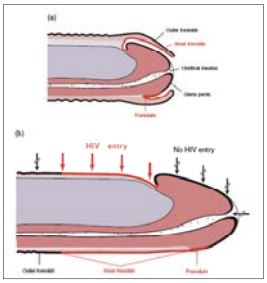
HIV Entry Points on the Penis



Source: McCoombe and Short. 2006. *AIDS 2006* 20: 1491–1495.

Slide 20

Biological Reasons for MC's Protective Effect against HIV (cont.)

- The highly **vascularized foreskin mucosa, which is prone to tearing or bleeding** during intercourse (especially with the "dry sex" practices common in Southern Africa), **facilitates HIV infection** in uncircumcised men.
- Also, **ulcerative STIs** like HSV-2, chancroid and syphilis, which are **more prevalent in uncircumcised men**, facilitate HIV infection.

Slide 21

MC Protection for Women

- A multi-country study* found **HPV infection was lower in circumcised men** and, as long suspected, **cervical cancer rates were higher in the female partners of uncircumcised men**.

* *New Engl J Med* 2002, 346: 1105–1112.

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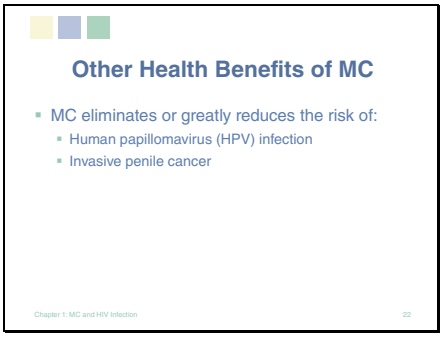

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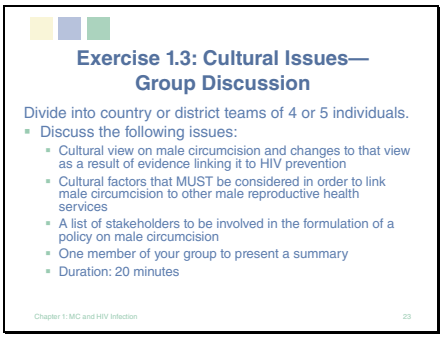

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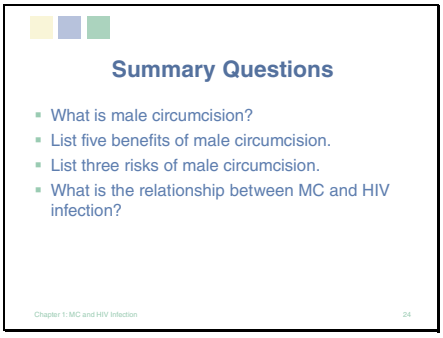
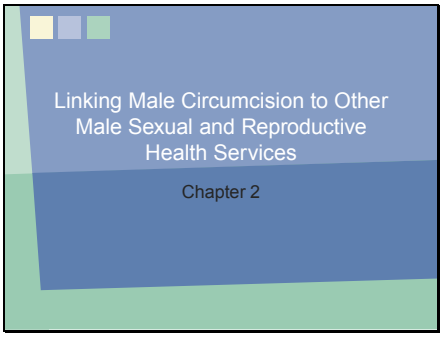


Slide 25


Thank You
For Your Attention
Chapter 1: MC and HIV Infection
25

Slide 1



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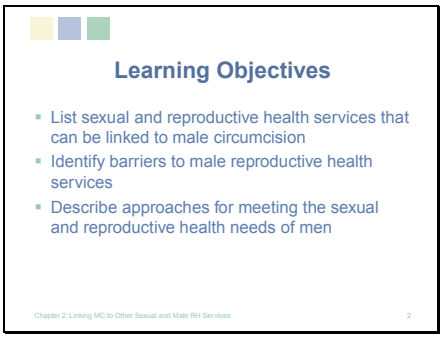

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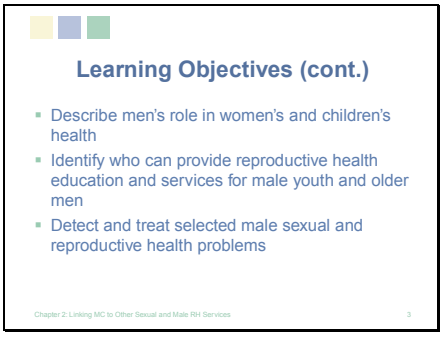


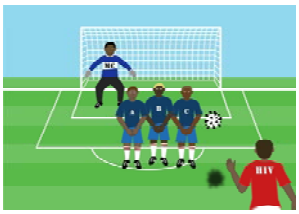
Slide 4

What does MC not do?

- Male circumcision **does not** provide:
  - 100% protection against HIV infection and STIs;
  - Protection against unwanted pregnancy in one's sexual partner;
- Therefore, there is a need to link MC with other sexual and reproductive health services

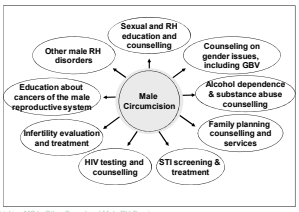
Slide 5

MC vs. HIV



Slide 6

Male Circumcision Is an Entry Point to Male Reproductive Health Services



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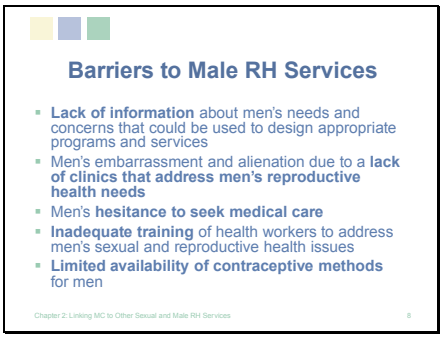

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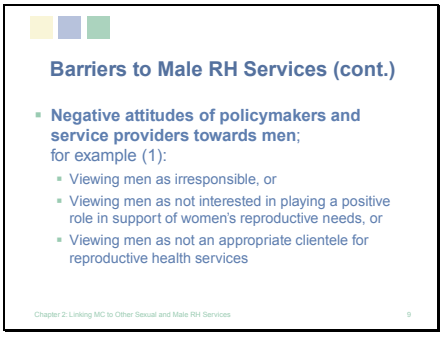

Slide 10

Barriers to Male RH Services (cont.)

- **Negative attitudes of policymakers and service providers towards men**; for example (2):
  - **Unfavorable legal and policy constraints**, such as bans on promotion of condoms
  - **Logistical constraints**, such as lack of separate waiting and service areas for men
  - Lack of trained male staff
  - Lack of male-friendly clinics and inconvenient clinic hours for working men

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Slide 11

What can you do?

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Meeting the Sexual and Reproductive Health Needs of Men

- **Add sexual and reproductive health services** for men
- Establish separate services for **information, education and counselling** on:
  - Sexuality education and physiological development
  - Family planning education and counselling
  - STI and HIV education and counselling
  - Genital health and hygiene
  - Interpersonal communication skills, sexual and reproductive behaviour

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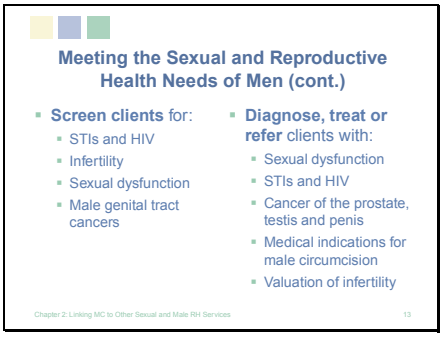

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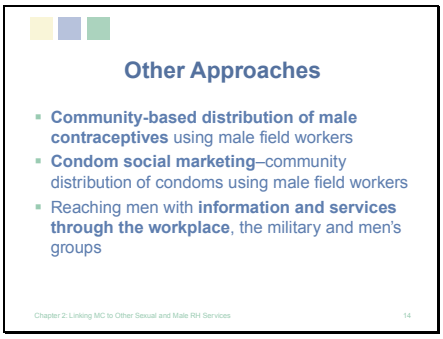

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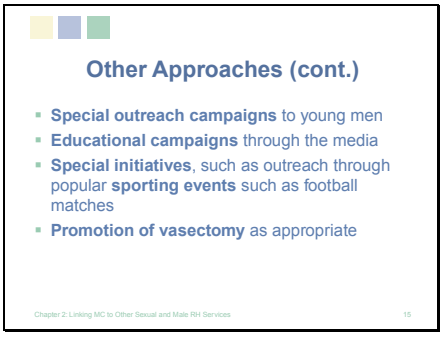

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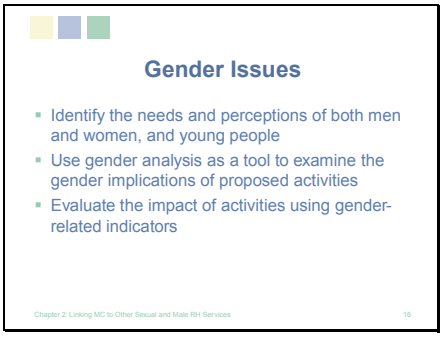

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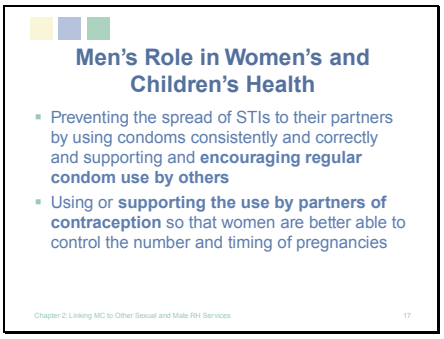

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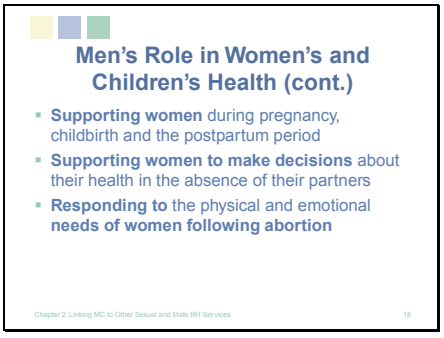

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Men's Role in Women and Children's Health (cont.)

- **Refraining from, and encouraging others to avoid, all forms of violence against women** and girls
- Working to **end harmful sexual practices**, such as female genital mutilation and "dry sex"
- **Sharing financial resources with women**, and supporting the notion of shared property rights

Slide 20

Men's Role in Women and Children's Health (cont.)

- **Supporting women's full participation in civil society**, including their access to:
  - Social, political and educational opportunities, many of which have a direct or indirect impact on women's health
- **Supporting the rights of daughters to the same health care, education** and respect as sons

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Exercise 2.1: Male Sexual and Reproductive Health Services: Debate

- **Divide into two teams – A and B**
  - **Team A:**
    - Develop an argument in support of family, peers, school and religious community as primarily responsible for supporting male sexual and reproductive health care services
  - **Team B:**
    - Develop an argument in support of the health care system (family planning, STI, HIV clinics) as primarily responsible for supporting male sexual and reproductive health care services
- A representative of each team should present the argument prepared by the team to the other side
- The other team should try to rebut the argument
- **Duration: 30 minutes**

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Who should provide SRH services and information boys and men?

- Parents
- Teachers
- Peers
- Media (including Internet sources)
- Community-based organizations, e.g., churches and youth groups
- Family planning clinics
- STI clinics
- HIV services
- Youth-friendly services
- Health professionals

Slide 23

Detection and Treatment of Selected Male SRH Problems

Slide 24

Sexually Transmitted Infections

- **Causes** of STIs in men may include:
  - **Gonorrhoea** urethritis
  - **Chlamydial infection** (commonest cause of non-gonococcal urethritis)
  - Balanitis caused by **candida albicans**
  - **Trichomoniasis**

Slide 25

Sexually Transmitted Infections (cont.)

- **Causes** of STIs in men may include:
  - **Genital ulcers**, vesicles and buboes due to:
    - Chancroid (soft chancre)
    - Syphilis
    - Lymphogranuloma venereum (LGV)
    - Granuloma inguinale (Donovanosis)
    - Genital herpes
    - Genital warts (condylomata acuminata)

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Sexually Transmitted Infections: Signs & Symptoms

- **Painful urination** or burning sensation in the penis
- Genital **ulcer**

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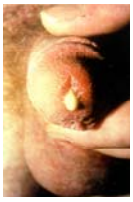
Sexually Transmitted Infections: Signs & Symptoms (cont.)

- Urethral **discharge** (with or without milking of urethra)



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Sexually Transmitted Infections: Laboratory Tests

- Urethral **smear**:
  - Wet mount (may show increased number of polymorphonuclear leukocytes; >5/high power field suggests urethritis)
  - Gram stain (may show gonococci organisms)

Slide 29

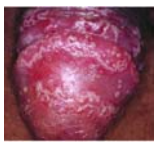
Sexually Transmitted Infections (cont.)

- Treatment:
  - Treat STIs including genital ulcerative disease (GUD) according to national treatment guidelines
  - For STI patients seeking non-medically indicated male circumcision, **delay surgery until the condition has been satisfactorily resolved**

Slide 30

Balanitis

- Definition:
  - **Inflammation of the skin covering the head of the penis**
  - Most often occurs in men and boys who have **not been circumcised** and who have **poor personal hygiene**



Slide 31

Symptoms of Balanitis

- Redness or swelling,
- Itching,
- Rash,
- Pain, and
- Foul-smelling discharge.

Slide 32

Causes of Balanitis

- **Phimosis**: the foreskin is too tight to be retracted, allows dead skin cells, smegma and bacteria to accumulate under the foreskin
- **Dermatitis/allergy**: An inflammation of the skin often caused by an irritating substance or an allergic reaction to chemicals in certain products
- **Thrush infection** with the yeast Candida albicans
- Certain STIs can produce symptoms of balanitis

Slide 33

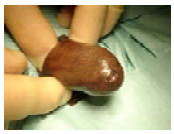
Treatment of Balanitis

- Treatment for balanitis *depends on the underlying cause*:
  - If there is an infection, treatment will include an appropriate **antibiotic** or **antifungal** medication according to national guidelines
  - In cases of severe or persistent inflammation, a **circumcision** may be recommended
  - In cases of severe or persistent inflammation, **or if there is difficulty in retracting the foreskin (phimosis), circumcision is usually the best treatment**

Slide 34

Phimosis

- Definition:
  - A condition in which the foreskin of the penis is so tight that it cannot be pulled back (retracted) from the head of the penis



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Causes of Phimosis

- Can occur at any age and may be present at birth
- Can be caused by:
  - **Infection** (e.g., recurrent balanitis)
  - **Scar tissue** formed as a result of **injury** or **chronic inflammation**
- Very tight phimosis can interfere with urination, causing a thin urinary stream

Slide 36

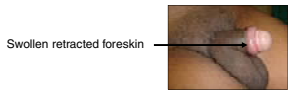
Treatment of Phimosis

- **In extreme cases**, urine collecting between the foreskin and glans can cause ballooning of the foreskin and an **urgent circumcision is necessary**, usually using the dorsal slit method.
- If **seen at the district health facility**, the **patient should be referred** to a higher level of care for proper assessment and treatment, which will usually involve circumcision.

Slide 37

Paraphimosis

- Paraphimosis occurs when the **retracted foreskin cannot be put back in place because of swelling**
- **Occurs when the penis is erect** and during sexual intercourse
- The retracted foreskin swells and tightens around the penis causing more swelling



Slide 38

Treatment of Paraphimosis

- Wrap the swollen area in gauze and apply increasing pressure on the gauze to **squeeze the tissue fluid out** for 10–15 minutes of pressure.
- It is then usually possible to **replace the foreskin back** over the glans.
- Circumcision can then be done **as a planned procedure a few days later**.
- If this procedure fails, or in cases of chronic paraphimosis, send the man to the nearest surgical referral centre.

Slide 39

Treatment of Paraphimosis (cont.)

- **If the patient is seen at a district level facility**, **refer** to higher level of care **for emergency treatment**.

Slide 40

Urinary Tract Infections (UTIs)

- Urinary infections are infrequent in adult men but **more frequent in children and older men**.
- Usually there is an underlying cause, for example, kidney or bladder stones.
- All men and boys with symptoms of urinary tract infection **should be referred** to the appropriate hospital for investigation.

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Symptoms of UTIs

- A frequent **urge to urinate**
- **Pain and burning feeling** in the area of the bladder or urethra during urination (dysuria)
- Feeling tired, shaky and weak (**malaise**)
- Feeling pain in the bladder or urethra even when not urinating
- Despite an intense urge to urinate, only a **small amount of urine is passed**

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Symptoms of UTIs (cont.)

- **Urine** may look **milky or cloudy, or reddish** if blood is present
- **Fever** (suggesting that the infection has reached the kidneys)
- **Pain in the back or side**, below the ribs
- **Nausea** and **vomiting**

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Diagnosis and Treatment of UTIs

- **Distinguish from urethral discharge** caused by sexually transmitted infections
- Encourage patient to **drink plenty of water**
- **Give appropriate antibiotic** to treat the underlying cause of the infection

Slide 44

Infertility

- **Failure to conceive after at least 12 months of unprotected vaginal intercourse**
- **Involves 60–80 million couples worldwide** and majority in developing countries
- **Most** cases of infertility in developing countries are **attributable to STIs**, resulting in **tubal damage** and **obstructed sperm ducts**
- Reproductive tract infections in men can affect the prostate, the epididymis, or the testis

Slide 45

Infertility (cont.)

- In many societies, childlessness is **highly stigmatized**:
  - The female partner is considered responsible for the failure, resulting in marital tension, divorce, polygamy and ostracism
- A WHO investigation of 5,800 infertile couples concluded that:
  - **Infertility is driven by high rates of STIs**, particularly in developing countries
  - **Reduced male reproductive capacity is contributing at least 50% of these couples**

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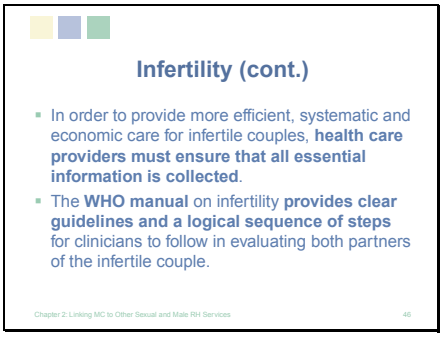

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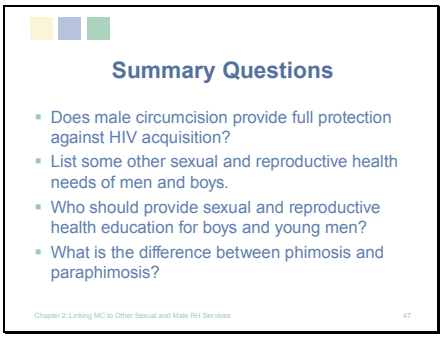

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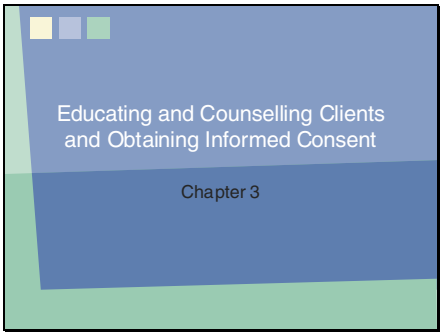

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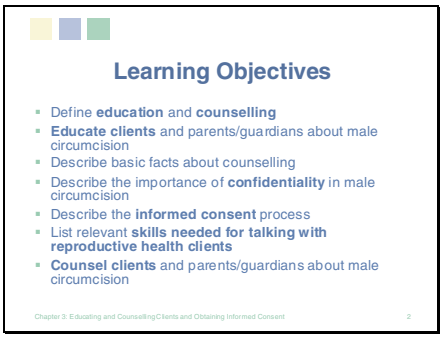

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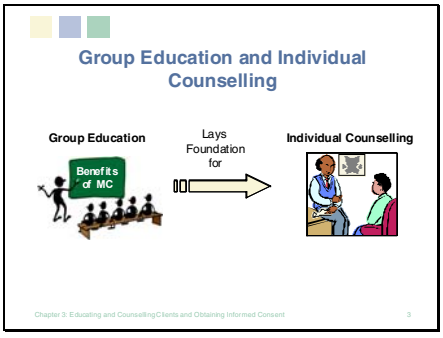


Slide 4

Group Education

- Used to **support counselling services**
- Allows clients to be **given information**, before an individual counselling session
- Allows counsellors to work more with clients on specific issues regarding MC, SRH
- Makes the first counselling session shorter, an advantage for busy MC and RH sites

Slide 5

Key Messages on Male Circumcision and Male Reproductive Health

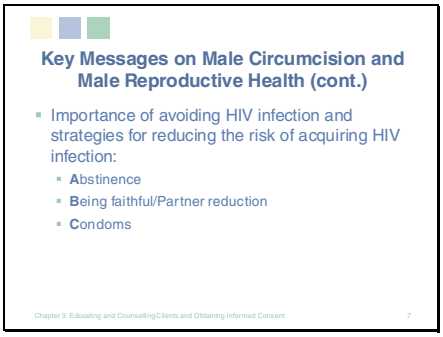
- Men and boys also have sexual health and reproductive health needs, just like women and girls
- Description of male circumcision including:
  - **Definition** of MC
  - **Benefits and risks** of MC
  - **How the surgical procedure is performed**
  - **What happens after** MC

Slide 6

Key Messages on Male Circumcision and Male Reproductive Health (cont.)

- Importance of knowing one's HIV status, including:
  - How HIV is transmitted
  - How to protect oneself from HIV
  - Where support can be found if client tests positive
  - Importance of partner testing
- Patients with STIs have a greater chance of becoming infected with and transmitting HIV

Slide 7



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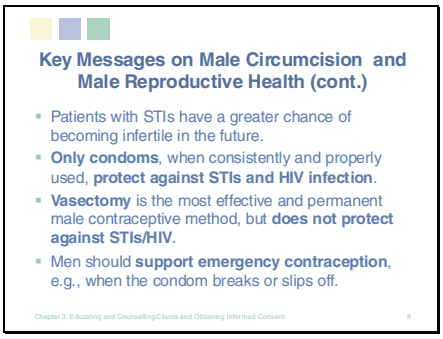

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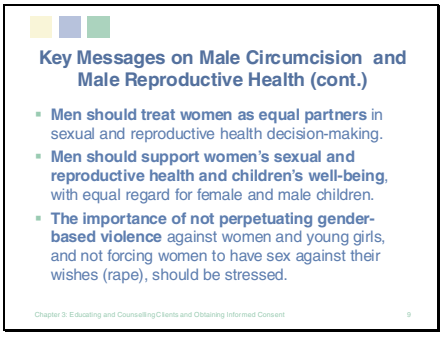


Slide 10

Group Education: What is male circumcision?

- Male circumcision is **the surgical removal of the foreskin** of the penis (also called the prepuce).
- MC is one of the **oldest surgical procedures** in history.

Children in Uganda

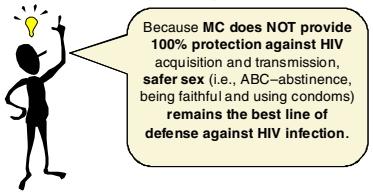
Slide 11

Group Education: Benefits of MC

- The health benefits of MC include:
  - Reduced risk of urinary tract infections in childhood
  - Reduced risk of some STIs in men, e.g., herpes, syphilis
  - Some protection against cancer of the penis
  - Reduced risk of HPV infection and cervical cancer in female sex partners
  - Prevention of several medical problems of the penis and foreskin such as balanitis, phimosis and paraphimosis

Slide 12

Group Education: Level of Protection Provided by MC against HIV



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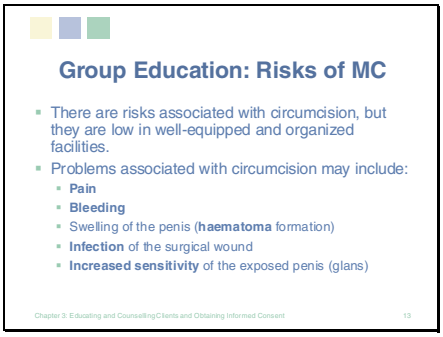

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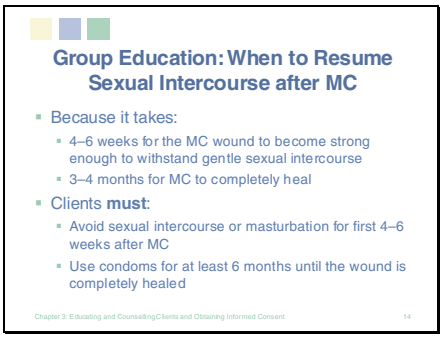

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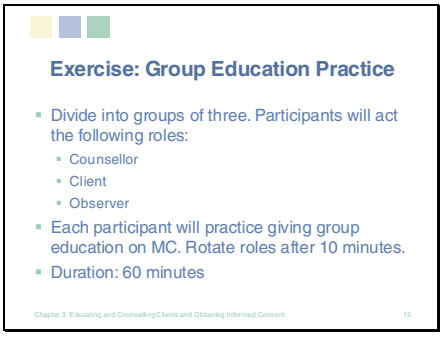


Slide 16

Counselling about Male Circumcision

Slide 17

Counselling and Group Education

- How does **counselling** differ from group education?

