PrePex

Learner’s Guide

September 2015

Ministry of Health Rwanda
Rwanda Military Hospital-PrePex Center of Excellence
World Health Organization
Jhpiego
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Acknowledgments

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Introduction

In 2013, the World Health Organization (WHO) pre-qualified the PrePex™ device as a safe device to be used for voluntary medical male circumcision (VMMC). Subsequent approval was provided by the US Food and Drug Administration. PrePex has emerged as the most promising method to use to scale up VMMC services in the Eastern and Southern Africa region. Use of this device in scaling up VMMC in WHO priority countries could result in millions of VMMC procedures being performed in a short period of time, hence reaching WHO’s goal of circumcising 80% of eligible men in these countries and reducing new HIV infections.

The Rwanda Military Hospital established a PrePex Centre of Excellence where providers come from around the world to learn how to use the new PrePex device. Because many providers must now be trained to perform the procedure safely in their respective countries, a standard training package was needed to ensure quality training across programs, thus meeting international norms and standards.

This PrePex Learning Resource Package was developed after a series of consultative workshops with experts in the field. The workshops included master trainers in the VMMC program, principal investigators in the PrePex safety studies, experts in training and teaching methodologies, managers of programs that are scaling up VMMC services, technical experts from the manufacturing company, and clinicians who provide services using the PrePex device.

The PrePex Learning Resource Package includes evidence-based methodologies and approaches to training that will make training more interesting and stimulating to providers. Most importantly, it focuses on the skill development so that providers can offer safe VMMC services to clients using the device.
Overview

Evidence suggests that reaching a goal of 80% VMMC coverage in five years and sustaining it thereafter would avert more than 3.6 million adult HIV infections in the next 15 years and benefit as many as 20.3 million adult HIV-negative men for HIV prevention purposes. In the long term, there is an indirect benefit to women when the majority of men in a community are circumcised, because it reduces the incidence of HIV among the entire population. In addition, women with circumcised partners have lower rates of other sexually transmitted infections (STIs), such as human papillomavirus, which may later lead to cancer of the cervix.

Achieving the 80% coverage target for VMMC is proving challenging with conventional male circumcision (MC) methods, but circumcision with devices such as PrePex™ shows greater potential. The PrePex MC procedure was validated for safety and efficacy in Rwanda in September 2011. That same year, the study team started training teams from other countries who were interested in piloting PrePex. Five teams successfully performed 590 PrePex MC procedures.

For the procedure to be performed safely, providers need to be trained to competency in performing circumcision with the PrePex method. PrePex teams, which include a PrePex operator and an assistant, must be trained in a validated PrePex course.

Rwanda Military Hospital’s PrePex Center of Excellence developed a training course to certify PrePex teams to perform safe and effective PrePex MC procedures. The course was modified by a team of experts to improve its content and provide better guidance to trainers from other sub-Saharan African countries. This learning resource package for the course was pretested in Rwanda in August 2015, and following the pretest, changes were incorporated. The package will be accredited for use in PrePex training programs worldwide.

The PrePex training course was developed by PrePex experts, both physicians and nurses, whose combined experience includes more than 10,000 successful PrePex MC procedures. The training lasts four days and is followed by a short period of supervision to verify that the providers are performing the procedure correctly and safely.

Course Syllabus

Course Description
This course is designed to prepare learners to acquire the knowledge and skills needed to provide circumcision with the PrePex™ method. The course is designed to be flexible in order to accommodate the variety of situations found in programs that are scaling up VMMC.

Course Goals
By training learners to provide PrePex services in a safe and effective manner as part of skilled PrePex teams, the PrePex training course will enable the scale-up of MC services.

Learning Objectives
By the end of this course, learners will be able to do the following:

- Describe the link between MC and HIV infection.
- Describe the parts of the PrePex device and its mechanism of action.
- Counsel clients about what to expect during and after the PrePex procedure.
- Determine through screening which clients are eligible for the PrePex procedure, including a thorough evaluation of clients’ need for booster doses of tetanus toxoid vaccine before circumcision.
- Perform safe and effective placement of the PrePex device.
- Perform safe and effective removal of the PrePex device.
- Provide follow-up care for post-procedure clients.
- Manage any adverse events (AEs) that may occur during use or after removal of the PrePex device.
- Perform PrePex circumcision paying particular attention to established infection prevention standards.
- Monitor and evaluate MC services programs that provide PrePex as one of the options for clients seeking VMMC.

