Chapter 6: PrePex Device Removal Procedure and Challenges
Learning Objectives

- At the end of the session, participants should be able to:
  - Understand and perform the steps required to remove a PrePex device
  - Recognize challenges that may arise during the removal procedure and how to deal with them
  - Understand the key information given to the client after device removal
Prepare All PrePex Removal Tools and Materials

- Lay out the tools in the order in which they will be used:
  - Pair of medical nonsterile gloves
  - Antiseptic in dispensing bottle
  - 4 gauze sheets: 7.5 cm x 7.5 cm/10 cm x 10 cm
  - Sterile kit containing the following:
    - 1 toothed forceps
    - 1 special scissors
    - 1 spatula
    - 1 scalpel, number 10
    - Betadine (Caution: iodine allergy)
    - 1 non-adherent (not sticking) dressing
Removal Tools and Materials

- Toothed forceps used to hold the foreskin firmly while cutting
- Special recommended scissors used to remove necrotic foreskin
- Spatula used to remove inner ring
During Removal You May Find:

- The foreskin opening is too narrow and stiff to allow insertion of the scissors. Use the forceps to gently enlarge the opening.
- Some edema (swelling) is normal if localized and not observed all over the genitals. Handle the penis gently and carefully.
- Part of foreskin might be separated from the skin, usually at the frenulum.
Dilation of the Foreskin Opening
Skin Preparation

- Prepare the skin with antiseptic solution:
  - Start at the glans. Drip the solution into the space between the foreskin and glans. If the foreskin is stuck to the glans, gently use motion and solution to separate the two.
  - Next, use wet gauze to clean the necrotized foreskin, inner ring area, and shaft of the penis.
Cleaning during the Removal Procedure

• Reminder: Work only with adequately sterile removal tools! Tools must be properly cleaned before sterilization.

• After removal of the elastic ring, thoroughly disinfect the area of the inner ring, the necrotic foreskin around it, and the glans with povidone iodine (PI) 10% solution, especially in the area where the spatula will be used.

• Repeat an additional 2 times!

• Wait for the PI to dry—up to 2 minutes—before removing the inner ring.

• Before dressing the circumcision site, clean the area properly using PI 10% solution.
Disinfection with PI 10% Solution before Inner Ring Extraction
Positions on the Glans

Client's head

Client's feet
Removal of the Foreskin

- Work comfortably and gently:
  - Pull penis up. Place forceps at 2 o’clock (transfer to left hand).
  - Place scissors at 3 o’clock.
Removal of the Foreskin

- Do not hold the penis.
- Do not pull with forceps; it causes discomfort.
- Cut in a diagonal (oblique) direction (like peeling an apple).
- When you reach the inner ring, cut close to inner ring.
Now the Inner Ring is Exposed

- If necessary, trim the cut edge to make it clean and straight.
- Minimal foreskin should be visible.
- The inner ring should be exposed as much as possible.
Removal of the Foreskin
Remove the Elastic Ring from Foreskin

- Use a Number 10 single-use scalpel.
- Before removing scalpel from packet, explain to the client: “I am just cutting the elastic, not your skin.”
- Only cut on the flat part of the inner ring.
- The sharp side of the scalpel faces the necrotic tissue.
Yes (curved)

No (curved)

No (frenulum)
You are using a sharp scalpel near the penis.

- The elastic ring is strong:
  - Press the scalpel tip vertically onto the elastic ring (the inner ring is underneath).
  - It will pop open (if it does not open, press scalpel again).
Removing the Elastic Ring
Extract the Inner Ring

- Explain to the **client** that he **might experience some discomfort** for a few seconds.
- Hold the penis in your left hand and the spatula in your right hand.
- Start at the middle of the curved side of the inner ring
- If necessary: Go gently around the inner ring, carefully probing. If parts of the inner ring are stuck, gently force them to separate.
Extract the Inner Ring (continued)

- Insert the tip of the spatula between the necrotic foreskin and the inner ring.
- Continue pushing the spatula under and up the foreskin around inner ring.
Extract the Inner Ring (continued)