Slide 18

Counselling

- Definition:
  - Counselling is a process in which individual communication is used to **help people examine personal issues, make decisions and make plans for taking action**.
- In counselling for MC, **the provider ensures that the client (or if the client is a minor, his parents) has all of the necessary information** he needs to make a decision about undergoing the procedure.

Slide 19

Counselling (cont.)

- Counselling is **NOT**:
  - Telling clients what to do
  - Criticizing clients
  - Forcing ideas or values on clients
  - Taking responsibility for clients' actions or decisions

Slide 20

Counselling Involves…

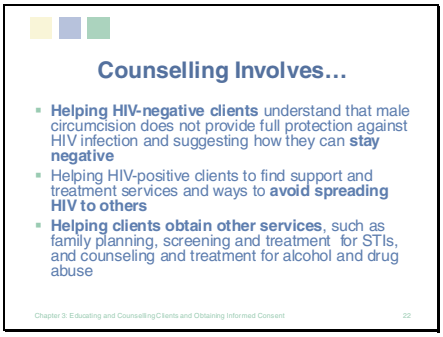
- **Listening** to clients or parents of young boys
- **Respecting** clients' needs, values, culture, religion and lifestyle
- **Talking with clients about the risks and benefits** of circumcision
- **Answering clients' and/or parents' questions** about the male circumcision procedure and myths
- Asking clients and/or parents questions that help them identify risky behaviours of acquiring STIs or HIV

Slide 21

Counselling Involves…

- **Allowing clients and/or their parents to make their own informed decisions** on whether or not to choose male circumcision
- Helping clients understand the benefits of knowing their HIV status
- Helping clients understand their HIV or STI test results

Slide 22



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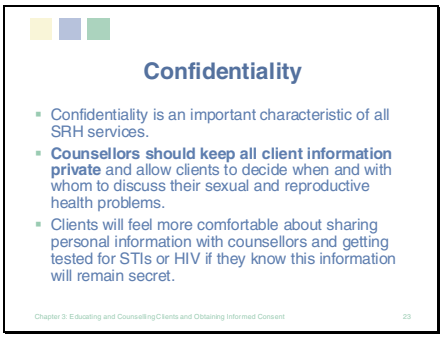

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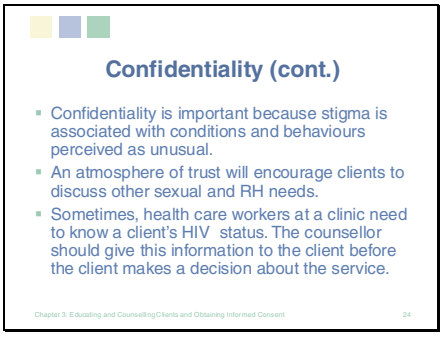

Slide 25

Informed Consent for Surgery

- The **goal** of this consent process **is to ensure the clients and/or the parents understand** the surgical procedure. At the same time, they should be given the opportunity to make use of other sexual and reproductive health services.
- **Only clients or parents** who have appropriate decision-making capacity and legal status **can give their informed consent to medical care**.

Slide 26

Elements of Informed Consent

- Provision of **full information** in plain language (including benefits and risks of MC)
- **Assessment of patient's understanding** of the information provided
- Assessment of the **capacity of the patient to make the necessary decision(s)**
- **Assurance that the patient has the freedom to choose** whether or not to be circumcised without coercion or manipulation

Slide 27

Informed Consent (cont.)

- For MC in **underage children, parents or guardians must give a written, informed consent** based on full information about the procedure.

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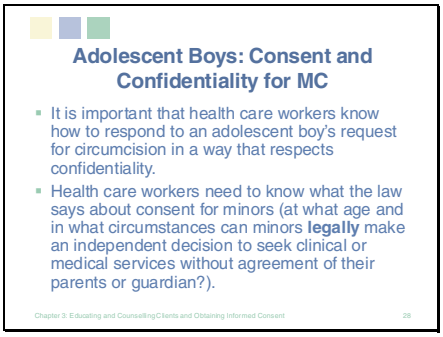

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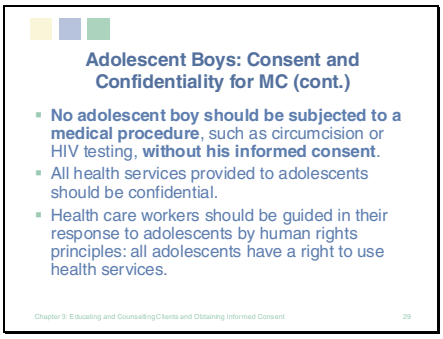

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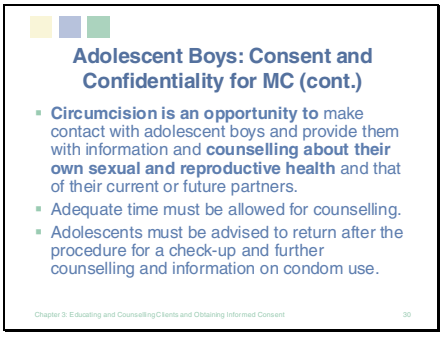

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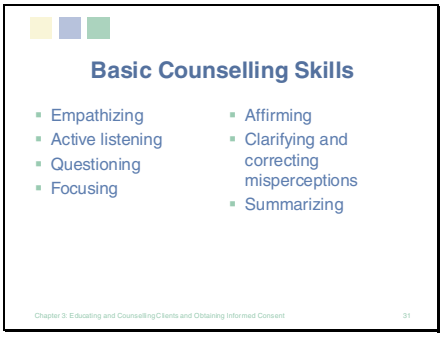

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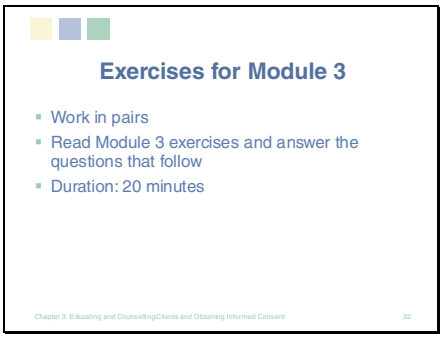

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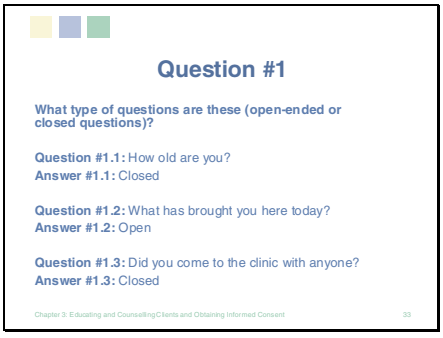


Slide 34

Question #1 (cont.)

Question #1.4: Can you tell me more about the pain you are experiencing in your penis?

Answer #1.4: Open

Question #1.5: Why do you want to undergo a male circumcision?

Answer #1.5: Open

Slide 35

Question #2

Question 2.1: Which counselling skill is demonstrated in this dialogue:

- Patient: I have been working on my tobacco addiction. I now smoke fewer than five cigarettes a day.
- Counsellor: It's really good to know that you are taking some positive steps to change those behaviours that put you at risk.

Answer 2.1: Affirming

Slide 36

Question #2 (cont.)

Question 2.2: Which counselling skill is demonstrated in this dialogue:

- Patient: My dad is insisting that I should have this male circumcision done because he heard that it would protect me against HIV infection. But most of my friends in school have not had it done and my teacher thinks it is unnecessary. I don't know how to tell my father. In any case, he may be right.
- Counsellor: Help me understand this. You are afraid to tell your father that some of your friends and your teacher think that male circumcision is unnecessary, even though he has a different view and wants you to be circumcised in order to protect your from HIV infection.

Answer 2.2: Clarifying

Slide 37

Question #2 (cont.)

Question 2.3: Which counselling skill is demonstrated in this dialogue:

- Patient: Doctor, I do not want to have any more children but I am afraid of undergoing vasectomy, which I heard can lead to failure of erection.
- Physician: You mentioned that you heard that vasectomy could lead to erectile dysfunction. Actually, many people believe this, especially in Africa, but it is untrue. Vasectomy on its own does not cause erectile dysfunction. There are many other causes of erectile dysfunction in men, whether circumcised or uncircumcised.

Answer 2.3: Correcting false information

Slide 38

Question #3

A couple has brought a 12-year-old boy to the male circumcision clinic to undergo the procedure. During client assessment, the boy tells you he does not want to have the procedure done.

Question 3.1: What will you do?

Answer 3.1:

- Ask the parents why they want the boy to be circumcised
- Also, ask if they have discussed the matter with the boy
- If so, ask them about the boy's reaction
- Educate the parents about the importance of verbal and/or written consent before the procedure can be done

Slide 39

Integrating Clinical MC with Traditional Practices

- The increasing interest in clinical circumcision in countries that have a culture of traditional circumcision provides an opportunity to integrate the traditional event with safer clinical procedures.
- The "*rites of passage from adolescence to adulthood*" are usually both festive and educational for participants and the community.

Slide 40

Exercise 3.1: Integration with Traditional Circumcision Events

- Work in groups of four or five individuals.
- Discuss the coordination of a group circumcision event with traditional circumcisers in the community (20 min):
  - What value and social power does the traditional circumciser bring to the community?
  - How would you explain the value of medical circumcision to the traditional circumciser?
  - List the essential components of the group circumcision event and discuss which components are MOST appropriate for the traditional circumciser and which are most appropriate for the health care provider.
- Nominate one member of your group to present a summary of your discussion to all workshop participants.

Slide 41

Integrating Clinical MC with Traditional Practices (cont.)

- Educational topics may include:
  - Physical and psychological changes that occur during adolescence
  - Sexuality and gender issues
  - Male and female reproductive health rights
  - Sexually transmitted infections
  - HIV and AIDS

Slide 42

Integrating Clinical MC with Traditional Practices (cont.)

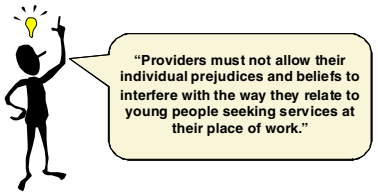
- Educational topics may include:
  - The **ABC** of safer sex practices (**A**bstinence, **B**eing faithful, Use of **C**ondoms)
  - Family planning
  - Substance abuse (drugs, alcohol, tobacco)
  - Violence (including gender-based violence)
  - Community expectations of men
  - Goal setting and decision-making

Slide 43

Exercise 3.3: Spontaneous Word Association

- Work individually
- Write down the first three words or phrases that come to your mind when the trainer mentions a particular word or words
- Duration: 1 minute per word:
  - Teenage boys
  - Teenage girls

Slide 44

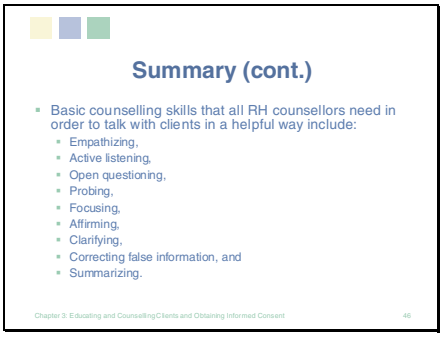


Slide 45

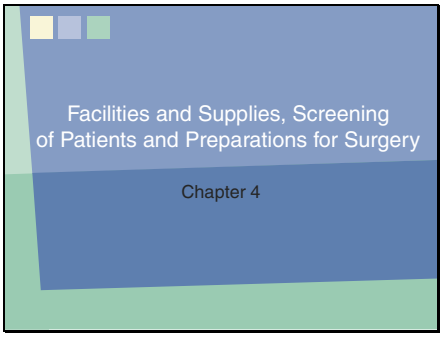
Summary

- **Group education is used to support counselling services.**
- It allows clients to learn basic reproductive health information (including HIV) before a counselling session.
- Where tradition demands the holding of group circumcision for young boys, health care providers should work with the community to design a **joint education/surgical event** that will integrate traditional customs and practices with modern clinical circumcision.

Slide 46


Summary (cont.)
Basic counselling skills that all RH counsellors need in order to talk with clients in a helpful way include:
Empathizing,
Active listening,
Open questioning,
Probing,
Focusing,
Affirming,
Clarifying,
Correcting false information, and
Summarizing.
Chapter 3: Educating and Counselling Clients and Obtaining Informed Consent
46

Slide 1



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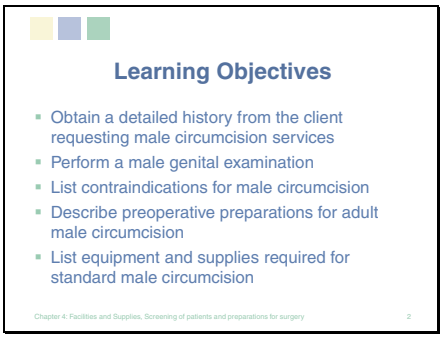

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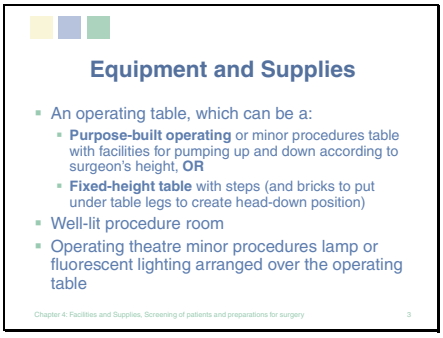
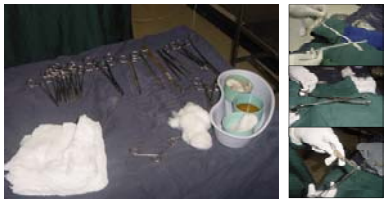


Slide 4

MC Equipment



Slide 5

Equipment and Supplies (cont.)

- Instrument tray wrapped with sterile drape (1)
- Dissecting forceps (finely toothed)
- Artery forceps (2 straight, 2 curved)
- Curved Metzenbaum's scissors (1)
- Stitch scissors (1)
- Mayo's needle holder (1)
- Sponge holding forceps (1)
- Scalpel knife handle and blades
- "O" drape (80 cm x 80 cm, with ~5 cm hole)
- Gallipot for antiseptic solution (e.g., povidone iodine)

Slide 6

Equipment and Supplies (cont.)

- Povidone iodine (50 ml of 10% solution)
- Plain gauze swabs (10 x 10 cm, 15 pieces)
- Petroleum-jelly-impregnated gauze (5 x 5 cm or 5 x 10 cm) and sticking plaster
- 15 ml of 1% plain lidocaine (without epinephrine) anaesthetic solution
- Syringe, 10 ml and needles (single-use or steam sterilizable)
- Injection needles (18- and 21-gauge)
- Suture material (chromic catgut or vicryl, 3-0 or 4-0 with 3/8 circle reverse-cutting needle)
- Gentian violet (5 ml or less) or sterile marker pen
- Gloves, masks, caps and aprons
- Condoms and information materials for clients

Slide 7

Equipment Maintenance

- Checklist for haemostatic artery forceps:
  - Do the points meet accurately?
  - Is the grip on the points worn?
  - Does the ratchet lock securely or is it worn?

Slide 8

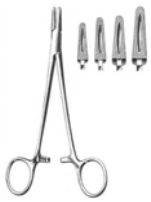
Equipment Maintenance (cont.)

- Check list for surgical dissection scissors:
  - Is the cutting edge of the blade sharp?
  - Do the blades meet securely?
  - Is the screw loose?

Slide 9

Equipment Maintenance (cont.)

- Checklist for needle holders:
  - Do the points meet accurately?
  - Is the grip on the points worn?



Slide 10

Equipment Maintenance (cont.)

- **Checklist for dissection forceps (tweezers):**
  - Do the points meet accurately? (crossed points are a common problem with old worn instruments)
  - If toothed, are the teeth worn?

Slide 11

Screening the Adult Client for MC under Local Anaesthesia in the Clinic

- The circumcision team needs to ensure that clients are:
  - **Fit** for surgery
  - **Well informed** about the surgery
  - **Suitable for circumcision under local anaesthesia** in the clinic
- **If there is any doubt as to suitability, the client should be referred to the district hospital or higher level of care.**

Slide 12

History Taking

When taking medical history, enquire about:

- Current general health
- Client taking any medicines
- Client has any known allergies to medicines
- History of haemophilia, bleeding disorders or anaemia
- Any current genital infection, ulcer or penile discharge
- Client has problems with penile erection or any other concerns about sexual function

Slide 13

Genital Examination

- Physical **examination of the penis** should include:
  - Retraction of the foreskin to **inspect the glans**
  - Inspection of **the position of the urinary opening** (which should be near the tip of the glans)
  - Absence of scarring or disease
  - Easy retraction of foreskin and absence of inflammation or narrowing

Slide 14

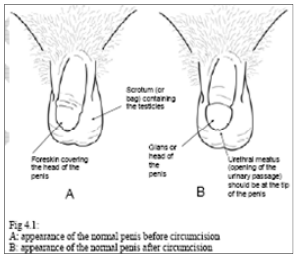


Fig 4.1:
A: appearance of the normal penis before circumcision
B: appearance of the normal penis after circumcision

Slide 15

Absolute Contraindications to Clinic-Based Circumcision

- **Anatomic abnormality of the penis**: For example, the urethral meatus is on the underside of the penis (hypospadias) or on the upper side of the penis (epispadias). The foreskin may be needed for repair.
- Chronic **paraphimosis**: The foreskin is permanently retracted, thickened and swollen (refer patient).
- **Genital ulcer disease**: Should be investigated and treated before MC.

Slide 16

Absolute Contraindications to Clinic-Based Circumcision (cont.)

- **Urethral discharge**: should be investigated and treated before MC
- **Penile cancer**: refer to specialist
- Chronic disorders of the penis and foreskin e.g., **filariasis**: refer to specialist
- **Bleeding disorder** such as haemophilia (refer patient to a higher level)

Slide 17

Relative Contraindications to Clinic-Based Circumcision

- The following conditions **require referral** to the specialist:
  - A tight foreskin as a result of scar tissue (**phimosis**)
  - **Scar tissue** at the frenulum (consequence of repeated tearing)
  - Extensive **penile warts**: Penile warts can cause a lot of bleeding. (Refer patient to site where diathermy is available.)

Slide 18

Relative Contraindications to Clinic-Based Circumcision (cont.)

- The following conditions **require referral** to the specialist:
  - **Balanitis xerotica obliterans** (plaque of scar tissue extending onto the surface of the glans and involving the urethral meatus and foreskin) (refer patient)
  - **Sickle cell disease**
  - **Other abnormalities** of the genitalia, such as hydrocele causing swelling (refer patient)

Slide 19

Informed Consent for Surgery

- The circumcision team should **ensure that the client has been informed about the risks and benefits** of male circumcision, using everyday local language.
- The **oral information** should be backed up by **written information sheets** in the local language.
- The client should be allowed to ask questions. He should then be given time to reflect before being asked to sign the certificate of consent. (See Appendices 4.2 and 4.3 for sample consent forms.)

Slide 20

Preoperative Washing and Shaving

- The client should **wash the genital area and the penis with water and soap on the day of surgery**. He should **retract the foreskin and wash under it**.
- Immediately prior to the operation, the skin is further cleaned with povidone iodine.
- **Pubic hair shaving is not recommended (damages skin and promotes infection).**

Slide 21

Preoperative Washing and Shaving (cont.)

- The **advantages of NOT shaving**:
  - Saves time and razors
  - Reduces the number of sharps and the risk of sharps injuries
- The **advantages of shaving** are that:
  - It avoids contamination of the operation field
  - It is easier to fix the wound dressing to the skin
- It is **preferable to clip** long pubic hair at home or at the clinic, just before surgery.

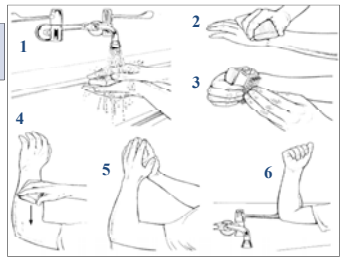
Slide 22

When Scrubbing…

- Prior to scrubbing, **remove all jewellery** and **ensure nails are trimmed or filed**
- Use **soap**, a **brush** (on the nails and fingertips) and **running water** to clean thoroughly around and underneath the nails
- Scrub hands and arms up to the elbows
- Hold up arms to allow water to drip off your elbows
- Turn off the tap with the elbow

Slide 23

What do we learn from these graphics?



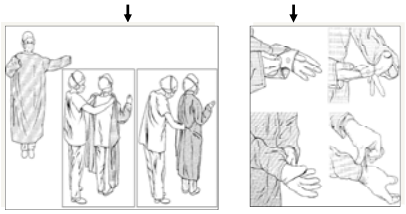
Slide 24

After Scrubbing…

- **Dry hands with a sterile towel** and make sure the towel does not become contaminated by coming into contact with non-sterile surfaces.
- **Hold hands and forearms away from the body and higher than the elbows** until the sterile gown and sterile gloves have been put on.

Slide 25

Gowning and Gloving



Slide 26

Exercise 4.1: Recognition of Circumcision Equipment

- Be prepared to be assigned to a team of 4 or 5 people.
- Your team will be given a bag containing equipment. Some of this equipment is required and some NOT required for standard male circumcision.
- When the instructor says "go", your team will have 3 minutes to select the equipment that is essential to standard male circumcision.
- Your team will gain one point for each essential piece of equipment and lose one point for each non-essential piece of equipment selected.
- The team with the MOST points that finishes first is the winner.

Slide 27

Exercise

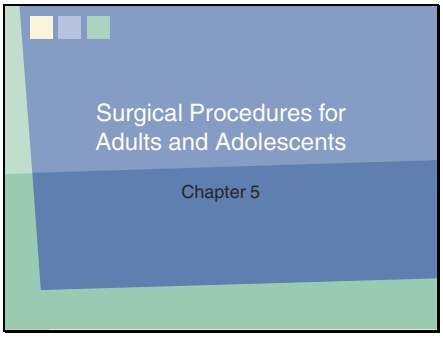
- Work individually
- Review:
  - Appendix 4.1: Sample client record form for adults and adolescents
  - Appendix 4.2: Sample disposable consumables for one adult male circumcision
  - Appendix 4.3: Detailed anatomy of the penis
- Duration: 30 minutes

Slide 28

Summary

- The goal of assessing the client before circumcision is to **detect contraindications** and conditions that need treatment or referral.
- The assessment includes **history taking, physical examination** and, occasionally, laboratory testing.
- The surgeon should **adopt good aseptic technique.**
- Each clinic should **carry out a periodic review of surgical instruments for wear-out**.

Slide 1



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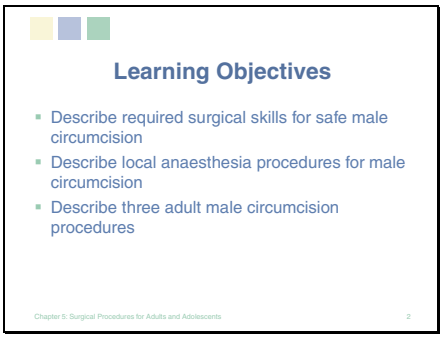

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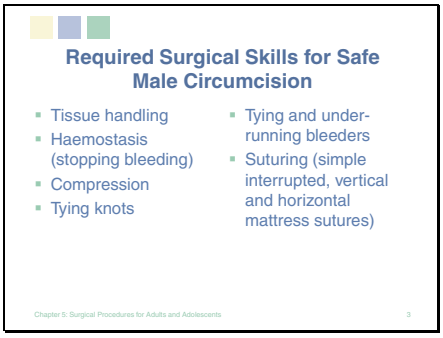


Slide 4

Tissue Handling

- **Handle tissue gently** to minimize scarring and the risk of infection.
- **Use dissecting forceps** (tweezers) but do not use artery forceps **to hold the skin edge** while suturing.
- **Place haemostatic sutures accurately** and avoid inserting the needle too deep into the surrounding tissue.
- Avoid taking too large a bite when placing haemostatic sutures.

Chapter 5: Surgical Procedures for Adults and Adolescents 4

Slide 5

Haemostasis

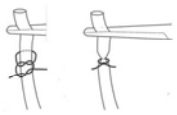
- **Minimizing blood loss**:
  - Is part of **good surgical technique** and **safe medical practice**
  - **Reduces contamination** of instruments, operating theatre drapes and gowns
  - **Lowers the risk of transmitting blood-borne diseases**, such as HIV and hepatitis B to theatre staff

Chapter 5: Surgical Procedures for Adults and Adolescents 5

Slide 6

Techniques for Reducing Blood Loss

- **Compression:**
  - By applying pressure over a gauze swab for 1–2 minutes
- **Tying** bleeding vessels

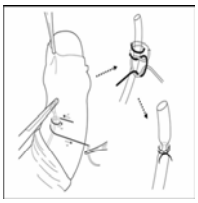


Chapter 5: Surgical Procedures for Adults and Adolescents 6

Slide 7

Techniques for Reducing Blood Loss (cont.)