Training/Learning Methods

- Short presentations
- Case studies
- Role plays
- Videos
- Simulation
- Demonstration
- Coaching
- Guided practice activities
Learner Selection Criteria
Per the national guidelines for the provision of PrePex circumcision, learners for this course should be those who, by national policy, are allowed to conduct PrePex circumcision and, preferably, are providing or intend to provide circumcision services.

Methods of Evaluation
Knowledge will be assessed using competency-based knowledge exams. Learners are expected to correctly answer 85% of the questions on the assessment tests. Skills will be assessed using competency-based skills assessment checklists. Learners are expected to perform the skills involved in client education, pre-placement counseling, screening, placement and removal of PrePex, and post-placement and post-removal client counseling. Each step must be performed correctly, and the sequence must be followed consistently in at least 15 of 20 placements and 10 of 15 removals.
### Training Schedule

<table>
<thead>
<tr>
<th>Week before the Training</th>
<th>Day 1 (AM)</th>
<th>Day 2 (AM)</th>
<th>Day 3 (AM)</th>
<th>Day 4 (AM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Placement of PrePex™ devices with clients. Removal of the device is done during the training for demonstration and practicing.</td>
<td>Welcome Pre-training knowledge assessment Introduction to circumcision for HIV prevention Introduction to the PrePex Devices Client education and counseling (Role play) Screening clients for PrePex (Case studies)</td>
<td>Clinical practice Screening and placement of PrePex with clients, under supervision</td>
<td>Clinical practice Screening and removal of PrePex with clients, under supervision</td>
<td>Clinical practice Screening, placement, and removal Skills assessment End-of-course knowledge Certification</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PM</th>
<th>PM</th>
<th>PM</th>
<th>PM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Placement of PrePex Practice on models Removal of PrePex Practice on models</td>
<td>Feedback and question and answer (Case studies) Adverse events and management (Case studies)</td>
<td>Feedback and question and answer (Case studies) Recordkeeping and reporting (Case studies)</td>
<td></td>
</tr>
<tr>
<td>Summary</td>
<td>Summary</td>
<td>Summary</td>
<td></td>
</tr>
</tbody>
</table>

**Notes:**
- Day 1 (AM): Welcome, Pre-training knowledge assessment, Introduction to circumcision for HIV prevention, Introduction to the PrePex Devices, Client education and counseling (Role play), Screening clients for PrePex (Case studies).
- Day 2 (AM): Clinical practice Screening and placement of PrePex with clients, under supervision.
- Day 3 (AM): Clinical practice Screening and removal of PrePex with clients, under supervision.
- Placement and removal of PrePex devices are demonstrated and practiced on models.
- Feedback and question and answer sessions involve case studies.
- Adverse events and management, recordkeeping, and reporting are also addressed.

**PM:** Afternoon.
Course Overview

Before Starting This Course
This course will be conducted in a way that may seem different to you, compared to what you are used to with traditional training courses. This approach to training is based on the assumption that people participate in learning opportunities because they:

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

The mastery learning approach used in this course is highly interactive and participatory. Your role is that of a facilitator—a leader who helps learners acquire knowledge and skills—rather than that of an instructor in the traditional sense.

Mastery Learning
The mastery learning approach to clinical training assumes that all learners 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% of those trained will “master” the knowledge and skills on which the training is based.

Components of the PrePex Circumcision Training Package
This training course is built around use of the following components:

- A reference manual
- A learner’s guide, containing precourse assessments, a detailed course outline, a series of practice exercises, and checklists that break down the skills or activities into their essential steps
- A facilitator’s guide, which includes answer keys, the course outline, and competency-based assessment tools
- Well-designed training aids, such as job aids and checklists, anatomical models, video demonstrations, and animations
- References and resources:
  - www.malecircumcision.org
  - Other references as necessary
- Reading materials recommended for use in this course (provided by the facilitator at the beginning of the training)
The facilitator administers the pre-training knowledge assessment to determine the level of knowledge among the learners individually and as a group before the start of the course.

**Instructions:** In the right-hand column, write a capital T if the answer is True and a capital F if the answer is false.

