

CLINICAL MANUAL

MALE CIRCUMCISION FOR HIV PREVENTION

**MANUAL FOR MALE
CIRCUMCISION UNDER
LOCAL ANAESTHESIA
AND HIV PREVENTION
SERVICES FOR ADOLESCENT
BOYS AND MEN**

APRIL 2018



**World Health
Organization**



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ABBREVIATIONS

AIDS	acquired immunodeficiency syndrome
CDC	US Centers for Disease Control and Prevention
COSECSA	College of Surgeons of East, Central and Southern Africa
HIV	human immunodeficiency virus
IMEESC	Integrated management for emergency and essential surgical care
<i>Manual</i>	<i>Manual for male circumcision under local anaesthesia and HIV prevention services for adolescent boys and men</i>
PEPFAR	US President's Emergency Plan for AIDS Relief
PSI	Population Services International
SSI	surgical site infection
UNAIDS	United Nations Programme on HIV/AIDS
US	United States
VMMC	voluntary medical male circumcision
WHO	World Health Organization

PREFACE

Male circumcision has been performed on adolescent boys and men for many years, primarily for religious and cultural reasons, such as a rite of passage to mark the transition to adulthood. In 2007, due to consistent and compelling scientific evidence that men who are circumcised have a 60% reduced risk of acquiring HIV transmitted through heterosexual contact, the World Health Organization (WHO) and the Joint United Nations Programme on HIV/AIDS (UNAIDS) recommended male circumcision as an additional option for HIV prevention. Countries with generalized HIV epidemics were considered priority for implementing this additional HIV prevention option. Other recommendations issued in 2007 stated the following:

- Male circumcision should be delivered as part of a minimum package that includes: information about risks and benefits, counselling on safer sexual practices, access to HIV testing services and condoms and management of sexually transmitted infections.
- Male circumcision is provided with full adherence to medical ethics and human rights principles, including informed consent and confidentiality.
- Supervision systems for quality assurance should be established along with referral systems to manage complications.

Male circumcision has also been shown to provide additional benefits, such as reducing the transmission of some sexually transmitted infections, for example—the human papillomavirus.

To support implementation of safe, quality medical male circumcision services, WHO partnered with Jhpiego and other stakeholders to draft the 2009 *Manual for male circumcision under local anaesthesia*, which has been widely available online since its publication. At the time it was written, experience in performing male circumcision services in countries with a generalized HIV epidemic predominantly came from research settings, and the provision of circumcision services was not standardized. Complication rates following traditional male circumcision were reportedly high, but the true incidence of complications was unknown.

Between the issuance of the 2007 WHO and UNAIDS recommendation on male circumcision for HIV prevention and 2016, more than 14 million adolescent boys and men, in 14 countries in East and Southern Africa, have been circumcised through public health programmes that offer male circumcision services. The new 2018 edition—*Manual for male circumcision under local anaesthesia and HIV prevention services for adolescent boys and men (Manual)*—takes into account lessons learnt from providing male circumcision services to millions of adolescent boys and men, as well as relevant new recommendations on various aspects of care. Although adverse events or complications from male circumcision have been rare, particular attention has been taken to amend every section of the 2018 *Manual* in light of reported events so that risk may be reduced even further. New surgical male circumcision methods that have been reviewed for efficacy and safety, including the use of devices prequalified by WHO, are also addressed in the *Manual*, although the reader is referred to the device-specific manufacturer's instructions for use for details. Lastly, this version reflects the need for more person-centred services, so greater emphasis is placed on adolescents compared to the first edition because adolescents represent a large number of the individuals seeking male circumcision.

This *Manual* is primarily intended for nonsurgical, qualified providers and for trainers who are involved in the provision of male circumcision services for HIV prevention and other health benefits in East and Southern Africa. In this *Manual*, the description of techniques was written targeting the skills of this midlevel provider. A secondary audience for use of this *Manual* may be providers, globally, who undertake medical male circumcision procedures on males with normal anatomy and without contraindications—that is, primarily for reasons other than HIV prevention.

A major objective of this *Manual* is to support male circumcision clinics and providers in providing high-quality services and reducing the risk of adverse events to as low a level as possible. The *Manual* has a special emphasis on preventing the rare but serious life-threatening adverse events related to bleeding, infection (including tetanus) and anaesthesia.

The *Manual* is one of many documents and guidelines to assist countries implement programmes for safe male circumcision services within their HIV and sexual and reproductive health programmes. Most documents are available on the Clearinghouse on Male Circumcision for HIV prevention's website (www.malecircumcision.org) and the WHO's website (<http://www.who.int/hiv/en/>).