- **Under-running** and **ligation** of a bleeding vessel
- If **diathermy** is available, it **should be bipolar** (monopolar diathermy should not be used because of risk of extensive coagulation of the base of the penis)



Chapter 5: Surgical Procedures for Adults and Adolescents 7

Slide 8

Suture Materials for MC

- The preferred suture material for adult male circumcision is **3.0 or 4.0 chromic catgut**.
- The suture should be **mounted on a taper cut or round body needle**. The taper cut makes it easier to pass the needle through the skin but it easily tears the skin on the inner aspect at the corona.
- An alternative is **4.0 vicryl rapide**, but this is more expensive.

Chapter 5: Surgical Procedures for Adults and Adolescents 8

Slide 9

Essential Suture Techniques (1)

Three types of suture techniques are required for MC:

1. Simple interrupted sutures
2. Vertical mattress sutures
3. Horizontal mattress sutures

Chapter 5: Surgical Procedures for Adults and Adolescents 9

Slide 10

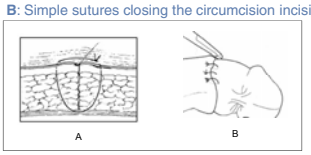
Match Type of Suture with Position of Suture

Vertical Mattress Sutures	At 6 o'clock (Frenulum) Position
Horizontal Mattress Sutures	Between Mattress Sutures
Simple Sutures	At 3, 9 and 12 o'clock Positions

Slide 11

Essential Suture Techniques (2)

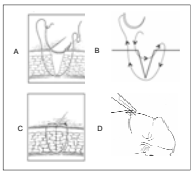
- **Simple interrupted suture**:
  - **A**: Suture is placed holding the skin edge together
  - **B**: Simple sutures closing the circumcision incision



Slide 12

Essential Suture Techniques (3)

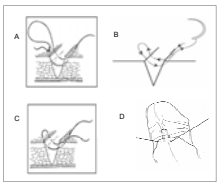
- **Vertical mattress suture**:
  - A & B: Vertical mattress sutures
  - C: Suture is placed holding the skin edge and sub-cutaneous layer together
  - D: Vertical mattress suture in the 9 o'clock position



Slide 13

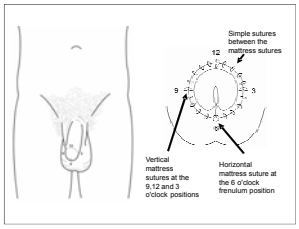
Essential Suture Techniques (4)

- **Horizontal mattress suture:**
  - **A, B & C**: Horizontal mattress sutures
  - **D**: Horizontal mattress suture is used at the frenulum (6 o'clock positions)



Slide 14

Combination of Sutures for MC



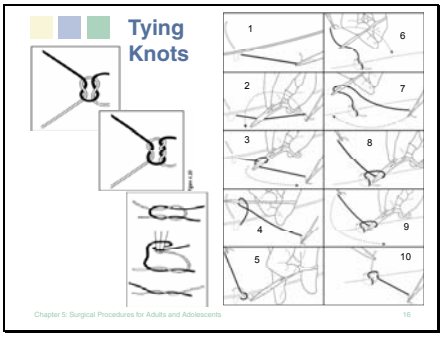
Slide 15

Tying Knots

- Knots can be tied by hand or by using instruments
- It is **more economical to tie all knots using instruments** because this saves suture material

See Figure 5-9 in Reference Manual

Slide 16



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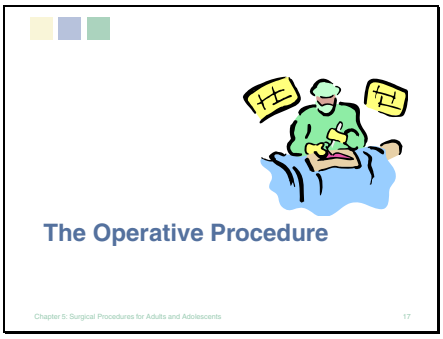

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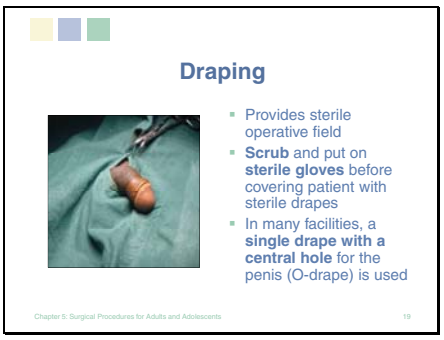
Slide 19



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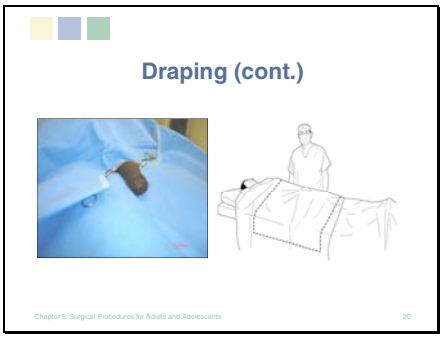

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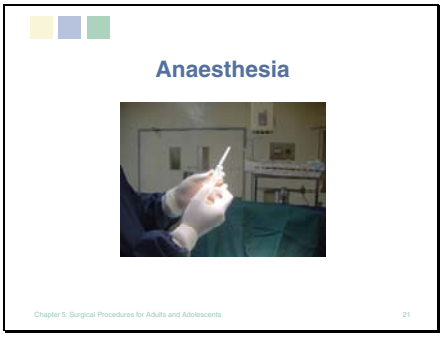
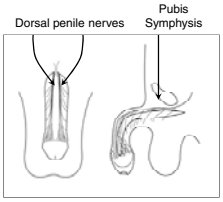


Slide 22

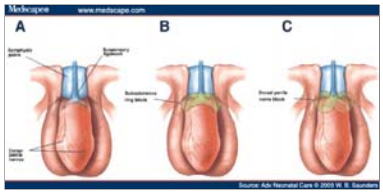
Nerve Supply of Penis

- Twin **dorsal penile nerves** emerge from under the pubic bone at **11 and 1 o'clock** positions and **fan out towards the glans**



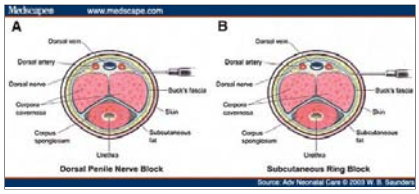
Slide 23

(A) Anatomic Landmarks, Innervation of the Penis, and Target Sites for (B) Subcutaneous Ring Block and (C) Dorsal Penile Nerve Block Injections



Slide 24

Appropriate Needle Insertion for (A) DPNB and (B) SRB



Slide 25

Anaesthetic Agent

- Most commonly used local anaesthetic is **1% plain lidocaine** (lignocaine)
- Works rapidly
- Lidocaine with **adrenaline should NOT be used**
- Paracetamol may be given pre- and postoperatively

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Maximum Dose of Local Anaesthetic

Maximum safe dose (**3 mg per kg** body weight)			
Client weight	Volume of 0.5% Lidocaine (5 mg/ml)	Volume of 1% Lidocaine (10 mg/ml)	Volume of 2% Lidocaine (20 mg/ml)
8-day old (3 kg)	1.8 ml	0.9 ml	N/A
40 kg youth	24 ml	12 ml	6 ml
70 kg young man	N/A	21 ml	10.5 ml

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Individual Exercise

- Calculate the maximum dosage of lidocaine for a 60 kg man scheduled for male circumcision.
  Answer: 180 mg
- How many mls of 1% lidocaine solution will this be?
  Answer: 18 mls
- How many mls of 2% lidocaine would this be?
  Answer: 9 mls

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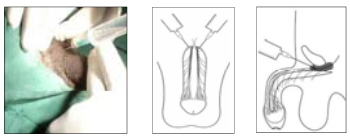
Dorsal Penile Nerve Block



- Using a fine needle (23-gauge), inject 1–2 ml in base of penis at 11 and 1 o'clock positions (A & B).
- Inject 1 ml of local anaesthetic laterally towards ventral surface to complete a ring at base of penis (C) and **wait 3–5 minutes**.

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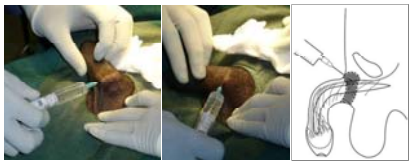
Subcutaneous Penile Ring Block



Inject lidocaine 1% subcutaneously around the base of the penis to produce a ring block and thus block the cutaneous nerves from the scrotum.

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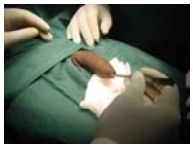
"**Sensation should be tested prior to starting the procedure**. This can be done by gently pinching the foreskin with an artery forceps. If there is any residual sensation, wait for a further 2–3 minutes and test again. If there is still sensation, give additional local anaesthetic."



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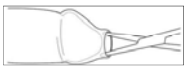
Retracting the Foreskin and Dealing with Adhesions

- **Retraction and separation of adhesions is common to all methods of MC**
- If opening is tight, dilate it with pair of artery forceps
- Take care not to push the forceps into the urethra!



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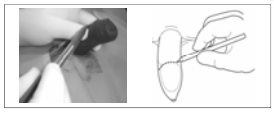
Marking Line of Circumcision…

- This step is also common to all methods of MC
- Use:
  - A **marker pen**
  - Dabs of **gentian violet**
  - **Pinch marks** made with toothed dissecting forceps



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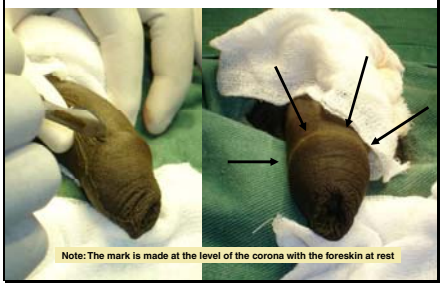
Marking with Back of a Scalpel



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Summary Questions

- Name the three essential suturing techniques associated with MC?
  Simple interrupted, Vertical mattress, Horizontal mattress
- What is the maximum safe dose of lidocaine?
  3 mg/kg body weight
- T/F – Surgical gowns MUST be used for MC.
  False

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Dorsal Slit Method

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Dorsal Slit Method

- Requires more surgical skill than forceps-guided method
- A surgical assistant is helpful but not required
- Small risk of asymmetric result
- Widely used by surgeons throughout the world

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Dorsal Slit Method: Steps 1–4

Step 1: Skin preparation, draping and anaesthesia
Step 2: Retraction of foreskin and separation of any adhesions
Step 3: Marking of intended incision line
Step 4: *Optional – Mark line using shallow incision*

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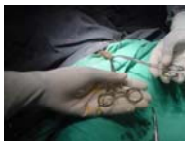
Dorsal Slit Method: Step 5

Grasp the foreskin with two artery forceps at the 3 and 9 o'clock positions. **Take care to apply the artery forceps so that there is equal** tension on the **inner** and **outer** aspects of the foreskin.



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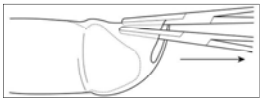
Dorsal Slit Method: Step 6

Prior to making a cut at 12 o'clock, **place two artery forceps on the foreskin** in the 11 o'clock and 1 o'clock positions. Check that the inside blades of the two artery forceps are lying between the glans and prepuce and have not been accidentally passed up the urethral meatus.



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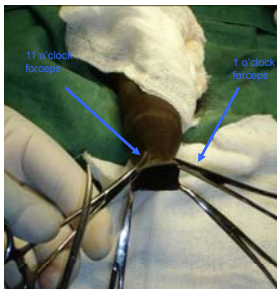
After applying forceps at the 3 and 9 o'clock positions, it helps reduce blood loss if prior to making the dorsal slit, two more forceps are applied at 11 o'clock and 1 o'clock positions



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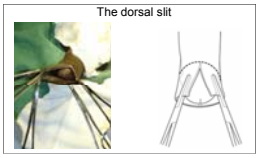
Dorsal Slit Method: Step 7

Between the two artery forceps, in the 12 o'clock position use dissecting forceps to make a **cut (the dorsal slit) up to the previously marked incision line**.

The dorsal slit



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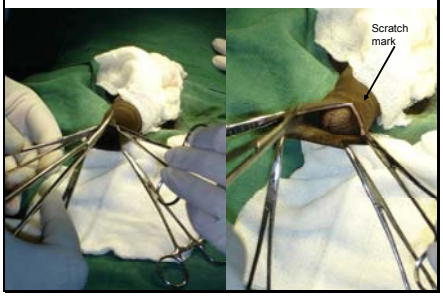
In making the dorsal slit, aim for the cut to go as far as but no farther than the scratch mark.



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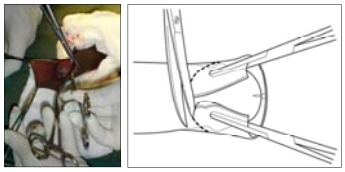
Dorsal Slit Method: Step 8

Using dissection scissors, **cut the foreskin free** along the previously marked circumcision line.



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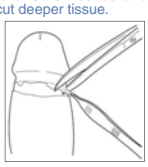
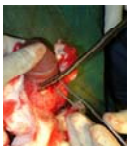
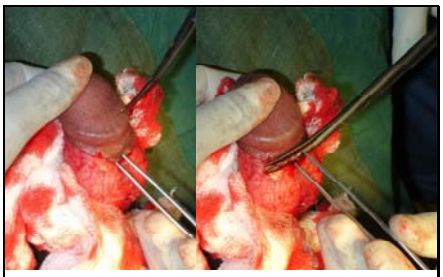
Dorsal Slit Method: Step 9

Grasp and trim any skin tags on the inner edge of the foreskin to leave approximately 5 mm of skin proximal to the corona. Care must be taken to trim only the skin and not to cut deeper tissue.





Slide 45



Any ragged skin edge can be trimmed with dissection scissors

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Dorsal Slit Method: Step 10

Stopping the bleeding:

- **Pull back the skin** to expose the raw area.
- **Identify bleeding vessels** and **clip with artery forceps**. Care should be taken to catch the blood vessels as accurately as possible and not to grab large amounts of tissue.
- **Tie each vessel or under-run with catgut** and tie off. Take care not to place haemostatic stitches too deeply. When dealing with bleeding in the frenular area or on the underside of the penis, care must be taken not to injure the urethra.

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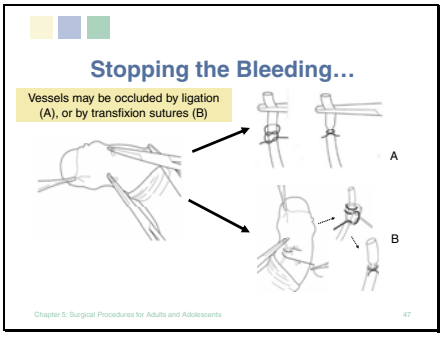

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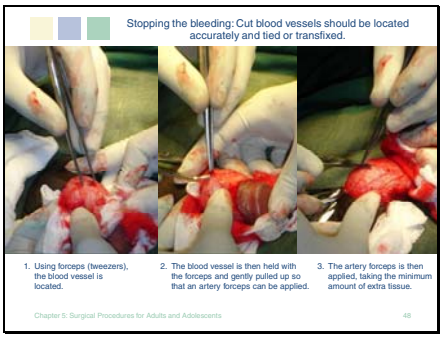
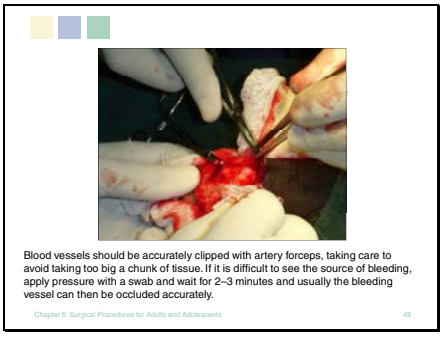


Slide 49



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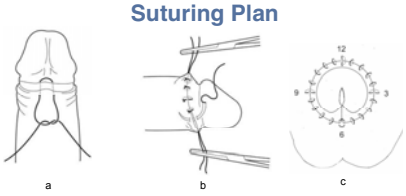
Suturing Plan



a b c

Horizontal mattress suture at the frenulum (6 o'clock). Vertical mattress sutures at 9, 12 and 3 o'clock and simple sutures between these.

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Dorsal Slit Method: Step 11

Place a horizontal mattress suture at the frenulum. When placing the **horizontal mattress suture at 6 o'clock position**, take care to **align the midline skin raphe with the line of the frenulum** (see below). A common error is to misalign the midline and raphe, which results in misalignment of the whole circumcision closure.

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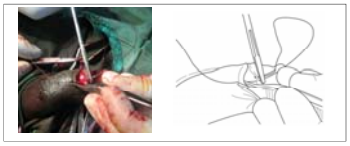
Dorsal Slit Method: Step 12

Place a **vertical mattress suture at the 12 o'clock position**. The suture should be placed so that there is an equal amount of skin on each side of the penis between the 12 and 6 o'clock positions. **Place two further vertical mattress stitches in the 3 o'clock and 9 o'clock positions** (see below).



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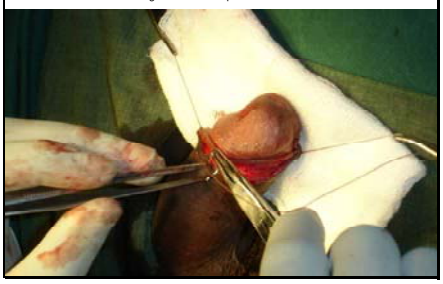
An assistant is stabilizing the penis by holding artery forceps attached to the long ends of the 6 and 12 o'clock suture. The surgeon is about to place the 9 o'clock vertical mattress suture.



Slide 54

Dorsal Slit Method: Step 13

After placement of the sutures at 6,12, 3 and 9 o'clock, place two or more simple sutures in **the gaps** between.

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Once the four mattress sutures are in place, further simple sutures are placed to accurately approximate the wound edges.

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Dorsal Slit Method: Step 14

Once the procedure is finished, **check for bleeding** and **apply a dressing** (described later).

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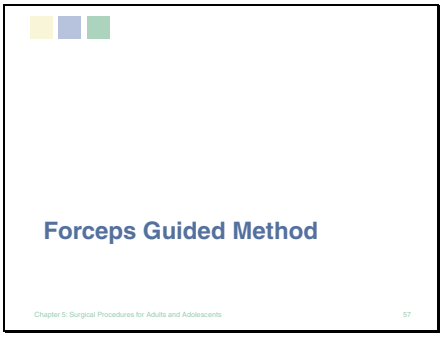

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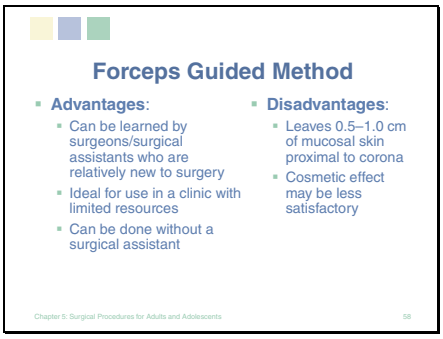

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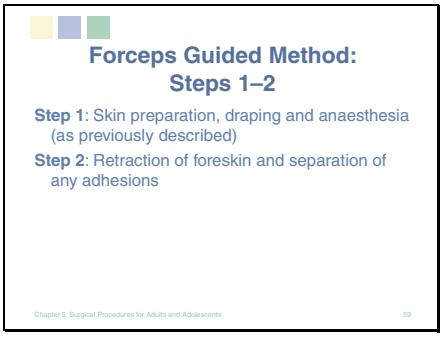

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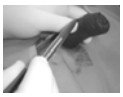
Marking Incision Line: Step 3a

This step is common to all the methods of circumcision. With the foreskin in a natural "resting" position, indicate the intended line of the incision with a marker pen. The line should correspond with the corona, just under the head of the penis.



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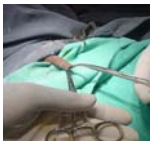
Marking Incision Line: Step 3b

- Some uncircumcised men have a very lax foreskin, which is partially retracted in the resting position.
- In such cases, it is better to apply artery forceps at the 3 and 9 o'clock positions, to apply a little tension to the foreskin before marking the circumcision line.
- It is **important not to pull the foreskin too hard** before marking the line, as this will result in too much skin being removed.



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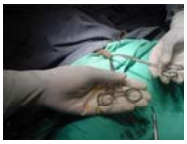
Forceps Guided Method: Step 4

Grasp the foreskin at the 3 and 9 o'clock positions with two artery forceps, on the natural apex of the foreskin in such a way as to put equal tension on the inside and outside surfaces of the foreskin.



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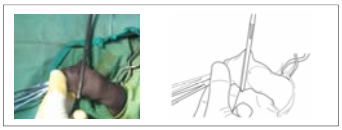
Forceps Guided Method: Step 5

Put sufficient tension on the foreskin to pull the previously made mark to just below the glans. Taking care not to catch the glans, apply a long straight forceps across the foreskin just proximal to the mark. Once the forceps is in position, feel the glans to check that it has not been accidentally caught in the forceps.



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Forceps Guided Method: Step 6

Using a scalpel, cut away the foreskin flush with the outer aspect of the forceps. The forceps protects the glans from injury, but nevertheless particular care is needed at this stage.

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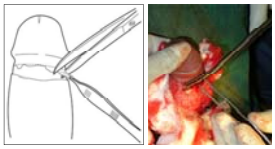
Forceps Guided Method: Step 7

Grasp and trim any skin tags on the inner edge of the foreskin to leave approximately 5 mm of skin proximal to the corona. Care must be taken to trim only the skin and not to cut deeper tissue.



Slide 66

Forceps Guided Method: Step 8

Stopping the bleeding:

- **Pull back the skin** to expose the raw area.
- **Identify bleeding vessels** and **clip with artery forceps** as accurately as possible.
- **Tie each vessel or under-run with catgut** and tie off. Take care not to place haemostatic stitches too deeply.
- When dealing with bleeding in the frenular area, care must be taken not to injure the urethra.

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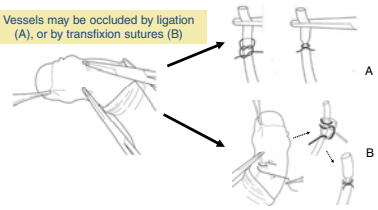
Stopping the Bleeding…

Vessels may be occluded by ligation (A), or by transfixion sutures (B)



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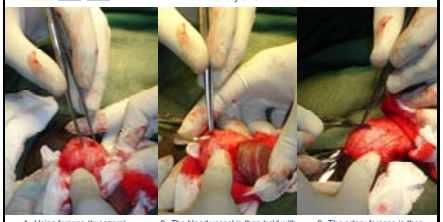
Stopping the bleeding: Cut blood vessels should be located accurately and tied or transfixed.



1. Using forceps (tweezers), the blood vessel is located.
2. The blood vessel is then held with the forceps and gently pulled up so that an artery forceps can be applied.
3. The artery forceps is then applied, taking the minimum amount of extra tissue.

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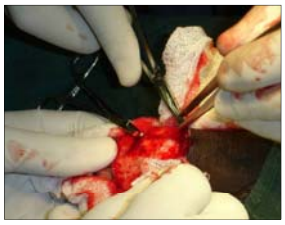

Blood vessels should be accurately clipped with artery forceps, taking care to avoid taking too big a chunk of tissue. If it is difficult to see the source of bleeding, apply pressure with a swab and wait for 2–3 minutes and usually the bleeding vessel can then be occluded accurately.

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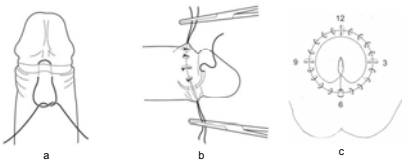
Forceps Guided Method: Step 9—Suturing Plan



Horizontal mattress suture at the frenulum (6 o'clock). Vertical mattress sutures at 9, 12 and 3 o'clock and simple sutures between these.

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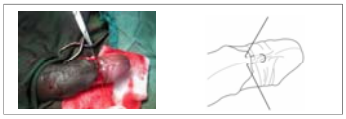
Suturing the Circumcision

Place a horizontal mattress suture at the frenulum. When placing the **horizontal mattress suture at 6 o'clock position**, take care to **align the midline skin raphe with the line of the frenulum** (see below). A common error is to misalign the midline and raphe, which results in misalignment of the whole circumcision closure.



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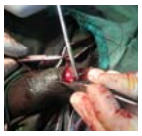
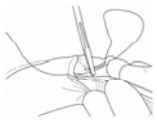
Suturing the Circumcision (cont.)

Place a **vertical mattress suture at the 12 o'clock position**. The suture should be placed so that there is an equal amount of skin on each side of the penis between the 12 and 6 o'clock positions. **Place two further vertical mattress stitches in the 3 o'clock and 9 o'clock positions.**





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Suturing the Circumcision (cont.)