<table>
<thead>
<tr>
<th>QUESTION</th>
<th>T/F</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Introduction to MC for HIV Prevention</strong></td>
<td></td>
</tr>
<tr>
<td>1. MC is the removal of the glans penis.</td>
<td></td>
</tr>
<tr>
<td>2. MC protects women from acquiring HIV infection from an infected man.</td>
<td></td>
</tr>
<tr>
<td>3. The benefits of MC include the prevention of paraphimosis.</td>
<td></td>
</tr>
<tr>
<td>4. Randomized controlled trials on the effect of MC on HIV infection were conducted in Rwanda, South Africa, and Uganda.</td>
<td></td>
</tr>
<tr>
<td>5. The use of preassembled surgical kits is one of the suggested methods of increasing volumes of clients circumcised.</td>
<td></td>
</tr>
<tr>
<td><strong>The PrePex Device</strong></td>
<td></td>
</tr>
<tr>
<td>6. MC with the PrePex device requires injectable anesthesia.</td>
<td></td>
</tr>
<tr>
<td>7. The PrePex device is a single-use device.</td>
<td></td>
</tr>
<tr>
<td>8. The PrePex device is tied onto the glans penis to perform the circumcision.</td>
<td></td>
</tr>
<tr>
<td>9. The PrePex causes foreskin necrosis through compression of the foreskin with two rings.</td>
<td></td>
</tr>
<tr>
<td>10. There is only one size of PrePex device.</td>
<td></td>
</tr>
<tr>
<td><strong>Client Education and Counseling</strong></td>
<td></td>
</tr>
<tr>
<td>11. In counseling during VMMC services, it is not necessary to provide information about HIV testing.</td>
<td></td>
</tr>
<tr>
<td>12. A counselor needs to inform clients that STIs increase the risk of acquiring HIV.</td>
<td></td>
</tr>
<tr>
<td>13. Any client or patient who does not give consent for services shall still be provided with the best possible care, and may not be denied access to other health services.</td>
<td></td>
</tr>
<tr>
<td>14. Consent is not required for the circumcision with the PrePex device because it is non-surgical.</td>
<td></td>
</tr>
<tr>
<td>15. Following PrePex placement, the client should be advised to remove the device after 48 hours.</td>
<td></td>
</tr>
<tr>
<td><strong>Client Screening for PrePex Circumcision</strong></td>
<td></td>
</tr>
<tr>
<td>16. Screening before PrePex placement is not necessary.</td>
<td></td>
</tr>
<tr>
<td>17. A client with narrow foreskin (phimosis) can be circumcised using the PrePex device.</td>
<td></td>
</tr>
<tr>
<td>18. All clients, irrespective of the width of the foreskin opening, are fit to be circumcised with the PrePex device.</td>
<td></td>
</tr>
</tbody>
</table>
## QUESTION

| 19. | Tetanus immunization status must be sought from clients seeking circumcision with PrePex. |

### Placement of the PrePex Device and Post-Placement Discharge Instructions

| 20. | It is not necessary to use an antiseptic during skin preparation before PrePex placement. |
| 21. | Marking of the circumcision line is a must before PrePex placement. |
| 22. | Measurement should be done at the base of the penis. |
| 23. | Since this is a non-invasive procedure, the use of injectable local anesthetic is not indicated for placement of a PrePex device. |
| 24. | The elastic ring is inserted inside the foreskin. |
| 25. | Since it is not an invasive procedure, sex can be resumed after placement of the PrePex device. |

### Removal of the PrePex Device

| 26. | Removal of the PrePex device is conducted on Day 7 after the placement. |
| 27. | During PrePex removal, before starting to remove the foreskin, you have to make sure the penis is in an erect position. |
| 28. | The inner ring should be removed before the foreskin is cut. |
| 29. | Following removal of the device, a wound dressing is applied for 48 hours. |
| 30. | After removal of the device, the wound is sutured to quicken healing. |

### Identification and Management of Adverse Events

| 31. | AEs are classified into mild, moderate, and severe. |
| 32. | Elevation of the penis following PrePex placement helps to minimize the risk of penile edema. |
| 33. | Most clients will experience difficulty in passing urine while wearing the device. |
| 34. | Severe bleeding is a common complication following device removal. |