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SUMMARY OF NEW AND UPDATED CONTENT

TOPIC	NEW OR UPDATED CONTENT
Title	The title changed to <i>Manual for male circumcision under local anaesthesia and HIV prevention services for adolescent boys and men</i> .
Population focus	<p>Clinical and surgical procedures described in the <i>Manual for male circumcision under local anaesthesia and HIV prevention services for adolescent boys and men (Manual)</i> are only for adolescent boys and men; information on infant and child circumcision is not in this <i>Manual</i>, but a reference to it is provided.</p> <p>This <i>Manual</i> places a greater emphasis on adolescent boys because they represent the large number of males seeking circumcision. Chapter 2 provides new content on addressing adolescents and providing male friendly services.</p>
Better definition of the various roles in the circumcision clinic	The second edition includes clearer definition of the roles of the various providers in the circumcision team. These include education, counselling, screening, surgery and surgical assisting, postprocedure and follow-up care and recognition of other needs that may require referral to other services.
Patient safety	As in the first edition, client safety remains paramount. In this second edition, there is improved description of roles and responsibilities to clarify and reinforce safety and accountability.
Education and counselling (Chapters 1, 2 and 6)	The <i>Manual</i> expands the list of messages to convey at each point of service (see Table 6.1 in Chapter 6) and provides expanded information on the package of additional services.
Items needed for emergencies (Chapter 3)	Chapter 3 now includes a list of items needed in case of an emergency during a conventional or device-based surgical circumcision procedure.
Infection prevention and control (Chapters 5, 7 and 9)	<p>Contents in Chapters 5 and 7 were extensively revised to align with the World Health Organization's (WHO's) current infection prevention and control recommendations (including hand hygiene and surgical hand preparation). Revisions include more details that emphasize correct hand hygiene practices and an updated surgical hand rubbing technique (see Fig. 7.8 in Chapter 7). Also in Chapter 7, Fig. 7.9 details how to put on surgical gloves, and Fig. 7.10 details how to take off surgical gloves. Related hand hygiene content align with each other.</p> <p>The <i>Manual</i> recommends that the skin in the client's genital area be prepared a minimum of three times before the procedure (see Section 9.3.1 in Chapter 9).</p> <p>The <i>Manual</i> discusses safety-engineered syringes in line with WHO's recommendations, which shift to the use of such injury-protection supplies, and offers considerations for safety-engineered devices that permit aspiration, as required for injection of anaesthesia.</p> <p>Chapter 5 provides more detail on preventing contamination in medicine vials through 'double dipping' (see Fig. 5.2).</p> <p>The <i>Manual</i> provides extensive information on decontamination and waste management, which are aligned with updated guidance from WHO.</p> <p>Chapter 5 provides updated post-exposure prophylaxis information to reflect current recommendations (see Box A5.1.1).</p>

TOPIC	NEW OR UPDATED CONTENT
Preprocedure screening (Chapters 6 and 7)	<p>This <i>Manual</i> discusses screening for tetanus-toxoid containing vaccination and bleeding disorders and offers advice on hypertensive or diabetic clients. This <i>Manual</i> also provides guidance on screening for substance use and mental health problems.</p> <p>Chapter 7 has more photographs of genital abnormalities to assist providers in recognition of such conditions (see Annex 7.2). It also offers an adaptation of WHO's surgical checklist for use in conventional or device-based male circumcision (see Annex 7.3).</p>
HIV testing and prevention	<p>The <i>Manual</i> aligns testing and partner notification recommendations, and consideration of pre-exposure prophylaxis for those at substantial risk for HIV with other WHO guidance.</p>
Conventional and device-based surgical circumcision	<p>The <i>Manual</i> considers device-based circumcision to be a surgical procedure. Device-based methods are described generally. Specific instructions should be obtained from the manufacturer's instructions for use.</p>
Diathermy (Chapter 8)	<p>Chapter 8 includes improved description of diathermy with new illustrations.</p>
Local anaesthesia dose tables (Chapter 9)	<p>Chapter 9 provides dosing information for the combination of lidocaine/lignocaine and bupivacaine.</p>
Surgical techniques	<p>The surgical techniques are presented in a step-by-step manner with illustrations. In light of experience, some steps have been modified from the first edition. The <i>Manual</i> continues to place emphasis on basic surgical skills, avoiding common errors and managing errors if they occur.</p>
Forceps-guided method (Chapter 9)	<p>Chapter 9 clarifies the placement of forceps in the forceps-guided method.</p> <p>Forceps-guided method should not be used in clients below 15 years of age due to the clients' immature physical development.</p> <p>For the forceps-guided method, an option to trim the inner cuff is shown in Fig. 9.13 (see Chapter 9).</p>
Dorsal slit (Chapter 9)	<p>Technique has been modified on where to place the artery forceps to better display where the dorsal slit cut should be made (see Section 9.6.2 in Chapter 9).</p>
Adverse events (Chapter 10)	<p>Some adverse events were detected during the implementation of voluntary medical male circumcision programs, and these events were not included in the previous edition (for example, tetanus). Therefore, this <i>Manual</i> adds information to enable earlier recognition of and response to possible adverse events associated with circumcision. This information is based on evidence gained from the performance of millions of male circumcisions through various HIV prevention programmes.</p> <p>The <i>Adverse events guide for voluntary medical male circumcision by surgery or device</i>—prepared by the Population Services International/College of Surgeons of East, Central and Southern Africa/US Centers for Disease Control and Prevention—is presented in its entirety as Annex 10.3 (see Chapter 10) to enhance ease of access to this information. The <i>Manual's</i> text on adverse events aligns with the <i>Adverse events guide for voluntary medical male circumcision by surgery or device</i>.</p>