After placement of the sutures at 6,12, 3 and 9 o'clock, place two or more simple sutures in **the gaps** between.

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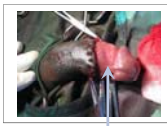
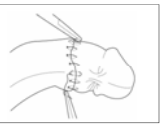
Forceps Guided Method

- Final outcome:





Note residual mucosal portion of the foreskin

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Suturing the Circumcision: Step 10

Once the procedure is finished, **check for bleeding** and **apply a dressing** (described later).

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Sleeve Resection Method

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Sleeve Resection Method

- Provides best cosmetic results
- More room for surgical error
- The technique requires an assistant
- The sleeve resection method requires good surgical skill
- Better suited to a hospital rather than a clinic setting

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Sleeve Resection Method: Steps 1–2

Step 1: Skin preparation, draping and anaesthesia

Step 2: Retraction of foreskin and separation of any adhesions

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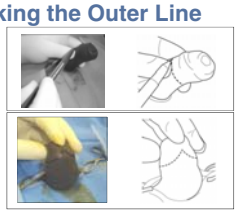
Sleeve Resection Method: Step 3—Marking the Outer Line

Mark the line of the outside cut, just below the corona

Mark the intended outer line of the incision with a V- shape, pointed towards the frenulum, on the underside of the penis

The apex of the V should correspond with the midline raphe

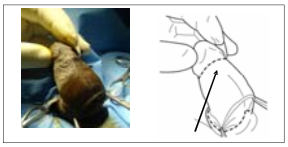


Note "V" shape pointing towards frenulum

Slide 80

Sleeve Resection Method: Step 4—Marking the Inner Mucosal Line

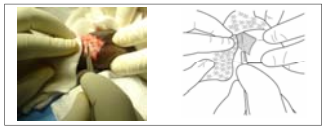
Retract the foreskin and mark the inner (mucosal) incision line 1–2 mm proximal to the corona. At the frenulum, the incision line crosses horizontally as shown by the arrow.



Slide 81

Sleeve Resection Method: Step 5

Using a scalpel, **make incisions along the marked lines**, taking care to cut through the skin to the subcutaneous tissue but not deeper. During the incision, the assistant retracts the skin with a moist gauze swab.



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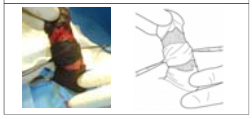
Sleeve Resection Method: Step 5b

Make the inner incision



Outer and inner incision completed

Slide 83

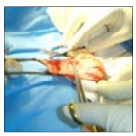
Sleeve Resection Method: Step 6

Cut the skin between the proximal and distal incisions with scissors.

Slide 84

Sleeve Resection Method: Step 7

Hold the sleeve of foreskin under tension with two artery forceps and **dissect the skin from the shaft of the penis,** using dissection scissors. Tie off any bleeding vessels with under-running sutures.



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Sleeve Resection Method: Steps 8–10

Step 8: Haemostasis and suturing are the same as described for the forceps guided method.

Step 9: Suturing the circumcision is the same as described for the forceps guided method.

Step 10: Check for bleeding, and provided there is none, apply a dressing as described later.

Slide 86

Applying the Penile Dressing

- Irrespective of the method of circumcision, a standard penile dressing technique is used:
  - **Check that there is no bleeding**.
  - Once all bleeding has stopped, place a piece of petroleum-jelly-impregnated gauze (*tulle gras*) around the wound.
  - **Apply a sterile, dry gauze** over this, and **secure it in position with adhesive tape.**
  - Take care not to apply the dressing too tightly.

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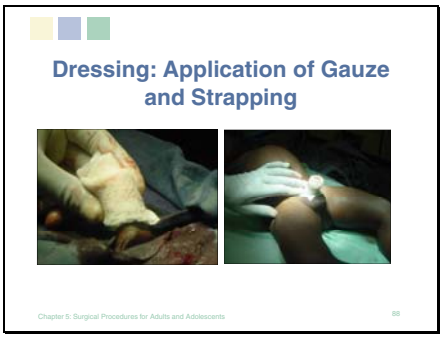
Slide 88



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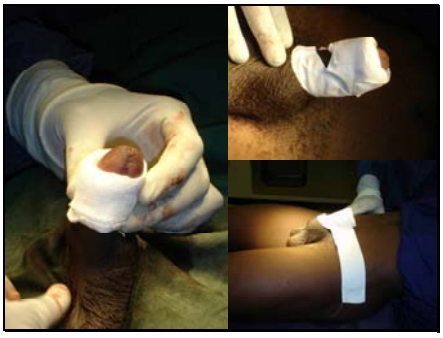

Slide 90

Removing the Penile Dressing

- The dressing should be left in position **no longer than 48 hours**.
- If the dressing has dried out, it should be gently dabbed with antiseptic solution (aqueous cetrimide, Savlon) until it softens.
- It can then be removed gently. **It is important not to disrupt the wound by pulling at a dressing that has dried to the wound.**

Slide 91

Summary

- Three common methods of MC have been reviewed:
  - Description of the **dorsal slit** method of male circumcision
  - Description of the **forceps guided** method of male circumcision
  - Description of the **sleeve method** of male circumcision

Slide 92

Summary (cont.)

- The recommended operative techniques have been described in detail.
- Surgeons should become expert in the technique most suited to the circumstances of their practice.
- It is not recommended to learn all of the techniques. It is best to **become a master of one adult technique** and, if appropriate, one paediatric technique.

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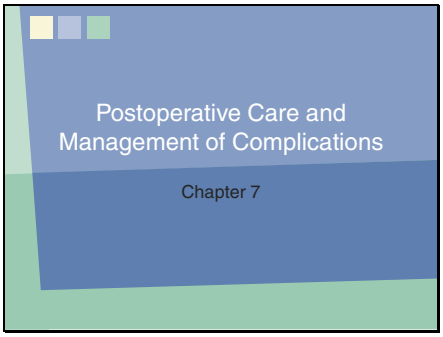
Photo credit: Dan Dolan

Slide 1



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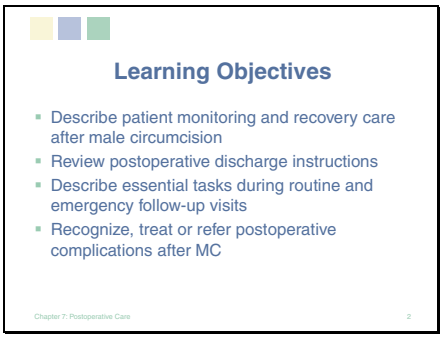

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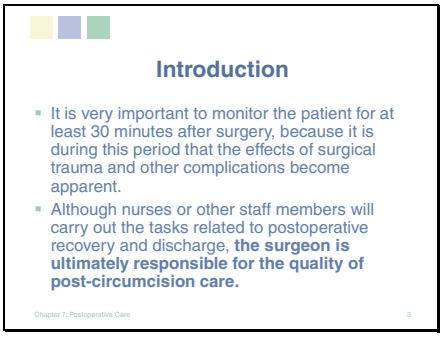

Slide 4

Postoperative Monitoring

1. **Receive the patient** from the theatre; review the patient record.
2. **Monitor the patient's vital signs**: check blood pressure, respiration and pulse twice at 15-minute intervals.
3. **Check the surgical dressing** for oozing or bleeding.
4. **Ask the patient if he has any pain.**
5. **Observe the general condition** of the patient.

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Slide 5

Postoperative Monitoring (cont.)

6. **Administer drugs** or treatment prescribed.
7. **Provide bland carbohydrates (such as biscuits) and liquids** to raise blood sugar levels.
8. **Handle the patient gently** when moving him.
9. **Make the patient comfortable** according to the climate.
10. **Complete the patient record form**.

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Slide 6

Patient Instructions

- The **dressing should be removed 24 to 48 hours after surgery**, if there is no bleeding or oozing.
- The patient should be instructed to **wear freshly laundered, loose-fitting underwear**, which should be changed each day.`
- Following dressing removal, the patient may shower twice a day, taking care to gently wash the genital area with mild soap (baby soap) and water.

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Slide 7

Sexual Activity following Circumcision

"It is very important to inform the patient that he should avoid **sexual intercourse and masturbation for 4 to 6 weeks after the procedure** to prevent breakdown of the wound. A **condom should then be used to protect the wound during every act of sexual intercourse for at least 6 months.**"

Slide 8

Postoperative Penile Erections

- All men have periodic penile erections during sleep and younger men frequently get daytime erections.
- After the circumcision, erections will occur but these will not disrupt the process of wound healing.
- During the immediate recovery period, **prolonged or painful erection can be stopped by inhalation of one ampoule of amyl nitrate.**

Slide 9

Understanding Potential Danger Signs

Before discharge:

- Ensure that the patient/parent understands the signs of potential problems he should watch out for, namely:
  - Increasing bleeding
  - Severe pain in the penis or genital area
  - Inability to pass urine or severe pain when passing urine
  - Pus discharging from the surgical wound, increasing swelling

Slide 10

Understanding Potential Danger Signs (cont.)

Before discharge:

- Ensure that the patient/parent:
  - Understands that he should return to the clinic immediately or seek emergency care if a problem develops.
  - **Knows where to go** if and when complications arise.
  - Has been **given written postoperative instructions** and has been asked to repeat them.

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Patient Instructions (cont.)

Before discharge:

- Ensure that the patient/parent:
  - Has been **given medications** as ordered.
  - Has made a **follow-up appointment**.
  - Has a **responsible adult to accompany him home** (this is of particular importance for procedures done on underage patients).

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Final Steps for Patient Discharge

- Ensure that the patient:
  - Has been **confirmed to be discharged** by the operating surgeon or his/her designee.
  - **Record has been completed**.
- All patient records should be maintained at the service site where the procedure took place, and the site should send a copy in case the patient is transferred.

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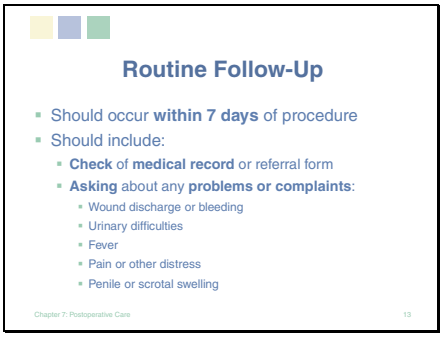

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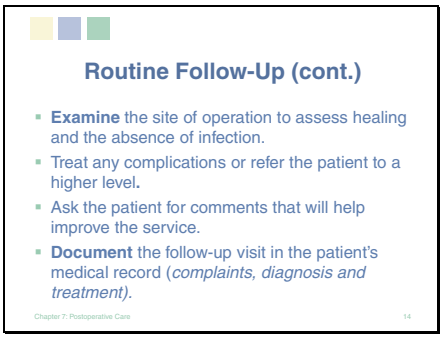

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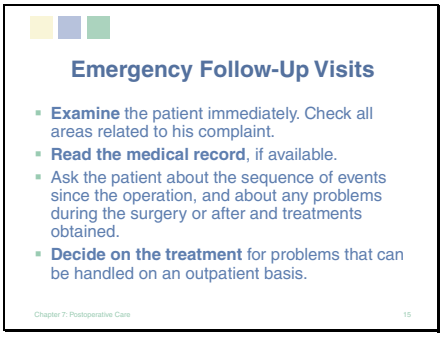

Slide 16

Emergency Follow-Up Visits (cont.)

- Arrange for a higher level of treatment for potentially serious complications.
- Note on the patient record all problems and actions taken.
- Inform the facility where the male circumcision was performed about the emergency follow-up visit (if applicable).

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Slide 17

Recognition and Management of Complications

This section describes:

- Complications that can be managed in the clinic setting
- Indications for referral to a higher level of care

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Slide 18

Organizing Referrals

- The patient should be transferred by ambulance, lying flat.
- The patient and his family should be given a full explanation of what is happening and why.
- A clear note should be sent to the referral centre with the patient.
- The patient should be told not to eat and, depending on the length of the journey, not to drink, as a general anaesthetic may need to be given at the referral centre. Any accompanying family member should also be given this information.

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Timing of Complications

- Complications may occur:

During Surgery	1–2 **Days** after Surgery	1–2 **Weeks** after Surgery	Late Complications

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Complications Occurring

DURING Surgery	1–2 Days after Surgery	1–2 Weeks after Surgery	Late Complications

- Excessive adhesions
- Accidental injury
- Excessive bleeding

Slide 21

Excessive Adhesions

- If there are **excessive adhesions**, it may be very difficult to separate the foreskin from the glans (e.g., phimosis).
- Depending on the experience of the circumcision team, it **may be better to stop the procedure** and in this situation:
  - Repair the dorsal slit using stitches to stop bleeding.
  - Keep the area as clean as possible.
  - Refer the man to the referral hospital as soon as convenient.
- The man should be seen within 24–48 hours.

Slide 22

Excessive Bleeding

- If there is excessive bleeding during surgery, the first rule for the surgeon is **"DON'T PANIC".**
- Place a **swab under the penis** and then a **second swab over the bleeding point**.
- **Control the bleeding with firm pressure and WAIT**! Check effects at 5-minute intervals (timed by the clock).
- After 5 minutes, **slowly lift off the swab** and, more often than not, the bleeding will have stopped.

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Excessive Bleeding (cont.)

- If bleeding has not stopped, **apply a haemostatic artery forceps**.
- If this does not control the bleeding, then apply pressure over a gauze swab for a further 5 minutes (timed by the clock).
- At the end of this time, the swab is gently lifted again and the bleeding area is **under-run with a figure of eight suture**.
- If bleeding continues, **transfer to a referral centre** as an emergency or call a more experienced surgeon to help.

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Accidental Injury

- Accidental injury can include injury to the glans, making it difficult to control bleeding.
- **The chance of these accidents is reduced if all circumcision surgeons receive proper training and certification** and if there is a system of ongoing appraisal and recertification in place.
- A dangerous situation is when the surgeon becomes overconfident or when timetable constraints result in hurried surgery.

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Accidental Injury (cont.)

- If there is an accidental injury during surgery:
  - **Control bleeding by pressure** over a piece of gauze.
  - **Transfer** the man to a referral centre (or call a more experienced surgeon or urological specialist).
  - Pass a urinary catheter and wrap the penis in sterile gauze with the gauze taped in place, if transfer time will be long.
  - During the transfer, the **patient should be lying flat.**
  - The patient and his relatives should be told what has happened and what is going to be done.

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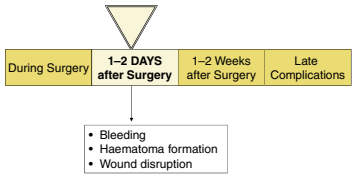
Complications Occurring



- Bleeding
- Haematoma formation
- Wound disruption

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Slide 27

Bleeding

- The most likely complication during the first 24–48 hours is **bleeding** or **haematoma**.
- If the patient comes back with **blood-soaked dressings**, **remove** them and **inspect the circumcision wound** for an obvious bleeding point.
- If there is **fresh blood from the skin edge**, **place further sutures** (under full sterile conditions) including local anaesthesia and sterile draping.

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Haematoma

- **Haematoma** formation may also become manifest.
- It may be associated with considerable bruising and skin discolouration.
- **Haematomas are best left alone unless they are very large** or there is continued bleeding.
- Apply a further clean dressing and:
  - **Review the patient in 24 hours,** or
  - **Send the patient to the referral centre**.

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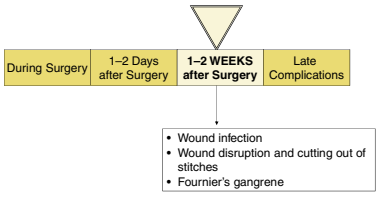
Wound Disruption

- **Unusual in the first few days** and may be associated with subcutaneous bleeding and haematoma formation when the stitches cut out.
- May send the man to a referral centre where:
  - The wound can **either be sutured** or
  - **Left to heal by secondary intention**.
- If the disruption occurs within the first 48 hours of the operation, explore and re-suture the wound.

Slide 30

Complications Occurring



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Wound Infection

- After 2–3 days, the most likely problem is **wound infection.**
- Treatment is by **frequent showering and antibiotics**, with **clean dressings between showers**.
- **Lying down** with the penis as the highest point of the body **promotes drainage of lymphatic fluid**.
- The wound can be nursed open, but it should be protected from flies.

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Wound Disruption and Cutting Out of Stitches

- **When stitches cut out**, this usually **indicates an infection** and the need for antibiotics.
- If more than 48 hours, the **wound should be left to heal by secondary intention**.
- Make arrangements for **regular clinic reviews until the wound has healed**.
- The healing process after infection leaves an untidy result for the first few months. However, after a year or so the appearance becomes remarkably normal.

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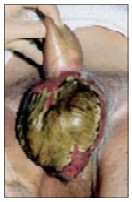
Fournier's Gangrene

- A rare risk of genital surgery is infection with multiple bacteria causing progressive skin loss, known as **Fournier's gangrene**.
- More **common in diabetic men**.
- If there are signs of spreading infection or black gangrenous skin:
  - Urgently **transfer the man to a referral centre** for the removal of all the dead skin under general anaesthesia.



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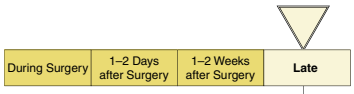
Complications Occurring



- Decreased glans sensitivity
- Oversensitivity of the glans
- Unsightly circumcision wounds, ragged scars and cosmetic concerns
- Persistent adhesions at the corona and inclusion cysts
- Erectile discomfort
- Torsion (misalignment) of the skin of the penile shaft

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Summary

- Operative complications of male circumcision can include:
  - Excessive bleeding
  - Haematoma formation
  - Sepsis
  - Unsatisfactory cosmetic effect
  - Lacerations of the penile or scrotal skin
  - Injury to the glans

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Summary (cont.)

- Circumcision complications can be avoided by:
  - Attention to asepsis
  - Performing adequate but not excessive excision of the inner and outer preputial layers
  - Providing adequate haemostasis
  - Paying attention to cosmetic effects

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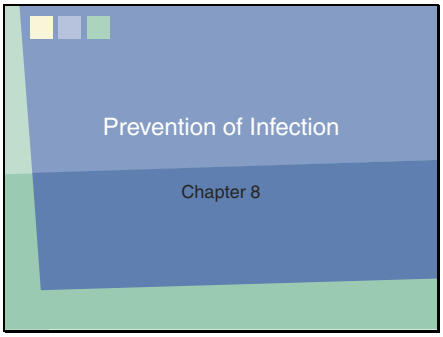
Slide 1



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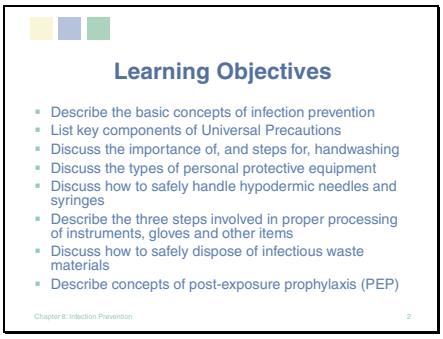

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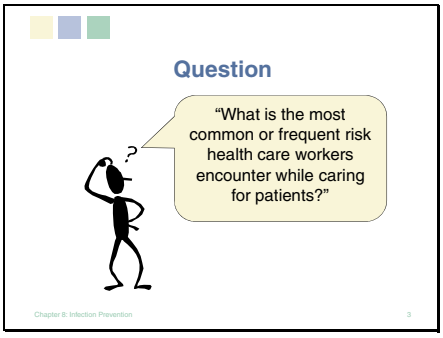

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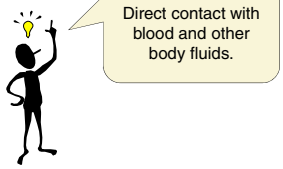
Answer



Slide 5

Basic Concepts of Infection Prevention

- Measures to prevent infection in male circumcision programmes have two primary objectives:
  - Prevent infections in people having surgery
  - Minimize the risk of transmitting HIV and other infections to clients and clinical staff, including health care cleaning and housekeeping staff

Slide 6

Patient Care

Instrument Processing

Slide 7

Slide 8

Slide 9

Slide 10

HIV Risk

What is the risk of acquiring HIV after being stuck with a needle from an HIV-positive patient?

0.04%

Source: Gerberding 1990.

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Hepatitis B Virus Risk

What is the risk of acquiring HBV after being stuck with a needle from an HBV-positive patient?

27–37%

Source: Seeff et al. 1978.

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Hepatitis B Virus Risk (cont.)

- As little as 10-8 ml (.**00000001** ml) of HBV-positive blood can transmit HBV to a susceptible host.
- Even in the US, approximately 10,000 health care providers acquire hepatitis.

Source: Bond et al. 1982.

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Hepatitis C Virus Risk

What is the risk of acquiring HCV after being stuck with a needle from an HCV-positive patient?

3–10%

Source: Lanphear 1994.

Slide 14

Ways Infection Is Spread

- The air
- Contact with blood or body fluids:
  - Open **wounds**
  - **Needle-stick injuries**, which occur:
    - While giving an injection
    - While drawing blood
    - During IV insertion/removal
    - While disposing of sharps
    - During waste disposal
    - While suturing during surgery
- Eating or handling **food contaminated** by faeces or microorganisms
- Contact with **infected animals or insects**

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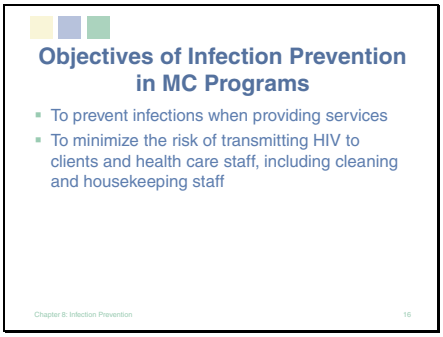
Other Exposures to Skin and Mucous Membranes

- Non-intact skin (tear in glove):
  - Abraded
  - Chapped
- Splashes to mucous membrane
- Intact skin

Slide 16



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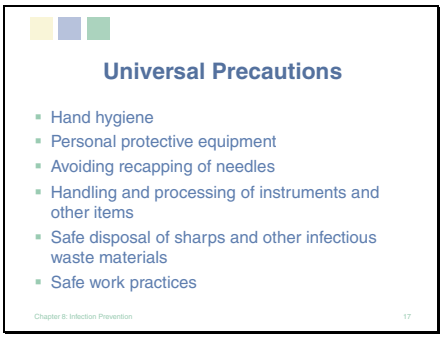

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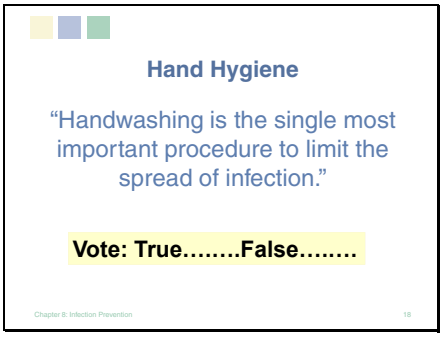

Slide 19

Hand Hygiene (cont.)

- Handwashing
- Hand antisepsis
- Antiseptic handrub
- Surgical scrub

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Handwashing

- When:
  - Before and after patient care
  - Before and after using gloves
  - Between patient contact
  - When visibly soiled
- Protect hands from dryness with petroleum-free creams
- No artificial nails, wraps, etc.
- Clear nail polish okay

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Handwashing Steps

1. Thoroughly wet hands.
2. Apply plain soap or detergent.
3. Rub all areas of hands and fingers for 10–15 seconds.
4. Rinse hands thoroughly with clean running water from a tap or bucket.
5. Dry hands with clean, dry towel, if available. If not available, air dry hands (use a paper towel when turning off water to avoid re-contaminating hands).

Slide 22

Handwashing (cont.)

- If bar soap is used, provide small bars and soap racks that drain.
- Avoid dipping hands into basins containing standing water.
- Do not add soap to a partially empty liquid soap dispenser.
- When no running water is available, use a bucket with a tap that can be turned off while lathering hands and turned on again for rinsing; or use a bucket and a pitcher.

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Hand Antisepsis

- Similar to plain handwashing except involves **use of an antimicrobial agent**
- Use before performance of any invasive procedures, (e.g., placement of an intravascular catheter)
- Use when caring for immunocompromised patients (premature infants or AIDS patients)
- Use when leaving the room of patients with diseases spread via direct contact

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Antiseptic Handrub

- Make alcohol/glycerin solution by combining:
  - 2 ml glycerin
  - 100 ml 60–90% alcohol solution
- Use 3–5 ml of solution for each application
- Rub the solution vigorously into hands until dry

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Surgical Scrub

Supplies

- Antiseptic
- Running water
- Stick for cleaning the fingernails
- Soft brush or sponge for cleaning the skin
- Towels

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Surgical Scrub (cont.)

If no antiseptic soap is available:

- Wash hands and arms with soap/detergent and water.
- Clean fingernails thoroughly.
- Scrub with a soft brush or sponge and rinse.
- Dry hands thoroughly.
- Apply handrub to hands and forearms until dry.
- Repeat handrub two more times.