### Basic Infection Prevention and Control Concepts

| 35. | Hand hygiene between procedures in VMMC is necessary. |
| 36. | Standard precautions are designed for the care of all persons, patients, clients, and staff, regardless of whether or not they are infected. |
| 37. | Antiseptics are chemical agents that are used to reduce the number of microorganisms on skin. |
| 38. | The first step when a health provider is exposed to blood or body fluids is to immediately squeeze the area to get rid of the contamination. |

### Monitoring and Evaluation

| 39. | Monitoring is the routine assessment of information or indicators of ongoing activities. |
| 40. | It is not the responsibility of providers to ensure that registers are filled out well since the program also employs data clerks. |
PrePex Learner’s Guide

Preparing the PrePex Genital Model for Use during PrePex Training

Background

The PrePex training contains three training levels:

- Theoretical training
- Practical training on a model
- Clinical training

This document describes the practical training on a model, which is designed to train learners on correct PrePex placement and removal before they proceed to a subject.

Objectives

The two objectives of this section are to explain:

- How to prepare in advance the PrePex different models and materials used during the PrePex classroom training (this will save time and ensure a successful training); and
- How to use the different models during the training.

Training Kit Specifications:

The training kit (Figure 1) used with the adult genital model includes the elements listed in Table 1. One kit is sufficient for one team of two learners. The adult male genital model itself (Figure 2) must be purchased separately and should be ordered in advance (lead time is about 45 days).

Figure 1. Training Kit
Table 1. Kit Elements

<table>
<thead>
<tr>
<th>Element Description</th>
<th>Number of Elements</th>
<th>Photo</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult male genital model</td>
<td>1</td>
<td><img src="image1.jpg" alt="Image" /></td>
</tr>
<tr>
<td>Elastic (fabric) foreskin model</td>
<td>1</td>
<td><img src="image2.jpg" alt="Image" /></td>
</tr>
<tr>
<td>Necrotic foreskin model</td>
<td>6</td>
<td><img src="image3.jpg" alt="Image" /></td>
</tr>
<tr>
<td>PrePex size E</td>
<td>1</td>
<td><img src="image4.jpg" alt="Image" /></td>
</tr>
<tr>
<td>Dry condoms for line marking and adjusting simulation</td>
<td>2</td>
<td><img src="image5.jpg" alt="Image" /></td>
</tr>
<tr>
<td>Element Description</td>
<td>Number of Elements</td>
<td>Photo</td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td>--------------------</td>
<td>-------</td>
</tr>
<tr>
<td>Single use sizing plate</td>
<td>2</td>
<td><img src="image1.png" alt="Image" /></td>
</tr>
<tr>
<td>Surgical blade</td>
<td>1</td>
<td><img src="image2.png" alt="Image" /></td>
</tr>
<tr>
<td>Removal tools: scissors, spatula, and forceps</td>
<td>1 of each tool</td>
<td><img src="image3.png" alt="Image" /></td>
</tr>
<tr>
<td>Standard marker</td>
<td>1</td>
<td><img src="image4.png" alt="Image" /></td>
</tr>
<tr>
<td>Nonsterile gloves</td>
<td>2 pairs</td>
<td><img src="image5.png" alt="Image" /></td>
</tr>
<tr>
<td>Element Description</td>
<td>Number of Elements</td>
<td>Photo</td>
</tr>
<tr>
<td>--------------------------</td>
<td>--------------------</td>
<td>-------</td>
</tr>
<tr>
<td>Gauze pads</td>
<td>4</td>
<td><img src="image" alt="Gauze pads" /></td>
</tr>
<tr>
<td>Non-adherent pads</td>
<td>6</td>
<td><img src="image" alt="Non-adherent pads" /></td>
</tr>
</tbody>
</table>

Adult Male Genital Specifications:
Manufacturer: Laerdal Medical
Part number: 300-03850
Web site: http://www.laerdal.com

**Figure 2. Adult Male Genital Model (Laerdal Medical 300-03850)**
Condoms
Preparing dry condoms

- Put single-use non-sterile examination gloves on.

Open a condom wrap.

Dry the condom with a dry paper towel.

Cut the tip of the condom to make a hole.
Elastic (Fabric) Foreskin

Material: Elastic Lycra fabric

Preparing elastic (fabric) foreskin:

- Determine which edge of the fabric is more flexible.
- Cut a rectangle measuring 17 cm x 9 cm, with the flexible edge as the shorter edge.