- Cut inner ring with the special cutter, using the flat side.
- Dispose of the inner ring properly:
  - It cannot be reused (it is not clean and not safe).
  - If it is not disposed of properly, it might be used by an untrained person.
  - Dangerous
Penis after Removal of Foreskin and Device
Dressing the Penis

- Apply direct pressure with gauze for several seconds to make sure oozing stops completely.
- Do not dress the penis before you have made sure that there is no oozing.
- **Before dressing the circumcision site, clean the area properly with PI 10% solution.**
- Clean the area with betadine (caution: iodine allergy).
- Place dressing around the wound, using Micropore (adhesive tape) at the top of the dressing to seal it. Do not dress too tightly (can cause discomfort and even necrosis of the glans).
- Make sure that the urethra opening is not covered by the dressing.
Skin Disinfection with PI 10% Solution
Before Dressing Application
While the client is on the bed, show him the correct way to apply the dressing (adhesive edge on the shaft).

Arrange the penis in an upward position and instruct the client to keep this position for the duration of the healing.
Dressing the Penis
A General Note about Removal

- The optimal removal day is Day 7, exactly 1 week after placement. However, removal can be done with no harm on Day 6 if:
  1. The client has made a request for early removal because of pain, discomfort, smell, or another reason.
  2. The foreskin is short and thin.

**Note:** Removal on Day 5 at the client’s request should take place only after examination.
Referring Client to a Post-Removal Discharge Session

- Fill out the client record form and adverse event (AE) form, if necessary.
- Ask the client to get dressed and send him with his signed form to the discharge session room.
- **Make sure the client does not leave without attending a discharge session.**
Group Discharge Session for Further Information about Self-Care

- The session is conducted in a designated room by a PrePex-trained provider. The client receives a post-removal information leaflet and important information.

- **Explain the following to the client:**
  1. **He must keep the dressing dry.**
     - If it gets wet, it must be replaced.
     - He must remove the dressing slowly and gently after 2 days.
     - If the dressing sticks, drip clean water on it before removing it.
2. The remaining foreskin will dry and fall off within 1–2 weeks.
   - New skin will grow over the wound.
   - Wash gently and do not rub. Use soap and clean water daily. Dry carefully. Handle with care for 2 weeks or until the skin has grown back nicely over the wound.

3. He must avoid sex and masturbation for 6 weeks (even with a condom). Explain the risks:
   - Easy to get HIV with open wound
   - Risk of infection
   - Disturbing the wound prolongs healing process
Group Discharge Session for Further Information about Self-Care (continued)

4. He must come to the circumcision center or any other clinic if he has swelling, bleeding, pain, fever, infection, or any other symptom.

5. He should show the information leaflet to his sexual partner and discuss the information.

6. At the end of the session, the provider will complete the appropriate section on the client record form and then file it and complete the client’s card.
PrePex Removal Procedure

TROUBLESHOOTING
Partial Separation of the Foreskin from the Skin

- This often happens at the frenulum.
- Take extra care as you remove the inner ring.
- Ask:
  - “Which spots are painful?”
  - Take care not to press on the painful spots.
  - Do not use spatula on painful spots.
Necrotic Foreskin Sticks to Glans

Solution:

- Drip gauze with antiseptic into the necrotic opening.
- Keep gently moving the foreskin up and down so the antiseptic drips into the foreskin, separating it from the glans.
Early Device Removal

- After Day 4 (i.e., on Days 5, 6, and 7), the operator can remove device and foreskin normally, if there is full necrosis.

- However, this should be done only if the client cannot bear the device and returns to the clinic to request removal.
PrePex MC Stages, including Follow-Up and Wound Healing: Placement
Pre-Removal
Immediate Post-Removal
1 Week Post-Removal
2 Weeks Post-Removal
No suture offers good cosmetic results

3 Weeks Post-Removal
45 Days Post-Removal

Longer-term healing
3 Months after Placement
Summary

- To remove the device correctly, providers must follow the steps described in this chapter.
- Clients need to be given wound care information and counseling on abstinence after device removal to ensure proper wound healing and reduced risk of acquiring HIV.
Activity 6.1, 6.2, and 6.3

- 6.1: Removal video
- 6.2: Removal procedure practice on models
- 6.3: Post-removal role plays
Thank you!