Slide 27

Personal Protective Equipment

- Gloves
- Masks
- Eyewear (goggles/ face shields)
- Gown/apron
- Closed shoes

Slide 28

Personal Protective Equipment (cont.)

- Gloves:
  - Utility gloves
  - Exam gloves
  - Surgical gloves
- Double gloving

Source: Gerberding 1993.

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Slide 29

Personal Protective Equipment (cont.)

- Goggles
- Face masks
- Aprons

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Slide 30

Personal Protective Equipment (cont.)

Closed shoes →

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Slide 31

Immunization for Adults

Which of the vaccines below should every health worker receive to protect him/herself from infection from blood or body fluids?

- Hepatitis A
- Hepatitis B
- Influenza
- Pneumococcus
- Chicken pox
- Tetanus, diphtheria
- Measles, mumps, rubella (German measles)

Slide 32

Immunization for Adults (cont.)

- Hepatitis A
- Hepatitis B
- Influenza
- Pneumococcus
- Tetanus, diphtheria
- Chicken pox
- Measles, mumps, rubella (German measles)

Slide 33

Safe Handling of Hypodermic Needles and Syringes

Needles are the most common cause of injuries to all types of clinic workers

Slide 34

Timing of Needle-Stick Injuries

- Health care workers are most often stuck by hypodermic needles **during procedures**.
- Cleaning staff are most often stuck by needles **when washing soiled instruments**.
- Housekeeping staff are most often stuck by needles **when disposing of infectious waste material**.

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Tips for Safe Handling of Hypodermic Needles and Syringes

- **Use each needle and syringe only once**, if possible.
- Do not disassemble the needle and syringe after use.
- **Do not recap**, bend or break needles before disposal.
- Decontaminate the needle and syringe before disposal.
- Dispose of the needle and syringe together in a puncture-resistant container.

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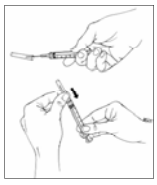
One-Handed Needle Recap Method

- Place the needle cap on a firm, flat surface.
- With one hand holding the syringe, use the needle to "scoop" up the cap.
- Turn the syringe upright (vertical).
- Use the forefinger and thumb of other hand to grasp the cap and push firmly down onto the hub.



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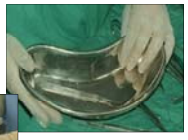
Handling Needles and Sharps

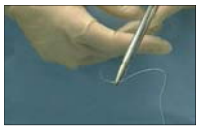
- Use a safe zone for passing sharps
- Say "pass" or "sharps" when passing sharps



Slide 38

Handling Needles and Sharps (cont.)

- Use a needle driver or holder, not your fingers.
- Use blunt needles when available.
- Do not blind suture.



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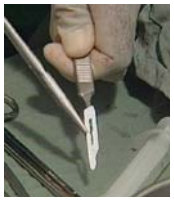
Handling Needles and Sharps (cont.)



- Always remove blades with another instrument

Slide 40

Handling Needles and Sharps (cont.)

- Use a puncture-proof container for storage and/or disposal
- Do not recap a needle before disposal unless using the one-hand technique

Slide 41

Instrument Processing

Soiled instruments and other reusable items can transmit infection if they are not properly reprocessed.

Slide 42

Instrument Processing

Decontaminate

Clean

Sterilize:
- Chemical
- High-pressure steam
- Dry heat

High-Level Disinfect:
- Boil
- Steam
- Chemical

Dry/Cool and Store

Slide 43

Decontamination of Instruments

- Immediately after use, **soak soiled instruments in a plastic container with 0.5% chlorine solution for 10 minutes**.
- **Rinse instruments immediately with cool water** to prevent corrosion and to remove visible organic material.
- **Clean with soap and water** and rinse thoroughly.

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Needles and Syringes

- Re-use of needles and syringes is no longer recommended.
- Therefore, flushing of needles and syringes is also not recommended.
- Used needles and syringes in should be disposed of as a unit in a puncture-proof container.
- Dispose of container when it is three-quarters full.

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Slide 45

Cleaning

- Cleaning should be done **after decontamination** in order to:
  - Remove visible soil and debris, including blood or body fluids
  - Reduce the number of microorganisms on soiled instruments and equipment
  - Ensure that sterilization or high-level disinfection procedures are effective
  - Kill endospores that cause tetanus and gangrene

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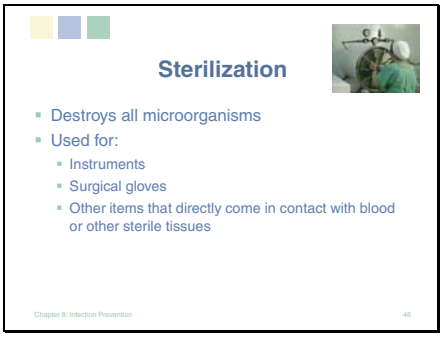

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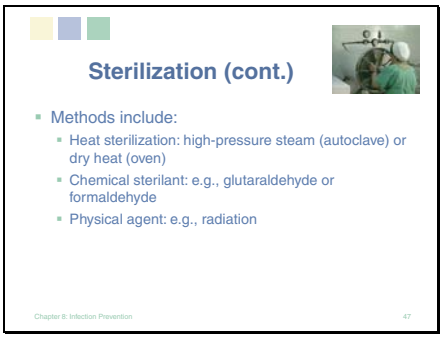

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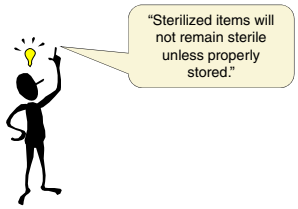
Slide 49

Remember…



Slide 50

Storage of Sterilized Items

- Keep the storage area clean, dry and free of dust and lint.
- Keep the temperature of the area at approximately 24°C, and the relative humidity less than 70%, if possible.
- Store sterile packs and containers:
  - 20–25 cm (8–10 inches) off the floor,
  - 45–50 cm (18–20 inches) from the ceiling, and
  - 15–20 cm (6–8 inches) from an outside wall.

Slide 51

Storage of Sterilized Items (cont.)

- Do not use cardboard boxes for storage; they shed dust and debris, and may harbor insects.
- Date and rotate the supplies. Use a "**first in, first out**" (FIFO) guideline for using supplies.

Slide 52

Linen Processing

- Wash in hot, soapy water and dry
- Same in hospital or home

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Slide 53

Safe Disposal of Infectious Waste Materials

- Protect people who handle waste items from accidental injury
- Prevent the spread of infection to health care workers and to the local community

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Slide 54

Disposal of Clinical Waste

- Place contaminated items in leak-proof container or plastic bag
- Dispose by incineration or burial

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Slide 55

Steps for Disposal of Sharps

1. Do not recap the needle or disassemble the needle and syringe.
2. Decontaminate the hypodermic needle and syringe.
3. Place the needle and syringe in a puncture-resistant sharps container.
4. When the container is three-quarters full, dispose of it.

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Steps for Disposal of Sharps Container

- Wear heavy-duty utility gloves.
- When the sharps container is three-quarters full, cap, plug or tape the opening of the container tightly closed. Be sure that no sharp items are sticking out of the container.
- Dispose of the sharps container by burning, encapsulating or burying it (see below).
- Remove utility gloves.
- Wash hands and dry them with a clean cloth or towel or air dry.

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Disposal of Waste Containers #1

- **Burning**:
  - Destroys the waste
  - Kills microorganisms
  - Best method for disposal of contaminated waste
  - This method reduces the bulk volume of waste, and
  - Ensures that the items are not scavenged and reused

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Disposal of Waste Containers #2

- **Encapsulation**:
  - Easiest way to dispose of sharps containers
  - When sharps container is three-quarters full, it is made completely full by pouring:
    - Cement (mortar),
    - Plastic foam, or
    - Clay
  - After material has hardened, the container is disposed in a landfill, stored or buried

Slide 59

Burying Waste

- Restrict access to the disposal site. Build a fence to keep animals and children away.
- Line the burial site with a material of low permeability (e.g., clay), if available.
- Select a site at least 50 meters (164 feet) away from any water source to prevent contamination of the water table.
- Ensure that the site:
  - Has proper drainage,
  - Is located downhill from any wells,
  - Is free of standing water, and
  - Is not in an area that floods.

Slide 60

Post-Exposure Management

If exposure occurs to the:

- Skin
  - Wash with soapy water
  - Do not use caustic agent or bleach
- Eye, nose, mouth
  - Rinse with water for 10 minutes
- Needle-stick or cut:
  - Wash with soapy water
  - Allow to bleed freely
  - Apply first aid

Slide 61

Post-Exposure Management (cont.)

- Post-exposure prophylaxis (PEP) considerations:
  - Evaluate risk:
    - Source of fluid or material
    - Type of exposure
    - Evaluation of exposure source patient:
      - HIV status
      - Stage of infection
  - Test health care worker for HIV after exposure as baseline, if available

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Post-Exposure Prophylaxis

- Treatment, if started, should be initiated immediately after exposure, within 1–2 hours.
- Decisions regarding which and how many antiretroviral agents to use are largely empiric.
- CDC recommendations:
  - Zidovudine (ZDV) and lamivudine (3TC)
  - Lamivudine (3TC) and stavudine (d4T)
  - Didanosine (ddI) and stavudine (d4T)
- Continue treatment for 4 weeks.
- Do medical follow-up.

Source: CDC MMWR 2001.

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Making the Workplace Safer

- Continue identifying risk.
- Continue to use Standard Precautions.
- Teach patients it is okay to remind health care workers to wash hands and use gloves.
- Actively role model and support IP practices.

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Slide 64

Supporting a Safer Workplace

- Support from hospital administrator
- Positive feedback from supervisor

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Summary

- Minimize and prevent exposure to infection by:
  - Using **Standard Precautions** with every patient
  - **Disposing of clinic waste properly**
  - Using **post-exposure care** when necessary
- Work together to make the workplace safer.
- Teach patients and their families how to reduce risk of exposure in the home.

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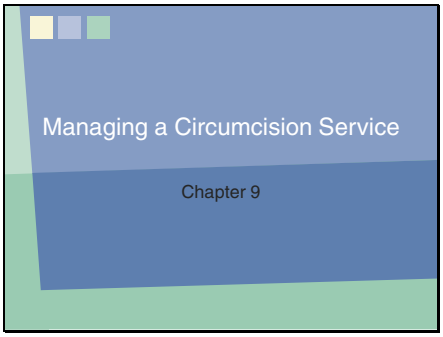
Chapter 8: Infection Prevention 66

Slide 1



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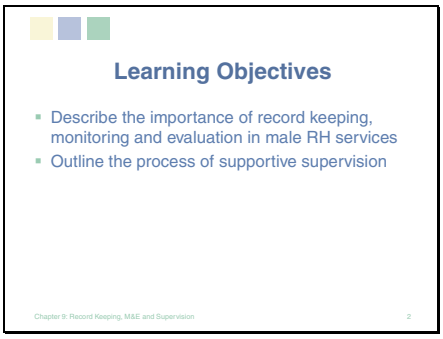

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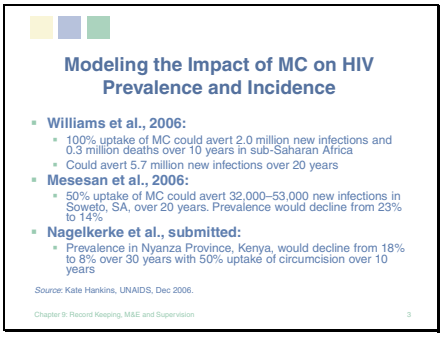


Slide 4

Record Keeping, Monitoring and Evaluation

Slide 5

How do we know when a sick patient is responding to treatment?

Sick patient, e.g., with fever
Assessed (Hx/Exam/Labs)
- Diagnosis made, e.g., malaria
- Admitted (if severe)
- Treatment given (e.g., ACT)

→ **Well patient**
- Stop treatment
- Discharge

e.g., Periodic monitoring of:
- Patient's complaints
- Vital signs e.g., TPR
- Temp chart
- Repeat blood smear/staining

Slide 6

Facility Indicators

- Planners also require information to make decisions about how best to spend the facility's scarce resources to meet the needs of clients. They need answers to the following questions:
  - Are we reaching our target audience?
  - Can we provide the necessary services? (For example, do we have the appropriate equipment, the staff, the drugs?)
  - Are our services of high quality? (For example, do they meet national and international standards?)
  - Do our services meet the needs of our clients?
  - Are we referring clients who need it?
  - Are our patients getting healthier?

Slide 7

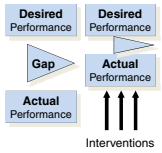
What Is Monitoring?

- Monitoring is **the routine assessment** (e.g., daily/monthly/quarterly) of information or indicators-related ongoing activities to:
  - **Track progress** towards the programme targets or performance standards
  - Identify those aspects that are working according to plan and those that are in need of adjustments

Slide 8

Evaluation

- Evaluation refers to the measurement of how much things have changed as a result of the intervention(s) implemented
- Multiple factors related to change
- A formal evaluation tries to demonstrate how much a specific intervention contributed to the observed change



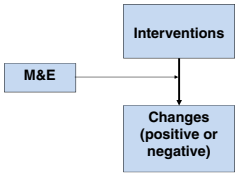
Slide 9

Purpose of Evaluations

- Assess progress made at a particular points in time (mid-term or end-of-project evaluation)
- Assess progress towards achievement of set objectives
- Provide feedback on whether targets are being met
- Identify reasons for successes and failures
- Provide a basis of future planning

Slide 10

Monitoring and Evaluation



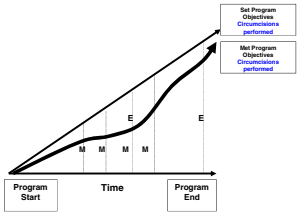
Slide 11

An Effective Monitoring System Implies…

- **All those involved know what information is needed** and by whom
- **The tools needed** to collect the information are available
- **All those involved know how and when to report** the information
- **One person is responsible for making sure the system is working** (that indicators are up-to-date, records are being properly kept, and data are reported to appropriate partners)

Slide 12

Monitoring and Evaluation (cont.)



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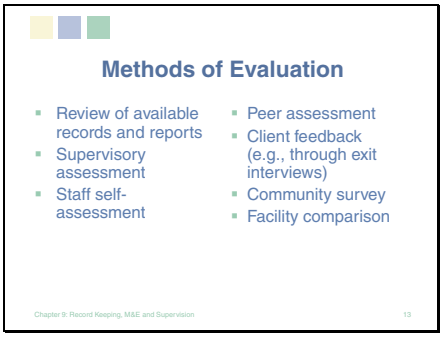

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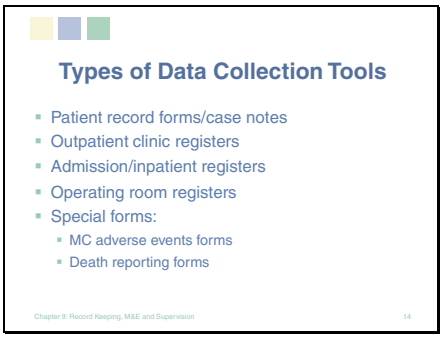

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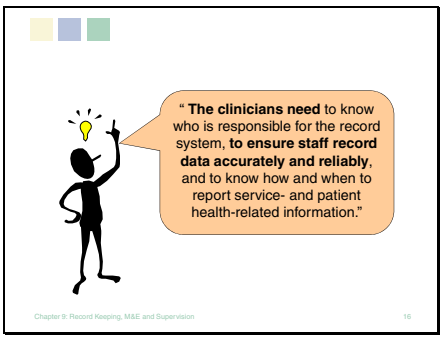

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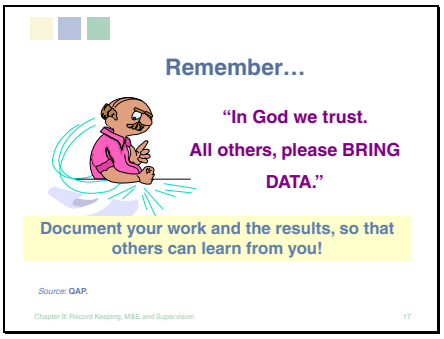

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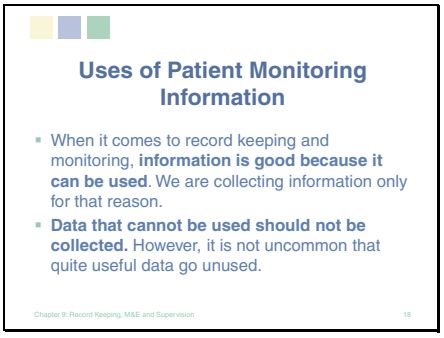

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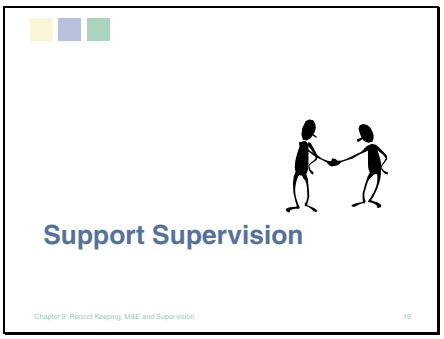

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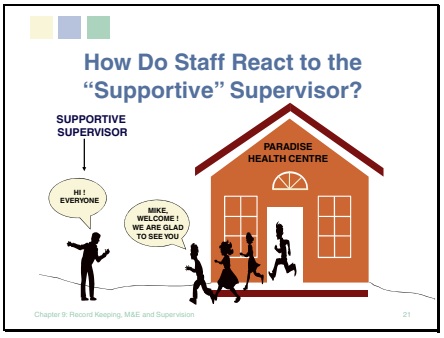

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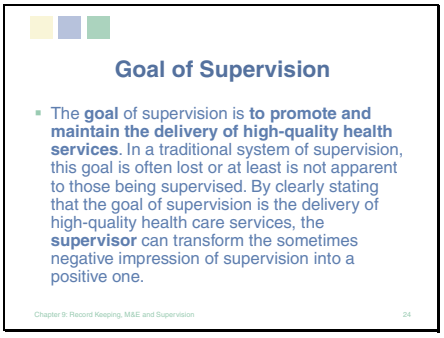

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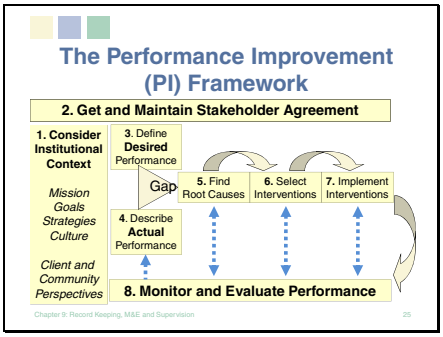

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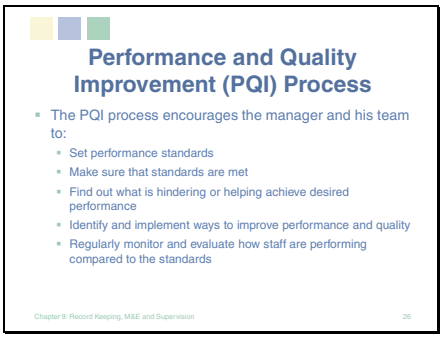

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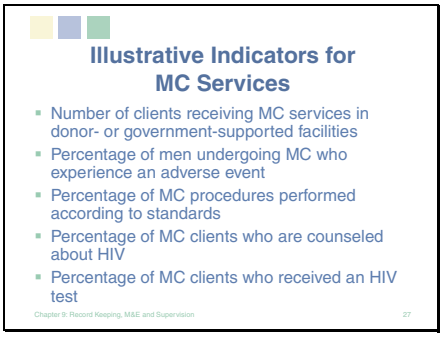

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Summary

- The manager of a male reproductive health clinic has diverse roles including ensuring quality counselling services, logistical management of essential supplies, oversight for quality record keeping, and monitoring and evaluation of the program, as well as supportive supervision.

Chapter 9: Record Keeping, M&E and Supervision 28

Slide 29

Summary (cont.)

- To meet these responsibilities, the clinic manager must be knowledgeable about the desired levels of performance for the services being provided, how to assess current levels of performance, and how to work with other clinic staff to analyze root causes of inadequate performance and find solutions for identified problems.

Chapter 9: Record Keeping, M&E and Supervision 29

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Chapter 9: Record Keeping, M&E and Supervision 30

LEARNING GUIDES AND PRACTICE CHECKLISTS FOR MALE CIRCUMCISION COUNSELLING AND CLINICAL SKILLS

The Learning Guides and Practice Checklists for Male Circumcision Counselling and Clinical Skills contain the steps or tasks performed by the counsellor and clinician when providing MC services. These tasks correspond to the information presented in relevant chapters in the ***Manual for Male Circumcision under Local Anaesthesia*** developed by the World Health Organization, UNAIDS and Jhpiego.

These tools are designed to help the participant learn the steps or tasks involved in:

- Group education on male circumcision and male reproductive health
- Checklist for individual counselling on male circumcision and reproductive health
- Client assessment for male circumcision
- Dorsal slit male circumcision procedure
- Forceps guided male circumcision procedure
- Sleeve resection male circumcision procedure
- 48-hour postoperative review

USING THE LEARNING GUIDES

There is one **learning guide** in this handbook for each of the skills listed above. Each learning guide contains the steps or tasks performed by the counsellor and clinician when providing an MC service.

The learner is **not** expected to perform all of the steps or tasks correctly the first time s/he practices them. Instead, the learning guides are intended to be used under the direction of the clinical trainer, as follows:

- A clinical trainer will be assigned to help the learner in learning the correct steps and the order in which they should be performed (skill acquisition)

- The clinical trainer will ensure progressive learning in small steps as the learner gains confidence and skill (skill competency)

- Used consistently, the learning guides and practice checklists help learners measure their progress and stay focused on the steps and tasks involved in providing MC services. Furthermore, the learning guides are designed to make communication (coaching and feedback) between the learner and clinical trainer easier and more helpful.

Because the learning guides are used to help in developing skills, it is important that the rating (scoring) be done carefully and as objectively as possible. The learner's performance of each step is rated on a three-point scale as follows:

1	**Needs Improvement**: Step or task not performed correctly or out of order (if necessary) or is omitted
2	**Competently Performed**: Step or task performed correctly in correct order (if necessary) but learner does not progress from step to step efficiently
3	**Proficiently Performed**: Step or task efficiently and precisely performed in the correct order (if necessary)

USING THE PRACTICE CHECKLISTS

The **checklists** for the different skills are included in this handbook. These focus on **key steps** in the MC protocols and are based on the appropriate learning guides.

The checklists focus only on the key steps in the **entire** procedure, and can be used during role-play simulations by an observer, by the counsellor as a self-assessment form or by the clinical trainer to evaluate the participant's performance at the end of the course. The rating scale used is described below:

Satisfactory: Performs the step or task according to the standard procedure or guidelines

Unsatisfactory: Unable to perform the step or task according to the standard procedure or guidelines

Not Observed: Step, task or skill not performed by participant during evaluation by trainer

Remember: It is the goal of training that **every** participant perform **every** task or activity correctly, working in a simulated setting with anatomical models, by the end of the course.

Service providers successfully completing the MC course will be eligible for continued competency development in the clinical setting under the supervision of clinical trainers.

LEARNING GUIDE FOR GROUP EDUCATION ON MALE CIRCUMCISION AND MALE REPRODUCTIVE HEALTH

Rate the performance of each task/activity observed using the following rating scale:

1 **Needs Improvement**: Step not performed correctly and/or out of sequence (if required) or is omitted.

2 **Competently Performed**: Step performed correctly in proper sequence (if required) but participant does not progress from step to step efficiently.

3 **Proficiently Performed**: Step efficiently and precisely performed in proper sequence (if required).

N/O: Not Observed

LEARNING GUIDE FOR GROUP EDUCATION ON MALE CIRCUMCISION AND MALE REPRODUCTIVE HEALTH				
TASK/ACTIVITY	**CASES**			
PREPARATION				
1. Prepare IEC materials (male anatomic model, posters, handbills/patient handouts, FP commodities).				
2. Provide seats for all patients and the caretakers/parents who have come to the MC/Male RH clinic				
3. Greet the patients and caretakers/parents present and introduce yourself.				
4. Explain to the patients and caretakers/parents what you wish to talk about and encourage them to ask questions. • Male circumcision • Knowing one's HIV status • Other STIs • Family planning • Infertility evaluation • Alcohol and substance abuse • Need for men to support women's RH needs				
GENERAL				
5. Use easy to understand language and check understanding.				
6. Be sensitive to traditional, cultural and social practices in the community.				
7. Encourage the patients to ask questions and voice concerns, and listen to what they have to say.				
8. Be empathetic.				
9. Tell the patients/caretakers/parents which male RH services are available in the clinic.				