Prepare the foreskin model by sewing 3 hems on the back side of the fabric:

a. Sew one hem on each of the two short edges of the fabric. The stitches should be sewn with a gap between them (this keeps the fabric flexible).

b. Then sew the two long edges of the fabric together to create a seam.

Place the fabric foreskin on the genital model:

a. Place one end under the sulcus.

b. Pull the other end and place it near the shaft.
Necrotic Foreskin Specifications:
Material: Bicycle tube (size 26X1.90/2.125), Inner Ring size E, and Elastic Ring size E
Butyl Tube manufacturer: CSTtires.com

All necrotic foreskin models with the inner ring and elastic ring on them should be prepared before the training begins.

Preparing the Necrotic Foreskin Model:
- Cut the tube to 7 cm long.
- Insert the size E inner ring into the tube to be placed in a horizontal direction.
- Place size E elastic ring without verification thread around the foreskin in the groove.
- Place the tube on the genital model.

PrePex Placement and Removal Steps

The facilitator should prepare the following materials before the training session:

Tools and materials:
- Genital model
- Elastic (fabric) foreskin
- Size E PrePex (placement ring, elastic ring, and inner ring)
- Sizing plate
- Dry condoms
- Marker (standard not skin)
- Gauze pads (for grabbing the tip of the foreskin simulation)
- Scissors (for cutting verification thread)
- Nonsterile gloves
**Sizing**

Place the sizing plate on the model’s sulcus and practice determining which PrePex size is adequate.

**Placement Steps**

- Mark the line on the dry condom.

- Insert the inner ring through the elastic foreskin.

- Align the elastic ring with the inner ring groove.

- Practice adjusting the elastic ring to align with the marked circumcision line.
- Placement procedure is completed on model.
Removal Steps

- Practice removing the necrotic foreskin.

- Practice cutting the elastic ring.

- Practice extracting the inner ring.

- Practice dressing.
PrePex™ Course Introduction

Introductory Session Objectives

- Get to know each other
- Determine learners’ and facilitators’ 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 learners’ individual and group course entry knowledge and skills

Paired Introduction

Instructions

- Select a card with a word
- Pair up with someone who has a word that means the opposite of yours and find out the following:
  - Person’s real name
  - Their preferred name for the workshop
  - Job title
  - Where they work
  - Involvement in MC
  - One hobby
- Prepare to tell others about your newfound friend

Interview time: 5 minutes
Kindly indicate your expectations on the flip charts provided.

- Expectations:

What Should Be Our Group Norms?

- 
- 
- 
- 
- 
- 
- 
- 

Course Goals and Objectives

- 
- 
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- 

PrePex Learner’s Guide
Course Goals

- To influence in a positive way learners' attitudes toward male circumcision (MC)
- To provide learners with the knowledge and skills needed to provide PrePex MC and other reproductive health counseling and services

Course Objectives

By the end of course, learners will be able to:

- Describe the relationship between MC and HIV infection
- Understand the mechanism of the PrePex device during the MC procedure
- Counsel clients about what to expect during and after the PrePex procedure
- Determine through screening which clients are eligible for the PrePex procedure

Course Objectives (continued)

By the end of course, learners will be able to do the following:

- Perform safe and effective placement of the PrePex device
- Perform safe removal of the PrePex device
- Provide follow-up care for post-procedure clients
- Manage any adverse events that occur during use or after removal of the PrePex device
Training Materials

- PrePex Reference Manual
- PrePex Trainer's Handbook
- PrePex Participant's Handbook
- Training Kit
- Penile Model and Accessories
- Slides

Course Logistics

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

Training/Learning Methods

- Short presentations
- Case studies
- Role plays
- Videos
- Simulation
- Demonstration
- Coaching
- Guided practice activities
Methods of Evaluation

- Pre-course knowledge questionnaire (before beginning of the course)
- Mid-course knowledge questionnaire (after completion of classroom sessions)
- Use of checklists
- Individual and group assignments
- End-of-course evaluation form

Expected Competencies

1. Counseling on PrePex MC
2. Client Assessment and Screening
3. PrePex Device Placement
4. PrePex Device Removal
5. Postoperative Care and Counseling
6. 48-Hour and 7-Day Postoperative Review
7. Troubleshooting and Management of Complications

Enjoy the course . . .
Chapter 1: Introduction to Male Circumcision and HIV Prevention

Learning Objectives

At the end of this session, participants should be able to:

- Define male circumcision (MC)
- Describe the relationship between MC and HIV
- Demonstrate the public health impact of scaling up voluntary medical male circumcision (VMMC) in priority countries

What Is Circumcision?

