

Wound Healing after Voluntary Medical Male Circumcision (VMMC)

This document provides a definition of clinical wound healing after VMMC. It is intended to be used by researchers engaged in VMMC studies as a standardized way to assess VMMC clinical wound healing by visual inspection, to ensure comparability between studies. This definition was developed through an iterative consultation process with an expert committee including VMMC researchers, consulting urologists, and program leaders, listed below.

The importance of clinical healing is as the point after which it is considered safe for men to return to normal sexual activity, although condom use is still recommended for protection against HIV transmission, and it may take over a year for tissue beneath the wound site to return to its full strength. The World Health Organization currently recommends abstinence for at least six weeks after surgical MC, as the majority of men are clinically healed by this time. There is insufficient data to recommend genital examination by a trained clinician as a safe alternative to this period of abstinence and it should not be used to counsel for resumption of sexual activity prior to the six weeks. However, this guide could be useful to clinicians when there is uncertainty about whether a man who received VMMC **six or more** weeks ago is clinically healed to resume sexual activity.

Clinical healing after VMMC by any method is defined as:

Intact epithelium (unbroken skin) covering the wound as judged by the provider on visual inspection, meaning that none of the following are present: sutures, scabbing, drainage, moisture, gaps between epithelial edges or ulceration.

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