LEARNING GUIDE FOR GROUP EDUCATION ON MALE CIRCUMCISION AND MALE REPRODUCTIVE HEALTH				
TASK/ACTIVITY	**CASES**			
MALE CIRCUMCISION				
10. Ask a volunteer to tell you what he already knows about male circumcision.				
11. Give positive feedback to the volunteer on any correct information provided and fill in the gaps on: • What is male circumcision? • What are the cultural, social and/or religious beliefs about male circumcision in the community (e.g., the "rites of passage" ceremonies in some countries)? • What are the benefits of male circumcision? • What are the risks of male circumcision? • What is known about the relationship between male circumcision and HIV infection? • What are the pain relief options for male circumcision? • How soon can patients go home after male circumcision? • What postoperative care is needed after male circumcision • How and where do the patient/caretakers/parents contact health care workers after male circumcision?				
12. Ask for any questions and address any concerns that the audience may have.				
HIV DISEASE BASICS AND PREVENTION				
13. Ask a volunteer to tell you what he already knows about HIV/AIDS.				
14. Give positive feedback to the volunteer on any correct information provided and fill in the gaps on: • The terms HIV and AIDS • How HIV affects the body's defense system • How HIV is spread from person to person • How HIV infection can be prevented: • ABC message (Abstain, Be faithful, Condom/Circumcision) • Early identification and treatment of STIs • Avoidance of needle sharing and use of illicit drugs • Dual protection (condoms and other method of family planning) to avoid pregnancy and STIs/HIV • Natural history of HIV disease • Benefits of knowing one's HIV status • Disadvantages of not knowing one's HIV status • Undergoing HIV testing (including testing sites) • If negative, how to remain negative • If positive, how to live positively with the disease • Where to get HIV/AIDS services in the community				
OTHER SEXUALLY TRANSMITTED INFECTIONS				
15. Ask a volunteer to tell listeners what he knows about other sexually transmitted infections (STIs).				

LEARNING GUIDE FOR GROUP EDUCATION ON MALE CIRCUMCISION AND MALE REPRODUCTIVE HEALTH				
TASK/ACTIVITY	**CASES**			
16. Give positive feedback to the volunteer on any correct information provided and fill in the gaps on: • Common STIs in the country • Symptoms and signs of the common STIs • How STIs are spread from person to person • How STIs can be prevented (including ABC message) • Abstinence, • Being faithful • Condom use • Dual protection (condoms and other method of family planning) to avoid pregnancy and STIs/HIV				
17. Tell the patients where they can receive services if they experience symptoms and signs of an STI.				
FAMILY PLANNING				
18. Ask the patients and caretakers to list the family planning methods they know.				
19. Facilitate a brainstorming session on the benefits of family planning to the individual patient, couples and the community.				

20. Tell the patient about family planning methods that are available in the clinic:
• For men:
  • Condoms
  • Male sterilization (vasectomy)
  • Withdrawal method
• For women:
  • Oral pills
  • Injectable hormonals
  • Sub-dermal implants (Norplant® implants)
  • Intrauterine devices (IUDs)
  • Female sterilization (minilaparotomy sterilization)
  • Natural methods				

21. Briefly tell the patient about condoms: • Effectiveness against pregnancy: =effective when used with every act of intercourse, failure rate is high when not used correctly • Provide protection against STI and HIV/AIDS • Advantages and limitations • Negotiation for condom use				

LEARNING GUIDE FOR GROUP EDUCATION ON MALE CIRCUMCISION AND MALE REPRODUCTIVE HEALTH				
TASK/ACTIVITY	**CASES**			
22. Give instructions: • Condoms should be stored in a cool place. • Patient should check the date on condom package; condoms are good for 5 years after manufacture date if stored properly. • Condom should not be used if package is broken or the condom appears damaged or brittle. • Put condom on before any sexual contact. • Use a spermicide with condom for maximum protection. • Do not use any oil lubricant. Use saliva, vaginal secretions or spermicide for lubrication if needed. • If the condom breaks or leaks during intercourse, replace the condom with a new one immediately; the woman should go to a clinic within 72 hours for emergency contraception. • Each condom should be used only once and then discarded.				
23. Demonstrate with a model how to use a condom: • Open the condom package carefully so that the condom does not tear. Do not use scissors, teeth or other sharp objects to open the package. • Pinch the tip of the condom to squeeze out the air and position over the condom model. • Holding the tip of the condom on the condom model, unroll it all the way down to the base. • After ejaculation, withdraw the penis while still erect, holding the base of the condom to prevent semen from spilling. • Tie the condom in a knot and dispose of it in the garbage.				
INFERTILITY EVALUATION				
24. Ask a volunteer to tell listeners what he knows about infertility.				
25. Give positive feedback to the volunteer on any correct information provided and fill in the gaps on: • Causes of infertility (especially role of STIs) • How to prevent infertility (prevention of, early diagnosis and full treatment of STIs) • Opportunities for infertility evaluation • Treatment options for infertility				
26. Ask for and answer any questions on infertility.				
ALCOHOL AND SUBSTANCE ABUSE				
27. Facilitate a brainstorming session on alcohol and substance abuse: • Disadvantages of alcohol consumption • Risks of substance abuse • Link between alcohol/substance abuse and risky behaviour				
28. Ask for and answer any questions on infertility.				

LEARNING GUIDE FOR GROUP EDUCATION ON MALE CIRCUMCISION AND MALE REPRODUCTIVE HEALTH				
TASK/ACTIVITY	**CASES**			
WOMEN'S REPRODUCTIVE HEALTH NEEDS				
29. Discuss the need for men to support women's reproductive health needs: • Antenatal care in health facilities (including adequate nutrition and rest) • Labour and delivery care in health institutions and by skilled birth attendants • Postpartum care (including exclusive breastfeeding) • Healthy timing and spacing of pregnancies • Contraception				
CONCLUSION				
30. Ask the patients/parents for any questions they might have and provide additional information as needed.				
31. Tell patients/parents where to go for the services that they require.				
32. Thank everyone for their attention.				

LEARNING GUIDE FOR INDIVIDUAL COUNSELLING ON MALE CIRCUMCISION AND MALE REPRODUCTIVE HEALTH

Rate the performance of each task/activity observed using the following rating scale:

1 **Needs Improvement**: Step not performed correctly and/or out of sequence (if required) or is omitted.

2 **Competently Performed**: Step performed correctly in proper sequence (if required) but participant does not progress from step to step efficiently.

3 **Proficiently Performed**: Step efficiently and precisely performed in proper sequence (if required).

N/O: Not Observed

LEARNING GUIDE FOR INDIVIDUAL COUNSELLING ON MALE CIRCUMCISION AND MALE REPRODUCTIVE HEALTH				
TASK/ACTIVITY	**CASES**			
PREPARATION				
1. Prepare IEC materials if available, and find out if the patient wishes the caretaker/parent to participate or not.				
2. Provide seats for all patients and the caretakers/parents who have come to the MC/male RH clinic.				
3. Greet the patient and his caretaker respectively and with kindness. Introduce yourself and ask for the name of the patient.				
4. Explain to the patient and the caretaker what is going to be done and encourage him to ask questions. Get permission before beginning and ask whether the caretaker should be present.				
5. Explain to the patient that the information he gives will be held confidential and will not be shared without his express permission. Explain the concept of shared confidentiality with other health care providers who are giving HIV-related care.				
GENERAL				
6. Communicate respect with verbal and non-verbal communication.				
7. Honor confidentiality.				
8. Use easy to understand language and check understanding.				
9. Ask if the patient participated in the group education session and find out what he already knows before providing additional education.				
10. Be sensitive to social and cultural practices that may conflict with the plan of care.				
11. Encourage the patient to ask questions and voice concerns, and listen to what he has to say.				
12. Be empathetic.				
13. Ask the patient/patient what specific reproductive health service he is requesting.				

LEARNING GUIDE FOR INDIVIDUAL COUNSELLING ON MALE CIRCUMCISION AND MALE REPRODUCTIVE HEALTH				
TASK/ACTIVITY	**CASES**			
MALE CIRCUMCISION				
14. Ask the patient (or the parents, if the child is too young) to tell you what he already knows about male circumcision.				
15. Tell the patient/parents: • What male circumcision is • What the cultural, social and/or religious beliefs about male circumcision in the country (including the "rites of passage" ceremonies) • What are the benefits of male circumcision • What are the risks of male circumcision • What is known about the relationship between male circumcision and HIV infection • What are the pain relief options for male circumcision • How soon can patients go home after male circumcision • Postoperative care after male circumcision • How and where to contact health care workers after male circumcision				
16. Ask for any questions and address any concerns that the patient or his parents may have.				
HIV DISEASE BASICS AND PREVENTION				
17. Ask the patient or his parents to tell you what they already know about HIV and AIDS.				
18. Ask the patient or his parents if he has ever been tested for HIV.				
19. Update the patient and/or his parents on the following (to fill in the gaps in HIV knowledge): • What the terms HIV and AIDS mean • How HIV affects the body's defense system • How HIV is spread from person to person • How HIV infection can be prevented • Abstain, be faithful, condom use (ABC of prevention) • Seeking medical attention for STIs • The importance of not sharing needles or using illicit drugs • Use of dual protection (condoms and other method of family planning) to avoid pregnancy and STIs/HIV • Natural history of HIV disease • Undergoing HIV testing				
20. Ask the patient if he is sexually active. If Yes, ask if the patient thinks he has recently put himself at risk of an STI or HIV infection, for example, by: • Having unprotected intercourse with someone of unknown HIV status • Having multiple sexual partners • Obtaining injections from quacks or people whose background in health care is unknown • Sharing injection needles with others • Using Injection drugs • Getting drunk on alcohol				
21. Work with the patient to develop a risk reduction plan for the risk behaviours identified above.				
22. Refer patient for HIV testing if he so wishes.				

LEARNING GUIDE FOR INDIVIDUAL COUNSELLING ON MALE CIRCUMCISION AND MALE REPRODUCTIVE HEALTH				
TASK/ACTIVITY	**CASES**			
23. Refer patient for care and support if he is known to be HIV-positive.				
24. If patient is HIV-negative, counsel him on how to remain negative (ABC message).				
OPTIONAL TOPICS DEPENDING ON MALE REPRODUCTIVE HEALTH SERVICE REQUESTED. (N.B: IF PATIENT DID NOT PARTICIPATE IN THE GROUP EDUCATION SESSION, INCLUDE THE TOPICS IN INDIVIDUAL COUNSELLING SESSION.)				
OTHER SEXUALLY TRANSMITTED INFECTIONS (if the patient is already sexually active)				
25. Ask the patient what he knows about other sexually transmitted infections (STIs).				
26. Update the patient on the following (to fill in the gaps in STI knowledge): • What the common STIs are in the country • What the symptoms and signs of STIs are • How STIs are spread from person to person • How STIs can be prevented • Abstinence • Being faithful • Condom use • Use of dual protection (condoms and other method of family planning) to avoid pregnancy and STIs/HIV • Where to go for treatment if patient has symptoms or signs of an STI				
27. Ask the patient if he has ever been diagnosed or treated for an STI.				
FAMILY PLANNING (for sexually active patients)				
28. Ask the patient about his and his spouse's reproductive intentions (if sexually active): • Delay childbearing • Space childbearing • Stop childbearing				
29. Ask patient to tell you what he already knows about family planning methods.				

30. Tell the patient about family planning methods that are available in the country:
• For men:
  • Condoms
  • Withdrawal method
  • Male sterilization (vasectomy)
• For women:
  • Oral pills
  • Injectable hormonal contraceptives
  • Sub-dermal implants (Norplant® implants)
  • Intrauterine devices (IUDs)
  • Female sterilization (minilaparotomy sterilization)
  • Natural methods				

31. Assess condom usage, and demonstrate as needed (see *Learning Guide for Group Education on Male Circumcision and Male Reproductive Health*).				

LEARNING GUIDE FOR INDIVIDUAL COUNSELLING ON MALE CIRCUMCISION AND MALE REPRODUCTIVE HEALTH				
TASK/ACTIVITY	**CASES**			
32. If patient wants to stop childbearing, initiate discussions on male sterilization (vasectomy) and refer him to the family planning clinic.				
PLAN OF CARE				
33. Discuss the timing of visits for the reproductive health service requested.				
34. Complete patient's record forms.				
35. Give patient an appointment for the service.				

LEARNING GUIDE FOR SCREENING OF PATIENTS AND PREPARATION FOR MALE CIRCUMCISION

Rate the performance of each task/activity observed using the following rating scale:

1 **Needs Improvement**: Step not performed correctly and/or out of sequence (if required) or is omitted.

2 **Competently Performed**: Step performed correctly in proper sequence (if required) but participant does not progress from step to step efficiently.

3 **Proficiently Performed**: Step efficiently and precisely performed in proper sequence (if required).

N/O: Not Observed

LEARNING GUIDE FOR SCREENING OF PATIENTS AND PREPARATION FOR MALE CIRCUMCISION				
TASK/ACTIVITY	**CASES**			
HISTORY-TAKING				
SCREENING OF PATIENTS				
1. Ask patient if the caretaker or parent can stay during the discussion. Support patient's decision on this.				
2. Assure patient of confidentiality of all information provided during the session and provide privacy.				
PATIENT IDENTIFICATION				
3. Ask the patient about the following: • Name • Address • Date of birth (age) • Marital status • Tribe • Religion • How he was referred to the clinic				
4. Ask the patient (or his parents) why he has come to the clinic.				
INFORMED CONSENT				
5. If the patient is in the clinic for male circumcision, ensure that he (or his parent) has given an informed consent.				
HISTORY OF SEXUALLY TRANSMITTED INFECTIONS				
6. Ask the patient if he is sexually active.				
7. If yes, find out about: • Most recent sexual exposure • Number of sexual partners • Any illness in the sexual partner • Use of condoms				

LEARNING GUIDE FOR SCREENING OF PATIENTS AND PREPARATION FOR MALE CIRCUMCISION				
TASK/ACTIVITY	**CASES**			
8. Also ask if the patient currently has any of the following complaints: • Urethral discharge • Genital sore • Pain on erection • Swelling or pain in the scrotum • Pain on urination • Difficulty in retracting the foreskin (if uncircumcised)				
9. If he has any of the above, find out more about the complaint: • Onset • Character • Periodicity • Duration • Relationship to sexual intercourse and urination				
PAST MEDICAL HISTORY				
10. Ask the patient if he has ever been diagnosed and/or treated for an STI.				
11. Ask the patient if he has ever been treated or is currently being treated for any of the following: • High blood pressure • Diabetes • Heart problems • HIV/AIDS • TB • Prostate cancer • Sickle-cell disease • Any other diseases				
12. Ask the patient if he has ever undergone any surgery in the past: • Herniorrhaphy • Scrotal surgery • Penile surgery • Other surgery				
REPRODUCTIVE AND CONTRACEPTIVE HISTORY (applicable to adults/adolescents only)				
13. Ask the patient if he has ever fathered a child. If so, how many?				
14. Ask about the patient's reproductive intentions if married or in a sexual relationship: • Delay childrearing • Space childrearing • Stop childrearing				
15. Ask the patient if he has ever used any type of contraception. If so, which method did he use?				
DRUG HISTORY				
16. Ask the patient if he is currently on any special medications (whether prescribed, over-the-counter or traditional).				
17. Ask the patient if he has an allergy to any known drug (including lignocaine/lidocaine injection or iodine).				

LEARNING GUIDE FOR SCREENING OF PATIENTS AND PREPARATION FOR MALE CIRCUMCISION				
TASK/ACTIVITY	**CASES**			
18. Ask the patient if he has a history of substance abuse. If so, what: • Alcohol • Tobacco • Illicit drugs (heroin, cocaine, etc.) • Steroids				
PHYSICAL EXAMINATION				
GENERAL PHYSICAL EXAMINATION				
19. Explain to the patient why a physical examination is necessary before male circumcision. Ask the patient to undress and prepare for the examination.				
20. Assist the patient to lie on the examination couch and cover him with a drape.				
21. Perform a focused general physical examination, checking for: • Pallor (conjunctiva, tongue/mouth, nail beds) • Jaundice (conjunctiva) • Leg oedema				
22. Check the patient's vital signs: • Pulse • Blood pressure • Respiratory rate				
SYSTEMIC EXAMINATION				
23. Perform any other systemic examination as dictated by patient's history and general examination.				
GENITAL EXAMINATION				
24. Wash hands with soap and water and dry with clean, dry towel.				
25. Put examination gloves on both hands.				
26. Examine the penis and look for any abnormalities: • Infection of the foreskin and/or glans • Phimosis (inability to retract the foreskin) • Paraphimosis (inability to return a retracted foreskin to its normal position) • Hypospadias • Epispadias • Genital ulcers (viral warts, chancroid, syphilis, etc.) • Urethral discharge • Penile cancer • Filariasis • Haemophilia				
27. Examine the scrotum and check for any of the following: • Varicose veins • Scrotal swelling • Hernias • A tight foreskin as a result of scar tissue (phimosis) • Scar tissue at the frenulum • Penile warts • Balanitis xerotica obliterans or lichen planus et atrophicus • Hydrocele causing scrotal swelling				

LEARNING GUIDE FOR SCREENING OF PATIENTS AND PREPARATION FOR MALE CIRCUMCISION				
TASK/ACTIVITY	**CASES**			
28. Document relative contraindications, consultations and resulting management plans.				
29. Thank the patient for his cooperation.				
POST-EXAMINATION TASKS				
30. Remove gloves and dispose of in waterproof disposal bin (or put in 0.5% chlorine solution for 10 minutes if re-using).				
31. Wash hands thoroughly with soap and water and dry with clean towel.				
32. Complete the patient's record form.				
33. Refer to a higher facility if there is a contraindication for male circumcision at the clinic.				
PREOPERATIVE GUIDANCE FOR THE PATIENT				
34. Instruct the patient to do the following prior to arrival at the clinic for surgery: • Empty his bladder. • Clip the pubic hair if it will interfere with the procedure, or it can be done at the clinic. • Wash his genital area and penis with water and soap, retracting the foreskin and washing under it.				

LEARNING GUIDE FOR DORSAL SLIT MALE CIRCUMCISION PROCEDURE

Rate the performance of each task/activity observed using the following rating scale:

1 **Needs Improvement**: Step not performed correctly and/or out of sequence (if required) or is omitted.

2 **Competently Performed**: Step performed correctly in proper sequence (if required) but participant does not progress from step to step efficiently.

3 **Proficiently Performed**: Step efficiently and precisely performed in proper sequence (if required).

N/O: Not Observed

LEARNING GUIDE FOR DORSAL SLIT MALE CIRCUMCISION PROCEDURE				
TASK/ACTIVITY	**CASES**			
GETTING READY				
1. Gather all necessary equipment and supplies: • Instrument tray wrapped with sterile drape • Dissecting forceps (finely toothed) • Artery forceps (2 straight, 2 curved) • Curved Metzenbaum's scissors • Stitch scissors • Mayo's needle holder • Sponge-holding forceps • Scalpel knife handle and blades • "O" drape (80 cm x 80 cm, with ~5 cm hole) • Gallipot for antiseptic solution (e.g., povidone iodine) • Povidone iodine (50 ml of 10% solution) • Plain gauze swabs (10 × 10 cm; 10 for the procedure, 5 for dressing) • Petroleum-jelly-impregnated gauze (5 × 5 cm or 5 × 10 cm) (tulle gras) and sticking plaster • 15 ml of 1% plain lidocaine (without epinephrine) anaesthetic solution • Syringe, 10 ml (if single-use syringes and needles are unavailable, use equipment suitable for steam sterilization) • Injection needles (18- or 21-gauge) • Suture material (chromic gut or vicryl 3-0 and 4-0) with 3/8 circle reverse-cutting needle • Gentian violet (no more than 5 ml) or sterile marker pen • Gloves, masks, caps and aprons • Condoms and information materials for patient				
2. Inspect equipment to ensure that it is functional: • Haemostatic artery forceps • Surgical dissection scissors • Needle holders • Dissection forceps (tweezers)				
3. Greet the patient and/or parent(s) respectfully and with kindness.				

LEARNING GUIDE FOR DORSAL SLIT MALE CIRCUMCISION PROCEDURE				
TASK/ACTIVITY	**CASES**			
4. Describe your role in the male circumcision procedure.				
5. Ask the patient or parent(s) if they have any questions they wish to ask about the procedure.				
6. Review the patient's records (history, examination findings, laboratory report if any).				
7. Verify patient's identity and check that informed consent was obtained.				
8. Check that patient has recently washed and rinsed his genital areas.				
PREOPERATIVE TASKS				
9. Ask your surgical assistant to prepare the instrument tray and open the sterile instrument pack without touching items.				
10. Ask the patient to lie on his back in a comfortable position.				
11. Wash your hands thoroughly with soap and water for 5 minutes and dry them with clean, dry towel.				
12. Put on a sterile gown (if available) and **two pairs** of sterile or high-level disinfected surgical gloves.				
13. Apply antiseptic solution (e.g., Betadine solution) two times to the genital area. With your left hand, retract the foreskin and make sure that the inner surface and the glans are clean and the skin is dry.				
14. Remove the outer pair of gloves without contaminating the inner pair.				
15. Apply a center "O" drape to the genital area with the penis pulled through the "O" drape. Alternatively, apply four separate drapes around the penis (top, bottom, left and right).				
16. Arrange the surgical instruments on the surgical tray in the order in which they will be used.				
17. Perform a gentle examination of the external genitalia to exclude any undetected contraindications to the procedure.				
18. Anaesthesia tasks				
19. Calculate the amount of local anaesthetic required for the procedure, based on the patient's weight.				
20. Perform a Dorsal Penile Nerve Block (DPNB) and a Subcutaneous Ring Block (SRB) with special attention to the ventral nerve. To do this: • Draw up required mls of plain 1% lidocaine solution in 20-ml syringe (e.g., for a 40-kg. youth, draw up 10 mls; N.B.: maximum volume of 1% lidocaine allowed for a 40-kg youth is 12 mls). • To perform a dorsal penile nerve block (DPNB), use a fine needle (23-gauge) to inject 1–2 ml of local anaesthetic at the base of the penis at 11 and 1 o'clock positions. • To perform the subcutaneous ring block (SRB), inject the anaesthetic subcutaneously and slowly (above Buck's fascia), circumferentially on the shaft of the penis near its base, including injecting about 1 ml laterally toward the ventral surface to complete the block.				
21. Wait for 3–5 minutes for the anaesthetic to take effect.				
22. Gently pinch the foreskin with artery forceps to check the anaesthetic effect of the nerve block and inject additional anaesthetic as needed.				

LEARNING GUIDE FOR DORSAL SLIT MALE CIRCUMCISION PROCEDURE				
TASK/ACTIVITY	**CASES**			
23. Throughout the procedure, talk to and reassure the patient (verbal anaesthesia).				
24. Common steps to all surgical methods				
25. Fully retract the foreskin and separate any adhesions with artery forceps or blunt probe.				
26. If the opening of the foreskin is tight, dilate it with a pair of artery forceps, taking care not to push the forceps into the urethra!				
27. Make a curved mark using a sterile disposable marking pen, dabs of gentian violet, or back of a surgical blade or with pinch marks of an artery forceps, outlining the planned surgical cut. The mark is made 1 cm proximal and parallel to the coronal sulcus all round.				
28. Surgical procedure: Dorsal Slit Method				
29. Hold the prepuce with two artery forceps at 3 and 9 o'clock positions, taking care to ensure that there is equal tension on the inner and outer aspects of the foreskin.				
30. Make a curved mark with sterile disposable marking pen, dabs of gentian violet, back of a surgical blade or pinch marks of an artery forceps, outlining the planned line of surgical cut. The mark is made 1 cm proximal and parallel to the coronal sulcus all round.				
31. Apply a straight artery forceps to the foreskin at 12 o'clock position to crush it at the intended incision line, and remove after 1 minute.				
32. Using a pair of dissecting scissors, make a dorsal slit in the prepuce along the crushed line starting from the preputial orifice to the dorsal corona sulcus.				
33. Apply a curved Kocher's clamp to the fold of prepuce along the marked area (optional). Repeat on the other side.				
34. Using a pair of dissecting scissors, excise the excess foreskin along the previously marked circumcision line.				
35. Identify bleeders, and clamp, tie or under-run them with 3/0 plain catgut.				
36. After ligating all the bleeders, irrigate the area with normal saline and then inspect for more bleeders. If identified, tie them.				
37. Using 3/0 or 4/0 chromic catgut on a taper-cut or round-body needle, make an inverted U-shaped horizontal mattress stitch on the ventral side of the penis (frenulum) to join the skin at the "V" shaped cut. Tie and tag with a mosquito forceps.				
38. Using the same chromic catgut, place vertical mattress stitches at 12, 3 and 9 o'clock positions and tag accordingly.				
39. Thereafter close the gaps between the tagged stitches with two or more simple sutures (a total of approximately 16 stitches).				
40. Irrigate the area with normal saline and add other simple stitches as required.				
41. Dress the wound with Sofratulle/Vaseline gauze, then with a regular dressing bandage and a strapping.				
42. Advise the patient to rest for 30 minutes.				