- Surgical removal of the foreskin covering the head (glans) of the penis
- An ancient practice done for many years for both religious and cultural reasons

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MC and HIV Prevention: Results from Randomized Controlled Trials

- **2005:** Orange Farm, South Africa: protective effect—61%
- **2007:** Kisumu, Kenya: protective effect—60%
- **2007:** Rakai, Uganda: protective effect—51%

**Conclusion:** The findings from the three randomized controlled trials provided compelling evidence that MC reduces the risk of heterosexually acquired HIV infection in men by approximately 60%.

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Biological Reasons for MC’s Protective Effect against HIV

- The inner foreskin is much less keratinized thus making it more prone to trauma during sexual intercourse.
- Has numerous Langerhans cells and other immune cell targets. These cells are more susceptible to HIV infection.
- Highly vascularized foreskin mucosa, which can easily tear during sexual intercourse, thus increasing chances of HIV infection.
- Ulcerative sexually transmitted infections (STIs), which are more frequent in uncircumcised men, also facilitate HIV infection.

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MC Protection for Women

- A multi-country study found HPV infection was lower in circumcised men.*
- Cervical cancer rates were higher in the female partners of uncircumcised men.

MC Does Not Provide Complete HIV Protection!

MC is part of an HIV prevention strategy.

- Condom promotion
- Male circumcision
- VCT/PITC
- ARVs/PMTCT
- Public education
- STI management

Modeling Studies

Modeling studies show the following:

- 80% coverage of MC is needed to achieve a reduction of HIV from 30% to 10%.
- Scaling up VMMC among males 15–49 years old until 2025 in priority countries would:
  - Avert 3.4 million (i.e., 22%) of new infections; and
  - Save US$16.5 billion in net savings (due to averted treatment and care costs).

VMMC Priority Countries

Source: PEPFAR Male Circumcision Technical Working Group
Challenges of Scale-Up

- Ambitious targets
- Low uptake of services due to fear of pain, absence from work, fear of injury
- Reaching older clients
- Complex surgical techniques

Summary

- VMMC reduces the risk of HIV transmission from a woman to a man by 60%
- Scaling up VMMC in priority countries would prevent new infections and save billions of dollars in treatment costs.
- Several approaches have been proposed to overcome challenges in VMMC scale-up.
Chapter 2: The PrePex Device

Learning Objectives

- At the end of this session, participants should be able to:
  - Describe the PrePex device and the functions of each of the device’s parts
  - Describe the mechanism of action of the PrePex device

Activity 2.1 Knowledge Check Game

- Let’s name the parts of the PrePex device (Activity 2.1 in the participant handbook).
- In your group, name the parts of the device shown.
- Each correct name will be awarded 20 points.
- A wrong answer will be penalized; 10 points will be deducted.
- Give your answer in 10 seconds.
- Good luck!
Components of a PrePex Device

Device Parts

- Part 1: Inner ring
- Part 2: Placement ring
- Part 3: Elastic ring with verification thread (wraps around elastic ring)
- Part 4: PrePex sizing plate (single use): sizes the penis shaft directly under the coronal sulcus
**Inner Ring**

- Has two rounded sides and two flat sides
- Important for device placement and removal
- During placement, the rounded sides are aligned to the two lateral sides of the penis
- The flat sides are at the dorsum and ventral sides of the penis
- Has a groove where the elastic ring sits and compresses the foreskin

**Placement Ring**

- Has four legs
- Each leg has a notch at the proximal end
- Legs allow easy release of the elastic band onto the foreskin during placement
- Notches help hold elastic band during the placement

**Elastic Ring and Verification Thread**

- The elastic ring is made of rubber and compresses the foreskin against the inner ring.
- The verification thread is used to pull out the elastic ring if there is a need to correct it soon after placement is done.
Sizing Plate (Single Use)

- Used to find the size of the device that will fit into the glans
- Five sizes of the device available

PrePex Packaging

Five PrePex Sizes:
A (smallest), B, C, D, E (largest)
Public Health Benefits of PrePex Device Scale-Up

- **Safe**: World Health Organization pre-qualified
- **Simple**: Easy to apply the device (expertise)
- **Scalable**: Shorter procedure duration
- **No Sterility**: Strict sterility not required during placement
- **Cost-Effective**: Affordable in terms of cost
- **Acceptable**: High client satisfaction and good cosmetic outcome

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Key Patient Benefits

- No needles
- No loss of blood
- Various sizes to minimize discomfort during involuntary erections
- Back to daily routine immediately after procedure
- Aesthetic cosmetic results (no stitches/sutures)
- Minimal discomfort

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Mechanism of Action

- The device works by compressing the foreskin with two rings to block circulation distally.
- Blood flow is thus cut off to the part of the foreskin in front of the position where the device is placed.
- The device is worn by the client for 7 days, during which time the foreskin becomes necrotic.
- The dead foreskin is then cut off on Day 7, and the device is removed.
Necrotic Foreskin on Day 7 After Placement

Summary

- PrePex is a simple device that can accelerate the scale-up of VMMC.
- A large number of men can be reached in a short time period.
- The device is made up of different parts, each of which serves a special purpose in completing the PrePex circumcision.
- PrePex causes foreskin necrosis through compression of the foreskin with two rings.

Thank you!
Chapter 3: Client Education and Counseling

Learning Objectives
At the end of this chapter, participants should be able to:

- Provide sexual and reproductive health information to clients seeking VMMC
- Describe the importance of group education and counseling in VMMC services and the key messages given
- Educate and counsel clients and/or parents (or guardians) about the PrePex procedure
- Describe the informed consent process

Group Education

- Supports individual counseling services
- Gives clients basic information about VMMC before individual counseling
- Allows counselors to work with clients/their parents on specific issues related to MC
- Allows the first counseling session to be shorter
- Considers local cultural context when providing group education
Key Messages

- Definition of MC
- Benefits and risks of VMMC
- Surgical vs. PrePex VMMC
- Partial protection
- Confidentiality and privacy of clients
- Basics of HIV and the importance of HIV testing and counseling

Key Messages (continued)

- Need to return to the facility for follow-up visits
- Wound care following the circumcision procedure
- HIV prevention methods
- Condom use demonstration
- Gender-based violence
- Infertility and other reproductive health concerns

Individual Counseling

- Detailed information about VMMC and HIV
- How the procedure is conducted using the device
- HIV testing and counseling, if the client opts for testing
- Appropriate post-test counseling
- What to expect after the PrePex procedure
- Informed consent after appropriate information
Informed Consent Key Points

- Plain language description of procedure and its risks and benefits
- HIV infection and how to prevent it
- PrePex device as one option; surgery the other
- Need to avoid activities that might displace the device
- Need to return should a displacement occur
- Self-removal of the device discouraged
- Need to return after one week for device removal

Important!

- Check that the client is able to understand and comprehend the information given.
- Ensure that all clients eligible for circumcision give written consent for the procedure.
- Where required, a legal guardian should sign on behalf of a minor.

Activity 3.1 Role Plays

- Read the scenarios in Activity 3.1 in the participant handbook.
- In groups of three, take turns acting as the counselor, the client, and an observer, and practice counseling using the information in the role plays.
- Refer to the checklist on individual counseling on PrePex circumcision in the checklist section of the participant handbook.
Summary

- Providers should have general knowledge of the sexual and reproductive health needs of clients seeking VMMC.
- Group education is used to support individual counseling.
- Providers have a duty to:
  - Ensure that voluntary and informed consent is obtained from each client before the procedure.
  - Maintain confidentiality.
  - Provide services without discrimination.

Thank you!
Chapter 4: Client Screening for PrePex Circumcision

Learning Objectives

- At the end of the session, participants should be able to:
  - Understand the importance of screening clients before the PrePex procedure
  - Describe key points in history taking and physical examination for all clients undergoing the VMMC procedure
  - Identify contraindications to PrePex circumcision.