LEARNING GUIDE FOR DORSAL SLIT MALE CIRCUMCISION PROCEDURE				
TASK/ACTIVITY	**CASES**			
POST-PROCEDURE TASKS				
43. Dispose of all contaminated needles and syringes in a puncture-proof container.				
44. Place soiled instruments in 0.5% chlorine solution for 10 minutes for decontamination.				
45. Dispose of waste materials in leakproof container or plastic bag.				
46. Immerse both gloved hands in 0.5% chlorine solution and remove gloves by turning inside out and placing in leakproof container or plastic bag.				
47. Wash hands thoroughly and dry them with clean, dry towel.				
POSTOPERATIVE CARE				
48. Observe the patient's vital signs and record findings.				
49. Answer patient's questions and concerns.				
50. Advise the patient on postoperative care of the penis.				
51. When stable, discharge the patient home on mild analgesics.				
52. Inform the patient to come back for postoperative review after 48 hours or anytime earlier should there be any of the following complications: • Bleeding • Wound discharge • Fever • Pain or other distress • Penile or scrotal support				
53. Complete operation notes and other patient record forms.				

LEARNING GUIDE FOR FORCEPS GUIDED MALE CIRCUMCISION PROCEDURE

Rate the performance of each task/activity observed using the following rating scale:

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2 **Competently Performed**: Step performed correctly in proper sequence (if required) but participant does not progress from step to step efficiently.

3 **Proficiently Performed**: Step efficiently and precisely performed in proper sequence (if required).

N/O: Not Observed

LEARNING GUIDE FOR FORCEPS GUIDED MALE CIRCUMCISION PROCEDURE				
TASK/ACTIVITY	**CASES**			
GETTING READY				
1. Gather all necessary equipment and supplies: • Instrument tray wrapped with sterile drape • Dissecting forceps (finely toothed) • Artery forceps (2 straight, 2 curved) • Curved Metzenbaum's scissors • Stitch scissors • Mayo's needle holder • Sponge-holding forceps • Scalpel knife handle and blades • "O" drape (80 cm x 80 cm, with ~5 cm hole) • Gallipot for antiseptic solution (e.g., povidone iodine) • Povidone iodine (50 ml of 10% solution) • Plain gauze swabs (10 × 10 cm; 10 for the procedure, 5 for dressing) • Petroleum-jelly-impregnated gauze (5 × 5 cm or 5 × 10 cm) (tulle gras) and sticking plaster • 15 ml of 1% plain lidocaine (without epinephrine) anaesthetic solution • Syringe, 10 ml (if single-use syringes and needles are unavailable, use equipment suitable for steam sterilization) • Injection needles (18- or 21-gauge) • Suture material (chromic gut or vicryl 3-0 and 4-0) with 3/8 circle reverse-cutting needle • Gentian violet (no more than 5 ml) or sterile marker pen • Gloves, masks, caps and aprons • Condoms and information materials for patient				
2. Inspect equipment to ensure that it is functional: • Haemostatic artery forceps • Surgical dissection scissors • Needle holders • Dissection forceps (tweezers)				
3. Greet the patient and/or parent(s) respectfully and with kindness.				

LEARNING GUIDE FOR FORCEPS GUIDED MALE CIRCUMCISION PROCEDURE				
TASK/ACTIVITY	**CASES**			
4. Describe your role in the male circumcision procedure.				
5. Ask the patient or parent(s) if they have any questions they wish to ask about the procedure.				
6. Review the patient's records (history, examination findings, laboratory report if any).				
7. Verify patient's identity and check that informed consent was obtained.				
8. Check that patient has recently washed and rinsed his genital areas.				
PREOPERATIVE TASKS				
9. Ask your surgical assistant to prepare the instrument tray and open the sterile instrument pack without touching items.				
10. Ask the patient to lie on his back in a comfortable position.				
11. Wash your hands thoroughly with soap and water for 5 minutes and dry them with clean, dry towel.				
12. Put on a sterile gown (if available) and two pairs of sterile or high-level disinfected surgical gloves.				
13. Apply antiseptic solution (e.g., Betadine solution) two times to the genital area. With your left hand, retract the foreskin and make sure that the inner surface and the glans are clean and the skin is dry.				
14. Remove the outer pair of gloves without contaminating the inner pair.				
15. Apply a center "O" drape to the genital area with the penis pulled through the "O" drape. Alternatively, apply four separate drapes around the penis (top, bottom, left and right).				
16. Arrange the surgical instruments on the surgical tray in the order in which they will be used.				
17. Perform a gentle examination of the external genitalia to exclude any undetected contraindications to the procedure.				
ANAESTHESIA TASKS				
18. Calculate the amount of local anaesthetic required for the procedure, based on the patient's weight.				
19. Perform a Dorsal Penile Nerve Block (DPNB) and a Subcutaneous Ring Block (SRB) with special attention to the ventral nerve. To do this: • Draw up required mls of plain 1% lidocaine solution in 20 ml syringe (e.g., for a 40-kg. youth, draw up 10 mls; N.B.: maximum volume of 1% lidocaine allowed for a 40-kg. youth is 12 mls). • To perform a dorsal penile nerve block (DPNB), use a fine needle (23-gauge) to inject 1–2 ml of local anaesthetic at the base of the penis at 11 and 1 o'clock positions. • To perform the subcutaneous ring block (SRB), inject the anaesthetic subcutaneously and slowly (above Buck's fascia), circumferentially on the shaft of the penis near its base, including injecting about 1 ml laterally toward the ventral surface to complete the block.				
20. Wait for 3–5 minutes for the anaesthetic to take effect.				
21. Gently pinch the foreskin with artery forceps to check the anaesthetic effect of the nerve block and inject additional anaesthetic as needed.				
22. Throughout procedure, talk to and reassure the patient (verbal anaesthesia).				

LEARNING GUIDE FOR FORCEPS GUIDED MALE CIRCUMCISION PROCEDURE				
TASK/ACTIVITY	**CASES**			
COMMON STEPS TO ALL SURGICAL METHODS				
23. Fully retract the foreskin and separate any adhesions with artery forceps or blunt probe.				
24. If the opening of the foreskin is tight, dilate it with a pair of artery forceps, taking care not to push the forceps into the urethra!				
25. Make a curved mark using a sterile disposable marking pen, dabs of gentian violet, back of a surgical blade or with pinch marks of an artery forceps, outlining the planned surgical cut. The mark is made 1 cm proximal and parallel to the coronal sulcus all round.				
SURGICAL PROCEDURE: FORCEPS GUIDED METHOD				
26. Hold the prepuce with two mosquito forceps, one on each lateral aspect.				
27. Clamp the prepuce along the mark with a Kocher clamp while retracting the glans, ensuring that the glans itself is not clamped.				
28. Excise the prepuce distal to the clamp, using a surgical blade along the mark.				
29. Identify bleeders, and clamp, tie or under-run them with 3/0 plain catgut.				
30. After ligating all the bleeders, irrigate the area with normal saline and then inspect for more bleeders. If identified, tie them.				
31. Using 3/0 or 4/0 chromic catgut on a taper-cut or round-body needle, make an inverted U-shaped horizontal mattress stitch on the ventral side of the penis (frenulum) to join the skin at the “V” shaped cut. Tie and tag with a mosquito forceps.				
32. Using the same chromic catgut, place vertical mattress stitches at 12, 3 and 9 o’clock positions and tag accordingly.				
33. Thereafter close the gaps between the tagged stitches with two or more simple sutures.				
34. Irrigate the area with normal saline, check for bleeding and add other simple stitches as required.				
35. Dress the wound with Sofratulle/Vaseline gauze, then apply a regular dressing bandage and a strapping.				
36. Advise the patient to rest for 30 minutes.				
POST-PROCEDURE TASKS				
37. Dispose of all contaminated needles and syringes in a puncture-proof container.				
38. Place soiled instruments in 0.5% chlorine solution for 10 minutes for decontamination.				
39. Dispose of waste materials in leakproof container or plastic bag.				
40. Immerse both gloved hands in 0.5% chlorine solution and remove gloves by turning inside out and placing in leak-proof container or plastic bag.				
41. Wash hands thoroughly and dry them with clean, dry towel.				

LEARNING GUIDE FOR FORCEPS GUIDED MALE CIRCUMCISION PROCEDURE				
TASK/ACTIVITY	**CASES**			
POSTOPERATIVE CARE				
42. Observe the patient's vital signs and record findings.				
43. Answer patient's questions and concerns.				
44. Advise the patient on postoperative care of the penis.				
45. When stable, discharge the patient home on mild analgesics.				
46. Inform the patient to come back for postoperative review after 48 hours or anytime earlier should there be any of the following complications: • Bleeding • Wound discharge • Fever • Pain or other distress • Penile or scrotal support				
47. Complete operation notes and other patient record forms.				

LEARNING GUIDE FOR SLEEVE RESECTION MALE CIRCUMCISION PROCEDURE

Rate the performance of each task/activity observed using the following rating scale:

1 **Needs Improvement**: Step not performed correctly and/or out of sequence (if required) or is omitted.

2 **Competently Performed**: Step performed correctly in proper sequence (if required) but participant does not progress from step to step efficiently.

3 **Proficiently Performed**: Step efficiently and precisely performed in proper sequence (if required).

N/O: Not Observed

LEARNING GUIDE FOR SLEEVE RESECTION MALE CIRCUMCISION PROCEDURE				
TASK/ACTIVITY	**CASES**			
GETTING READY				
1. Gather all necessary equipment and supplies: • Instrument tray wrapped with sterile drape • Dissecting forceps (finely toothed) • Artery forceps (2 straight, 2 curved) • Curved Metzenbaum's scissors • Stitch scissors • Mayo's needle holder • Sponge-holding forceps • Scalpel knife handle and blades • "O" drape (80 cm x 80 cm, with ~5 cm hole) • Gallipot for antiseptic solution (e.g., povidone iodine) • Povidone iodine (50 ml of 10% solution) • Plain gauze swabs (10 × 10 cm; 10 for the procedure, 5 for dressing) • Petroleum-jelly-impregnated gauze (5 × 5 cm or 5 × 10 cm) (tulle gras) and sticking plaster • 15 ml of 1% plain lidocaine (without epinephrine) anaesthetic solution • Syringe, 10 ml (if single-use syringes and needles are unavailable, use equipment suitable for steam sterilization) • Injection needles (18- or 21-gauge) • Suture material (chromic gut or vicryl 3-0 and 4-0) with 3/8 circle reverse-cutting needle • Gentian violet (no more than 5 ml) or sterile marker pen • Gloves, masks, caps and aprons • Condoms and information materials for patient				
2. Inspect equipment to ensure that it is functional: • Haemostatic artery forceps • Surgical dissection scissors • Needle holders • Dissection forceps (tweezers)				
3. Greet the patient and/or parent(s) respectfully and with kindness.				

LEARNING GUIDE FOR SLEEVE RESECTION MALE CIRCUMCISION PROCEDURE				
TASK/ACTIVITY	**CASES**			
4. Describe your role in the male circumcision procedure.				
5. Ask the patient or parent(s) if they have any questions they wish to ask about the procedure.				
6. Review the patient's records (history, examination findings, laboratory report if any).				
7. Verify patient's identity and check that informed consent was obtained.				
8. Check that patient has recently washed and rinsed his genital areas.				
PREOPERATIVE TASKS				
9. Ask your surgical assistant to prepare the instrument tray and open the sterile instrument pack without touching items.				
10. Ask the patient to lie on his back in a comfortable position.				
11. Wash your hands thoroughly with soap and water for 5 minutes and dry them with clean, dry towel.				
12. Put on a sterile gown (if available) and two pairs of sterile or high-level disinfected surgical gloves.				
13. Apply antiseptic solution (e.g., Betadine solution) two times to the genital area. With your left hand, retract the foreskin and make sure that the inner surface and the glans are clean and the skin is dry.				
14. Remove the outer pair of gloves without contaminating the inner pair.				
15. Apply a center "O" drape to the genital area with the penis pulled through the "O" drape. Alternatively, apply four separate drapes around the penis (top, bottom, left and right).				
16. Arrange the surgical instruments on the surgical tray in the order in which they will be used.				
17. Perform a gentle examination of the external genitalia to exclude any undetected contraindications to the procedure.				
ANAESTHESIA TASKS				
18. Calculate the amount of local anaesthetic required for the procedure, based on the patient's weight.				
19. Perform a Dorsal Penile Nerve Block (DPNB) and a Subcutaneous Ring Block (SRB) with special attention to the ventral nerve. To do this: • Draw up required mls of plain 1% lidocaine solution in 20-ml syringe (e.g., for a 40-kg. youth, draw up 10 mls; N.B.: maximum volume of 1% lidocaine allowed for a 40-kg youth is 12 mls). • To perform a dorsal penile nerve block (DPNB), use a fine needle (23-gauge) to inject 1–2 ml of local anaesthetic at the base of the penis at 11 and 1 o'clock positions. • To perform the subcutaneous ring block (SRB), inject the anaesthetic subcutaneously and slowly (above Buck's fascia), circumferentially on the shaft of the penis near its base, including injecting about 1 ml laterally toward the ventral surface to complete the block.				
20. Wait for 3–5 minutes for the anaesthetic to take effect.				
21. Gently pinch the foreskin with artery forceps to check the anaesthetic effect of the nerve block and inject additional anaesthetic as needed.				

LEARNING GUIDE FOR SLEEVE RESECTION MALE CIRCUMCISION PROCEDURE				
TASK/ACTIVITY	**CASES**			
22. Throughout procedure, talk to and reassure the patient (verbal anaesthesia).				
COMMON STEPS TO ALL SURGICAL METHODS				
23. Fully retract the foreskin and separate any adhesions with artery forceps or blunt probe.				
24. If the opening of the foreskin is tight, dilate it with a pair of artery forceps, taking care not to push the forceps into the urethra!				
25. Make a curved mark using a sterile disposable marking pen, dabs of gentian violet, back of a surgical blade or with pinch marks of an artery forceps, outlining the planned surgical cut. The mark is made 1 cm proximal and parallel to the coronal sulcus all round.				
SURGICAL PROCEDURE: SLEEVE RESECTION METHOD				
26. Make a curved mark with sterile disposable marking pen, dabs of gentian violet, back of a surgical blade or pinch marks of an artery forceps, outlining the outside of the foreskin at a level just below the corona.				
27. On the underside (ventral surface) of the penis, the skin is marked with a "V" shape pointing toward the frenulum. The apex of the "V" should correspond with the midline raphe.				
28. Retract the foreskin and mark the inner (mucosal) incision line 1–2 mm proximal to the corona. At the frenulum, the incision line crosses horizontally.				
29. Using a scalpel blade, make incisions along the two lines, taking care to cut through the skin to the subcutaneous tissue but not deeper. Ask the assistant to help retract the skin with a moist gauze swap as you make the incisions.				
USING A PAIR OF DISSECTING SCISSORS, JOIN THE TWO INCISIONS				
30. Hold the sleeve of foreskin under tension with two artery forceps and dissect it off the shaft of the penis, using a pair of dissecting forceps.				
31. Identify bleeders, and clamp, tie and/or under-run them.				
32. After ligating all the bleeders, irrigate the area with normal saline and then inspect for more bleeders. If identified, tie them.				
33. Using 3/0 or 4/0 chromic catgut on a taper-cut or round-body needle, make a U-shaped horizontal mattress stitch on the ventral side of the penis (frenulum) to join the skin at the "V" shaped cut. Tie and tag with a mosquito forceps.				
34. Using the same chromic catgut, place vertical mattress stitches at 12, 3 and 9 o'clock positions and tag accordingly.				
35. Thereafter, close the gaps between the tagged stitches with two or more simple sutures (a total of approximately 16 stitches).				
36. Irrigate the area with normal saline and add other simple stitches as required.				
37. Dress the wound with Sofratulle/Vaseline gauze, then with a regular dressing bandage and a strapping.				
38. Advise the patient to rest for 30 minutes.				

LEARNING GUIDE FOR SLEEVE RESECTION MALE CIRCUMCISION PROCEDURE				
TASK/ACTIVITY	**CASES**			
POST-PROCEDURE TASKS				
39. Dispose of all contaminated needles and syringes in a puncture-proof container.				
40. Place soiled instruments in 0.5% chlorine solution for 10 minutes for decontamination				
41. Dispose of waste materials in leakproof container or plastic bag.				
42. Immerse both gloved hands in 0.5% chlorine solution and remove gloves by turning inside out and placing in leakproof container or plastic bag.				
43. Wash hands thoroughly and dry them with clean, dry towel.				
POSTOPERATIVE CARE				
44. Observe the patient's vital signs and record findings.				
45. Answer patient's questions and concerns.				
46. Advise the patient on postoperative care of the penis.				
47. When stable, discharge the patient home on mild analgesics.				
48. Inform the patient to come back for postoperative review after 48 hours or anytime earlier should there be any of the following complications: • Bleeding • Wound discharge • Fever • Pain or other distress • Penile or scrotal support				
49. Complete operation notes and other patient record forms.				

LEARNING GUIDE FOR 48-HOUR POSTOPERATIVE REVIEW

Rate the performance of each task/activity observed using the following rating scale:

1 **Needs Improvement**: Step not performed correctly and/or out of sequence (if required) or is omitted.

2 **Competently Performed**: Step performed correctly in proper sequence (if required) but participant does not progress from step to step efficiently.

3 **Proficiently Performed**: Step efficiently and precisely performed in proper sequence (if required).

N/O: Not Observed

LEARNING GUIDE FOR 48-HOUR POSTOPERATIVE REVIEW				
TASK/ACTIVITY	**CASES**			
GETTING READY				
1. Gather all needed materials: • Examination gloves • Antiseptic solution • Normal saline • Cotton ball swabs • Pair of stitch scissors				
2. Greet the patient and/or parent(s) respectfully and with kindness.				
3. Review the patient's records (date of surgery, any complications during or after surgery).				
4. Ask the patient or parent(s) if he has had any problems since the procedure was done. If so, where did he go and what was done?				
5. Ask the patient if the dressing on the penis is still intact.				
6. Ask the patient for permission to examine the surgical area.				
7. Help the patient to lie down on the couch.				
8. Wash your hands with soap and water and dry with a clean, dry towel.				
9. Put examination gloves on both hands.				
10. Examine the penis for: • Bleeding • Wound discharge • Wound disruption				
11. Gently remove strapping and gauze dressing.				
12. Apply saline to Sofratulle dressing and gently remove.				
13. Inspect suture line for bleeding, discharge or wound disruption.				
14. Clean with antiseptic solution and leave to dry.				
15. Dispose of contaminated wastes and gloves in covered, leakproof container.				
16. Immerse gloved hands in 0.5% chlorine solution, remove gloves gently and dispose of in covered, leakproof container.				
17. Wash your hands with soap and water and dry with a clean, dry towel.				

LEARNING GUIDE FOR 48-HOUR POSTOPERATIVE REVIEW				
TASK/ACTIVITY	**CASES**			
18. Tell the patient about your examination findings and repeat postoperative care instructions (including abstinence for 4–6 weeks).				
19. Ask the patient if he has any questions and answer them.				
20. Give the patient a date for his next appointment.				
21. Complete patient record form.				

PRACTICE CHECKLIST FOR GROUP EDUCATION ON MALE CIRCUMCISION AND MALE REPRODUCTIVE HEALTH

Place a "✓" in case box if step/task is performed **satisfactorily**, an "**X**" if it is **not** performed **satisfactorily**, or **N/O** if not observed.

Satisfactory: Performs the step or task according to the standard procedure or guidelines

Unsatisfactory: Unable to perform the step or task according to the standard procedure or guidelines

Not Observed: Step, task or skill not performed by participant during evaluation by trainer

PRACTICE CHECKLIST FOR GROUP EDUCATION ON MALE CIRCUMCISION AND MALE REPRODUCTIVE HEALTH				
TASK/ACTIVITY	**CASES**			
PREPARATION				
1. Prepare IEC materials				
2. Provide seats for all patients and the caretakers/parents who have come to the MC/male RH clinic.				
3. Greet the patient and caretakers/parents present and introduce yourself.				
4. Explain to the patients and caretakers/parents what you wish to talk about and encourage them to ask questions.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
GENERAL				
5. Use easy to understand language and check understanding.				
6. Encourage the patient to ask questions and voice concerns, and listen to what he has to say.				
7. Demonstrate empathy.				
8. Tell the patient/caretakers/parents what male RH services are available in the clinic.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
MALE CIRCUMCISION				
9. Ask a volunteer to tell you what he already knows about male circumcision.				
10. Give positive feedback to the volunteer on any correct information provided and fills in the gaps: • What is male circumcision? • Benefits of male circumcision • Risks of male circumcision • Relationship between male circumcision and HIV infection • Pain relief options for male circumcision • Postoperative care after male circumcision • How and where to contact health care workers after male circumcision				
11. Ask for any questions and address any concerns that the patients/parents may have.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				

PRACTICE CHECKLIST FOR GROUP EDUCATION ON MALE CIRCUMCISION AND MALE REPRODUCTIVE HEALTH				
TASK/ACTIVITY	**CASES**			
HIV DISEASE BASICS AND PREVENTION				
12. Ask a volunteer to tell you what he already knows about HIV/AIDS.				
13. Give positive feedback to the volunteer on any correct information provided and fill in the gaps.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
OTHER SEXUALLY TRANSMITTED INFECTIONS				
14. Ask a volunteer to tell others what he knows about other sexually transmitted infections (STIs).				
15. Give positive feedback to the volunteer on any correct information provided and fill in the gaps on: • Common STIs in the country • Symptoms and signs of the common STIs • How STIs can be prevented (including ABC message)				
16. Tell the patients where they can receive services if they experience symptoms and signs of an STI.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
FAMILY PLANNING				
17. Ask the patients and caretakers to list the family planning methods they know.				
18. Facilitate a brainstorming session on the benefits of family planning to the individual patient, couples and the community.				
19. Tell the patient about a variety of male and female family planning methods that are available in the clinic.				
20. Briefly tell the patient about condoms (effectiveness, dual protection, etc.).				
21. Give instructions on condom use (storage, when and how to use, disposal, etc.).				
22. Demonstrate with a model how to use a condom.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
INFERTILITY EVALUATION				
23. Ask a volunteer to tell listeners what he knows about infertility.				
24. Give positive feedback to the volunteer on any correct information provided and fill in the gaps (including association with STIs and prevention).				
25. Ask for and answer any questions on infertility.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
ALCOHOL AND SUBSTANCE ABUSE				
26. Facilitate a brainstorming session on alcohol and substance abuse.				
27. Ask for and answer any questions on infertility.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
WOMEN'S REPRODUCTIVE HEALTH NEEDS				
28. Discuss the need for men to support women's reproductive health needs				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				

PRACTICE CHECKLIST FOR GROUP EDUCATION ON MALE CIRCUMCISION AND MALE REPRODUCTIVE HEALTH				
TASK/ACTIVITY	**CASES**			
CONCLUSION				
29. Ask the patients/parents for any questions they might have on MC and male RH and provide additional information as needed.				
30. Tell patients/parents where to go for the services that they require.				
31. Thank everyone for their attention.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				

PRACTICE CHECKLIST FOR INDIVIDUAL COUNSELLING ON MALE CIRCUMCISION AND MALE REPRODUCTIVE HEALTH

Place a "✓" in case box if step/task is performed **satisfactorily**, an "**X**" if it is **not** performed **satisfactorily**, or **N/O** if not observed.

Satisfactory: Performs the step or task according to the standard procedure or guidelines

Unsatisfactory: Unable to perform the step or task according to the standard procedure or guidelines

Not Observed: Step, task or skill not performed by participant during evaluation by trainer

PRACTICE CHECKLIST FOR INDIVIDUAL COUNSELLING ON MALE CIRCUMCISION AND MALE REPRODUCTIVE HEALTH				
TASK/ACTIVITY	**CASES**			
PREPARATION				
1. Prepare IEC materials.				
2. Greet the patient and caretaker respectively and with kindness. Introduce yourself and ask for the name of the patient.				
3. Explain to the patient and the caretaker what is going to be done and encourages them to ask questions. Get permission before beginning and ask whether the caretaker should be present.				
4. Explain to the patient that the information he gives will be held confidential and will not be shared without his express permission.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
GENERAL				
5. Communicate effectively with the patient and caretaker(s)/parent(s).				
6. Honor confidentiality.				
7. Show sensitivity to social and cultural practices that may conflict with the plan of care.				
8. Encourage the patient to ask questions and voice concerns, and listen to what he has to say.				
9. Show empathy.				
10. Ask the patient/parent what specific reproductive health service he is requesting.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
MALE CIRCUMCISION				
11. Ask the patient (or the parents, if the child is too young) to tell you what he already knows about male circumcision.				
12. Tell the patient/parents about male circumcision: • What MC is • Benefits and risks of MC • How it is done • Postoperative care and follow-up				

PRACTICE CHECKLIST FOR INDIVIDUAL COUNSELLING ON MALE CIRCUMCISION AND MALE REPRODUCTIVE HEALTH				
TASK/ACTIVITY	**CASES**			
13. Ask for any questions and address any concerns that the patient or his parents may have.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
HIV DISEASE BASICS AND PREVENTION				
14. Ask the patient or his parents to tell you what they already know about HIV and AIDS.				
15. Ask the patient or his parents if he has ever been tested for HIV.				
16. Update the patient and/or his parents about HIV and AIDS.				
17. Explore the patient's HIV risk behaviour.				
18. Works with the patient to develop a risk reduction plan for the risk behaviours identified above.				
19. Refer patient for HIV testing if he so wishes.				
20. Refer patient for care and support if he is known to be HIV-positive.				
21. If HIV-negative, counsel patient on how to remain negative (ABC message).				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
OTHER SEXUALLY TRANSMITTED INFECTIONS (if the patient is already sexually active)				
22. Ask the patient what he knows about sexually transmitted infections (STIs).				
23. Update the patient about STIs, including how STIs can be prevented: • **ABC** message • Use of dual protection (condoms and other method of family planning) to avoid pregnancy and STIs/HIV				
24. Ask the patient if he has ever been diagnosed or treated for an STI.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
FAMILY PLANNING (for sexually active patients)				
25. Ask the patient about his and his spouse's reproductive intentions.				
26. Ask the patient to tell you what he already knows about family planning methods.				
27. Tell the patient about male and female family planning methods that are available in the country.				
28. Assess condom usage, and demonstrate as needed.				
29. If patient wants to stop childbearing, initiate discussions on male sterilization (vasectomy) and refer him to the family planning clinic.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
PLAN OF CARE				
30. Discuss the timing of visits for the reproductive health service requested.				
31. Complete the patient's record forms.				
32. Give the patient an appointment for the service requested.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				

PRACTICE CHECKLIST FOR SCREENING OF PATIENTS AND PREPARATION FOR MALE CIRCUMCISION

Place a "✓" in case box if step/task is performed **satisfactorily**, an "**X**" if it is **not** performed **satisfactorily**, or **N/O** if not observed.

Satisfactory: Performs the step or task according to the standard procedure or guidelines

Unsatisfactory: Unable to perform the step or task according to the standard procedure or guidelines

Not Observed: Step, task or skill not performed by participant during evaluation by trainer

PRACTICE CHECKLIST FOR SCREENING OF PATIENTS AND PREPARATION FOR MALE CIRCUMCISION				
TASK/ACTIVITY	**CASES**			
HISTORY-TAKING				
SCREENING				
1. Ask patient if the caretaker or parent can stay during the discussion. Support patient's decision on this.				
2. Assure patient of confidentiality of all information provided during the session.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
PATIENT IDENTIFICATION				
3. Ask the patient about personal information (name, address, age, marital status, etc.).				
4. Ask the patient (or his parents) why he has come to the clinic.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
INFORMED CONSENT				
5. If in the clinic for male circumcision, ensure that the patient (or his parent) has given an informed consent.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
HISTORY OF SEXUALLY TRANSMITTED INFECTIONS				
6. Ask the patient if he is sexually active.				
7. Ask if the patient currently has any genitourinary symptoms.				
8. If he has any of the above, find out more about the complaint.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
PAST MEDICAL HISTORY				
9. Ask the patient if he has ever been diagnosed and/or treated for an STI or other genital disease.				
10. Ask the patient if he has ever been treated or is currently being treated for any medical illness.				

PRACTICE CHECKLIST FOR SCREENING OF PATIENTS AND PREPARATION FOR MALE CIRCUMCISION				
TASK/ACTIVITY	**CASES**			
11. Ask the patient if he has ever undergone any surgery in the past (especially genital surgery).				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
REPRODUCTIVE AND CONTRACEPTIVE HISTORY				
12. Ask the patient if he has ever fathered a child. If so, how many?				
13. Ask about the patient's reproductive intentions.				
14. Ask the patient if he has ever used any type of contraception. If so, which method did he use?				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
DRUG HISTORY				
15. Ask the patient if he is currently on any special medications (whether prescribed, over-the-counter or traditional).				
16. Ask the patient if he has allergy to any known drug (including lignocaine injection or iodine).				
17. Ask the patient if he has a history of substance abuse. If so what?				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
PHYSICAL EXAMINATION				
18. Explain to the patient why a physical examination is necessary before male circumcision and ask the patient to undress and prepare for the examination.				
19. Assist the patient to lie on the examination couch and cover him with a drape.				
20. Perform a focused general physical examination.				
21. Check the patient's vital signs.				
22. Perform any other systemic examination as dictated by the patient's history.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
GENITAL EXAMINATION				
23. Wash hands with soap and water and dry with a clean, dry towel.				
24. Put examination gloves on both hands.				
25. Examine the penis and look for any abnormalities.				
26. Examine the scrotum and check for any abnormalities.				
27. Thank the patient for his cooperation.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
POST-EXAMINATION TASKS				
28. Immerse gloved hands in 0.5% chlorine solution, remove gloves and dispose of in waterproof disposal bin (or put in 0.5% chlorine solution for 10 minutes if re-using).				
29. Wash hands thoroughly with soap and water and dry with clean towel.				
30. Complete patient's record form.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				

PRACTICE CHECKLIST FOR SCREENING OF PATIENTS AND PREPARATION FOR MALE CIRCUMCISION				
TASK/ACTIVITY	**CASES**			
PREOPERATIVE GUIDANCE FOR THE PATIENT				
31. Instruct the patient to do the following prior to arrival at the clinic for surgery: • Empty his bladder. • Clip the pubic hair if it will interfere with the procedure, or it can be done at the clinic. • Wash his genital area and penis with water and soap, retracting the foreskin and washing under it.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				

PRACTICE CHECKLIST FOR DORSAL SLIT MALE CIRCUMCISION PROCEDURE

Place a "✓" in case box if step/task is performed **satisfactorily**, an "**X**" if it is **not** performed **satisfactorily**, or **N/O** if not observed.

Satisfactory: Performs the step or task according to the standard procedure or guidelines

Unsatisfactory: Unable to perform the step or task according to the standard procedure or guidelines

Not Observed: Step, task or skill not performed by participant during evaluation by trainer

PRACTICE CHECKLIST FOR DORSAL SLIT MALE CIRCUMCISION PROCEDURE				
TASK/ACTIVITY	**CASES**			
GETTING READY				
1. Gather all needed equipment.				
2. Greet patient and/or parent(s) respectfully and with kindness.				
3. Describe your role in the male circumcision procedure.				
4. Ask the patient or parent(s) if they have any questions they wish to ask about the procedure.				
5. Review the patient's records (history, examination findings, laboratory report if any).				
6. Verify patient's identity and check that informed consent was obtained.				
7. Check that patient has recently washed and rinsed his genital areas.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
PREOPERATIVE TASKS				
8. Prepare instrument tray and open sterile instrument pack without touching items.				
9. Ask the patient to lie on his back in a comfortable position.				
10. Wash hands thoroughly and dry them with clean, dry towel.				
11. Put on sterile gown and two pairs of sterile or high-level disinfected surgical gloves.				
12. Apply antiseptic solution (e.g., Betadine solution) two times to the genital area.				
13. Retract the foreskin and apply antiseptic solution, making sure that the inner surface and the glans are clean and the skin is dry.				
14. Remove the outer pair of gloves.				
15. Apply a center "O" drape to the genital area and pull the penis through the "O" drape. If there is no "O-drape", apply four smaller drapes to form a small square around the penis.				
16. Perform a gentle examination of the external genitalia.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				

PRACTICE CHECKLIST FOR DORSAL SLIT MALE CIRCUMCISION PROCEDURE				
TASK/ACTIVITY	**CASES**			
ANAESTHESIA TASKS				
17. Perform a Subcutaneous Ring Block (SQRB) or Dorsal Penile Nerve Block (DPNB) using an appropriate predetermined quantity of 1% plain lidocaine and paying special attention to the ventral nerve.				
18. Check the anaesthetic effect of the nerve block and top up as needed.				
19. Throughout procedure, talk to and reassure the patient (verbal anaesthesia).				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
COMMON STEPS TO ALL SURGICAL METHODS				
20. Hold the prepuce with artery forceps.				
21. Make a curved mark (1 cm proximal and parallel to the coronal sulcus) to outline the planned surgical cut.				
22. Apply a straight artery forceps to crush the prepuce at 12 o'clock and remove after 1 minute.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
SURGICAL PROCEDURE: DORSAL SLIT TECHNIQUE				
23. Using a pair surgical scissors, make a dorsal slit in the prepuce starting from the preputial orifice to the dorsal corona sulcus.				
24. Excise the prepuce with a surgical blade along the previous mark.				
25. Identify bleeders, and clamp and tie them. Suture and, if necessary, ligate them with 3/0 plain catgut.				
26. After ligating all the bleeders, irrigate the area with normal saline and then inspect for more bleeders. If identified, tie them.				
27. Using 3/0 chromic catgut on a taper 4/8-circle needle, make an inverted U-shaped horizontal mattress stitch on the ventral side of the penis (frenulum) to join the skin at the "V" shaped cut. Tie and tag with a mosquito forceps.				
28. Insert vertical mattress stitches at 12, 3 and 9 o'clock positions and tag the four quarters.				
29. Insert simple stitches between the vertical mattress stitches to close the gaps (approximately a total of about 16 stitches).				
30. Irrigate the area with normal saline and add other simple stitches as required.				
31. Dress the wound with Sofratulle, followed by a regular dressing bandage and a strapping.				
32. Advise the patient to rest for 30 minutes.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
POST-PROCEDURE TASKS				
33. Dispose of contaminated needles and syringes in puncture-proof container.				
34. Place soiled instruments in 0.5% chlorine solution for 10 minutes for decontamination.				
35. Dispose of waste materials in covered leakproof container or plastic bag.				

PRACTICE CHECKLIST FOR DORSAL SLIT MALE CIRCUMCISION PROCEDURE				
TASK/ACTIVITY	**CASES**			
36. Immerse both gloves hands in 0.5% chlorine solution and remove gloves by turning inside out: • If disposing of gloves, place in leakproof container or plastic bag. • If reusing gloves (not recommended), submerge in chlorine solution for decontamination.				
37. Wash hands thoroughly and dry them with clean, dry towel.				
POSTOPERATIVE CARE				
38. Observe the patient's vital signs and record findings.				
39. Answer patient's questions and concerns.				
40. Advise the patient on postoperative care of the penis.				
41. When stable, discharge the patient home on mild analgesics.				
42. Inform the patient to come back for follow-up after 48 hours or anytime earlier should there be any complications.				
43. Complete operation notes and other patient record forms.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				

PRACTICE CHECKLIST FOR FORCEPS GUIDED MALE CIRCUMCISION PROCEDURE

Place a "✓" in case box if step/task is performed **satisfactorily**, an "**X**" if it is **not** performed **satisfactorily**, or **N/O** if not observed.

Satisfactory: Performs the step or task according to the standard procedure or guidelines

Unsatisfactory: Unable to perform the step or task according to the standard procedure or guidelines

Not Observed: Step, task or skill not performed by participant during evaluation by trainer

PRACTICE CHECKLIST FOR FORCEPS GUIDED MALE CIRCUMCISION PROCEDURE				
TASK/ACTIVITY	**CASES**			
GETTING READY				
1. Gather all needed equipment.				
2. Greet patient and/or parent(s) respectfully and with kindness.				
3. Describe your role in the male circumcision procedure.				
4. Ask the patient or parent(s) if they have any questions they wish to ask about the procedure.				
5. Review the patient's records (history, examination findings, laboratory report if any).				
6. Verify patient's identity and check that informed consent was obtained.				
7. Check that patient has recently washed and rinsed his genital areas.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
PREOPERATIVE TASKS				
8. Prepare instrument tray and open sterile instrument pack without touching items.				
9. Ask the patient to lie on his back in a comfortable position.				
10. Wash hands thoroughly and dry them with clean, dry towel.				
11. Put on sterile gown and two pairs of sterile or high-level disinfected surgical gloves.				
12. Apply antiseptic solution (e.g., Betadine solution) two times to the genital area.				
13. Retract the foreskin and apply antiseptic solution, making sure that the inner surface and the glans are clean and the skin is dry.				
14. Remove the outer pair of gloves.				
15. Apply a center "O" drape to the genital area and pull the penis through the "O" drape. If there is no "O-drape", apply four smaller drapes to form a small square around the penis.				
16. Perform a gentle examination of the external genitalia.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				

PRACTICE CHECKLIST FOR FORCEPS GUIDED MALE CIRCUMCISION PROCEDURE				
TASK/ACTIVITY	**CASES**			
ANAESTHESIA TASKS				
17. Perform a Subcutaneous Ring Block (SQRB) or Dorsal Penile Nerve Block (DPNB) using an appropriate predetermined quantity of 1% plain lidocaine and paying special attention to the ventral nerve.				
18. Check the anaesthetic effect of the nerve block and top up as needed.				
19. Throughout procedure, talk to and reassure the patient (verbal anaesthesia).				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
COMMON STEPS TO ALL SURGICAL METHODS				
20. Hold the prepuce with artery forceps.				
21. Make a curved mark (1 cm proximal and parallel to the coronal sulcus) to outline the planned surgical cut.				
22. Apply a straight artery forceps to crush the prepuce at 12 o'clock and remove after 1 minute.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
SURGICAL PROCEDURE: FORCEPS GUIDED METHOD				
23. Excise the prepuce distal to the clamp using a surgical blade along the mark.				
24. Identify bleeders, and clamp and tie them. Suture and, if necessary, ligate them with 3/0 plain catgut.				
25. After ligating all the bleeders, irrigate the area with normal saline and then inspect for more bleeders. If identified, tie them.				
26. Using 3/0 chromic catgut on a taper 4/8-circle needle, make an inverted U-shaped horizontal mattress stitch on the ventral side of the penis (frenulum) to join the skin at the "V" shaped cut. Tie and tag with a mosquito forceps.				
27. Insert vertical mattress stitches at 12, 3 and 9 o'clock positions and tag the four quarters.				
28. Insert simple stitches between the vertical mattress stitches to close the gaps (approximately a total of about 16 stitches).				
29. Irrigate the area with normal saline and add other simple stitches as required.				
30. Dress the wound with Sofratulle, followed by a regular dressing bandage and a strapping.				
31. Advise the patient to rest for 30 minutes.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
POST-PROCEDURE TASKS				
32. Dispose of contaminated needles and syringes in puncture-proof container.				
33. Place soiled instruments in 0.5% chlorine solution for 10 minutes for decontamination.				
34. Dispose of waste materials in covered leakproof container or plastic bag.				

PRACTICE CHECKLIST FOR FORCEPS GUIDED MALE CIRCUMCISION PROCEDURE				
TASK/ACTIVITY	**CASES**			
35. Immerse both gloves hands in 0.5% chlorine solution and remove gloves by turning inside out. • If disposing of gloves, place in leakproof container or plastic bag. • If reusing gloves (not recommended), submerge in chlorine solution for decontamination.				
36. Wash hands thoroughly and dry them with clean, dry towel.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
POSTOPERATIVE CARE				
37. Observe the patient's vital signs and record findings.				
38. Answer patient's questions and concerns.				
39. Advise the patient on postoperative care of the penis.				
40. When stable, discharge the patient home on mild analgesics.				
41. Inform the patient to come back for follow-up after 48 hours or anytime earlier should there be any complications.				
42. Complete operation notes and other patient record forms.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				

PRACTICE CHECKLIST FOR SLEEVE RESECTION MALE CIRCUMCISION PROCEDURE

Place a "✓" in case box if step/task is performed **satisfactorily**, an "**X**" if it is **not** performed **satisfactorily**, or **N/O** if not observed.

Satisfactory: Performs the step or task according to the standard procedure or guidelines

Unsatisfactory: Unable to perform the step or task according to the standard procedure or guidelines

Not Observed: Step, task or skill not performed by participant during evaluation by trainer

PRACTICE CHECKLIST FOR SLEEVE RESECTION MALE CIRCUMCISION PROCEDURE				
TASK/ACTIVITY	**CASES**			
GETTING READY				
1. Gather all needed equipment.				
2. Greet patient and/or parent(s) respectfully and with kindness.				
3. Describe your role in the male circumcision procedure.				
4. Ask the patient or parent(s) if they have any questions they wish to ask about the procedure.				
5. Review the patient's records (history, examination findings, laboratory report if any).				
6. Verify patient's identity and check that informed consent was obtained.				
7. Check that patient has recently washed and rinsed his genital areas.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
PREOPERATIVE TASKS				
8. Prepare instrument tray and open sterile instrument pack without touching items.				
9. Ask the patient to lie on his back in a comfortable position.				
10. Wash hands thoroughly and dry them with clean, dry towel.				
11. Put on sterile gown and two pairs of sterile or high-level disinfected surgical gloves.				
12. Apply antiseptic solution (e.g., Betadine solution) two times to the genital area.				
13. Retract the foreskin and apply antiseptic solution, making sure that the inner surface and the glans are clean and the skin is dry.				
14. Remove the outer pair of gloves.				
15. Apply a center "O" drape to the genital area and pull the penis through the "O" drape. If there is no "O-drape", apply four smaller drapes to form a small square around the penis.				
16. Perform a gentle examination of the external genitalia.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				

PRACTICE CHECKLIST FOR SLEEVE RESECTION MALE CIRCUMCISION PROCEDURE				
TASK/ACTIVITY	**CASES**			
ANAESTHESIA TASKS				
17. Perform a Subcutaneous Ring Block (SQRB) or Dorsal Penile Nerve Block (DPNB) using an appropriate predetermined quantity of 1% plain lidocaine and paying special attention to the ventral nerve.				
18. Check the anaesthetic effect of the nerve block and top up as needed.				
19. Throughout procedure, talk to and reassure the patient (verbal anaesthesia).				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
COMMON STEPS TO ALL SURGICAL PROCEDURES				
20. Hold the prepuce with artery forceps.				
21. Make a curved mark (1 cm proximal and parallel to the coronal sulcus) to outline the planned surgical cut.				
22. Apply a straight artery forceps to crush the prepuce at 12 o'clock and remove after 1 minute.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
SURGICAL PROCEDURE: SLEEVE RESECTION METHOD				
23. Using a scalpel blade, make incisions along the two lines, taking care to cut through the skin to the subcutaneous tissue but not deeper. Ask the assistant to help retract the skin with a moist gauze swap as you make the incisions.				
24. Using a pair of dissecting scissors, join the two incisions.				
25. Hold the sleeve of foreskin under tension with two artery forceps and dissect it off the shaft of the penis, using a pair of dissecting forceps.				
26. Identify bleeders, and clamp, tie and/or under-run them.				
27. After ligating all the bleeders, irrigate the area with normal saline and then inspect for more bleeders. If identified, tie them.				
28. Using 3/0 or 4/0 chromic catgut on a taper-cut or round-body needle, make a U-shaped horizontal mattress stitch on the ventral side of the penis (frenulum) to join the skin at the "V" shaped cut. Tie and tag with a mosquito forceps.				
29. Using the same chromic catgut, place vertical mattress stitches at 12, 3 and 9 o'clock positions and tag accordingly.				
30. Thereafter, close the gaps between the tagged stitches with two or more simple sutures (a total of approximately 16 stitches).				
31. Irrigate the area with normal saline and add other simple stitches as required.				
32. Dress the wound with Sofratulle/Vaseline gauze, then with a regular dressing bandage and a strapping.				
33. Advise the patient to rest for 30 minutes.				
34. Make a curved mark (1 cm proximal and parallel to the coronal sulcus) to outline the planned surgical cut.				
35. Clamp the prepuce along the mark with a Kocher clamp while retracting the glans, ensuring that the glans itself is not clamped.				
36. Excise the prepuce distal to the clamp using a surgical blade along the mark.				

PRACTICE CHECKLIST FOR SLEEVE RESECTION MALE CIRCUMCISION PROCEDURE				
TASK/ACTIVITY	**CASES**			
37. Identify bleeders, and clamp and tie them. Suture and, if necessary, ligate them with 3/0 plain catgut.				
38. After ligating all the bleeders, irrigate the area with normal saline and then inspect for more bleeders. If identified, tie them.				
39. Using 3/0 chromic catgut on a taper 4/8-circle needle, make an inverted U-shaped horizontal mattress stitch on the ventral side of the penis (frenulum) to join the skin at the "V" shaped cut. Tie and tag with a mosquito forceps.				
40. Insert vertical mattress stitches at 12, 3 and 9 o'clock positions and tag the four quarters.				
41. Insert simple stitches between the vertical mattress stitches to close the gaps (approximately a total of about 16 stitches).				
42. Irrigate the area with normal saline and add other simple stitches as required.				
43. Dress the wound with Sofratulle, followed by a regular dressing bandage and a strapping.				
44. Advise the patient to rest for 30 minutes.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
POST-PROCEDURE TASKS				
45. Dispose of contaminated needles and syringes in puncture-proof container.				
46. Place soiled instruments in 0.5% chlorine solution for 10 minutes for decontamination.				
47. Dispose of waste materials in covered leakproof container or plastic bag.				
48. Immerse both gloves hands in 0.5% chlorine solution and remove gloves by turning inside out. • If disposing of gloves, place in leakproof container or plastic bag. • If reusing gloves (not recommended), submerge in chlorine solution for decontamination.				
49. Wash hands thoroughly and dry them with clean, dry towel.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
POSTOPERATIVE CARE				
50. Observe the patient's vital signs and record findings.				
51. Answer patient's questions and concerns.				
52. Advise the patient on postoperative care of the penis.				
53. When stable, discharge the patient home on mild analgesics.				
54. Inform the patient to come back for follow-up after 48 hours or anytime earlier should there be any complications.				
55. Complete operation notes and other patient record forms.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				

PRACTICE CHECKLIST FOR 48-HOUR POSTOPERATIVE REVIEW

Place a "✓" in case box if step/task is performed **satisfactorily**, an "**X**" if it is **not** performed **satisfactorily**, or **N/O** if not observed.

Satisfactory: Performs the step or task according to the standard procedure or guidelines

Unsatisfactory: Unable to perform the step or task according to the standard procedure or guidelines

Not Observed: Step, task or skill not performed by participant during evaluation by trainer

PRACTICE CHECKLIST FOR 48-HOUR POSTOPERATIVE REVIEW				
TASK/ACTIVITY	**CASES**			
GETTING READY				
1. Gather all needed materials.				
2. Greet the patient and/or parent(s) respectfully and with kindness.				
3. Review the patient's records (date of surgery, any complications during or after surgery).				
4. Ask the patient or parent(s) if he has had any problems since the procedure was done. If so, where did he go and what was done?				
5. Ask the patient if the dressing on the penis is still intact.				
6. Ask the patient for permission to examine the surgical area.				
7. Help the patient to lie down on the couch.				
8. Wash your hands with soap and water and dry with a clean, dry towel.				
9. Put examination gloves on both hands.				
10. Examine the penis for: • Bleeding • Wound discharge • Wound disruption				
11. Gently remove strapping and gauze dressing.				
12. Apply saline to Sofratulle dressing and gently remove.				
13. Inspect suture line for bleeding, discharge or wound disruption.				
14. Clean with antiseptic solution and leave to dry.				
15. Dispose of contaminated wastes and gloves in covered leakproof container.				
16. Wash your hands with soap and water and dry with a clean, dry towel.				
17. Tell the patient about examination findings and repeat postoperative care instructions (including abstinence for 4–6 weeks).				
18. Ask the patient if he has any questions and answer them.				
19. Give the patient a date for his next appointment.				
20. Complete patient record form.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				

MALE CIRCUMCISION UNDER LOCAL ANAESTHESIA COURSE EVALUATION FORM

Please indicate on a 1–5 scale your opinion of the following course components:

1 – Strongly Disagree 2 – Disagree 3 – No Opinion 4 – Agree 5 – Strongly Agree

COURSE COMPONENT	RATING
1. The course helped me to gain a better understanding of the relationship between male circumcision and HIV infection.	
2. The precourse questionnaire helped me study more effectively.	
3. The role play sessions on adult and adolescent counselling about male circumcision were helpful.	
4. The case studies and role play sessions on screening for male circumcisions were helpful.	
5. The group discussions helped me to consider my attitudes toward male circumcision.	
6. The demonstration of male circumcision using anatomic models helped me to gain a better understanding of the procedure before practice in the classroom and health care facility.	
7. The practice sessions using models increased my confidence in learning to provide male circumcisions with clients.	
8. There was sufficient time scheduled for practicing male circumcision using models.	
9. 9. The models used to practice male circumcision were effective.	
10. The instructors helping me to practice male circumcision with clients were effective coaches.	
11. There was sufficient opportunity to practice male circumcision with clients.	
12. The training materials and job aids were effective.	
13. I feel confident in my ability to use infection prevention practices recommended for male circumcision.	
14. I feel confident in my ability to perform male circumcision.	
15. The questionnaires, learning guides and checklists provided a fair assessment of the knowledge, attitudes and skills learned as a result of attending this course.	

ADDITIONAL COMMENTS

1. What topics (if any) should be added to improve the course? Please explain your suggestion.

2. What topics (if any) should be deleted to improve the course? Please explain your suggestion.