Effective Communication with Clients

- Welcome the client and introduce yourself.
- Talk to the client only when you have his attention.
- Use a pleasant, friendly tone of voice.
- Speak slowly and clearly. People need more time to absorb new information when they are nervous.
- Ask the client if he has questions and answer any questions he asks.
- Safeguard confidentiality.
PrePex Screening Steps

- Ask about client’s general and penile health.
- Establish client’s immunization status.
- Perform a general and focused genital examination.
- Assess foreskin suitability for placement of PrePex.

Key Points in History Taking

- Current general health
- Medications (e.g., anticoagulants, NSAIDs)
- Any known allergies (e.g., to iodine or latex)
- History of bleeding disorders or anemia
- Any current genital infection, ulcer, or penile discharge
- Erectile dysfunction or any other concerns about sexual function
- Any chronic medical conditions for which he may be receiving treatment (e.g., diabetes, hypertension, HIV)
- History of immunization against tetanus and date of last dose (if available)

Physical Examination

- Weight
- Blood pressure
- Pulse
- Temperature
- Presence (and location) of any wounds on the client’s body
Conditions in Client’s General Health that May Preclude PrePex MC

- Active infectious disease
- History of bleeding disorders
- Allergies to rubber/plastic
- Diabetes
- Acute disease (e.g., fever)
- Hypertension

Genital Conditions that May Preclude PrePex MC

1. Abnormalities of the penis (e.g., abnormal structure, from birth or accident)
2. Active disease or infection of the penis:
   - Sexually transmitted infection (STI)
   - Damaged skin
   - Swelling
3. Abnormalities of the foreskin, such as phimosis or paraphimosis

Abnormality of the Structure of the Penis

Hypospadias or Epispadias (relatively common birth defect)
Abnormality of the Structure of the Penis

Tight frenulum: If too short, it restricts the movement of the foreskin.

Active Disease or Infection of the Penis

- Check for signs of genital infection inside and outside the foreskin, including active warts, rash, itching, sores, or discharge (may be caused by STI or allergy).

Abnormality of the Foreskin: Phimosis/Paraphimosis
Abnormality of The Foreskin: Adhesions

Foreskin is attached to the glans and cannot be fully retracted. Abnormal adhesions usually occur following trauma or injury.

Check Foreskin Suitability for PrePex

- Is the foreskin:
  - Flexible, mobile enough?
  - Wide enough for the inner ring?
- Pull back the foreskin gently and examine the frenulum:
  - Any adhesions?
  - Other abnormality?

Examples of Unsuitable Foreskin: Narrow Foreskin

Foreskin pressure on sulcus: When retracted, foreskin does not return automatically.
Examples of Unsuitable Foreskin: Narrow Foreskin

Foreskin does not return to normal position.

Examples of Unsuitable Foreskin: Narrow Foreskin

Foreskin opening too narrow and inflexible to allow insertion of inner ring

Check Foreskin Suitability for PrePex

- Roll/fold the foreskin outwards.
- Pull it sideways to check the width and flexibility nearer the sulcus.
The Golden Rule of PrePex Screening

If anything is unusual with the client's health or penis, do not perform PrePex MC.

Mitigating the Risk of Tetanus Infection

- Due to the recent occurrence of tetanus cases in clients who were circumcised, the World Health Organization (WHO) recommends a number of strategies to mitigate the risk of tetanus infection.
- This includes tetanus booster doses and immunization where required.
- The decision to vaccinate clients undergoing PrePex circumcision depends on the country's immunization requirement.
- Refer to the WHO-recommended tetanus immunization options listed in the screening chapter of the PrePex reference manual.

Summary

- Client screening aims to identify clients who are suitable for PrePex circumcision.
- History taking, physical examinations, and genital examination are key steps in screening.
- To mitigate the risk of tetanus after circumcision, providers MUST ascertain the immunization status of all clients.
- Some clients with contraindications to PrePex circumcision (e.g., narrow foreskin) are still eligible for surgical VMMC.
- All providers should be able to identify conditions that may preclude circumcision with the PrePex device.
Activity 4.2

- Refer to Activity 4.2 in the participants' handbook.
- Match the common contraindications to PrePex circumcision to the pictures provided.

Thank you!
Chapter 5: PrePex Device Placement

Procedure and Challenges

Learning Objectives

- At the end of the session, participants should be able to:
  - Understand and perform the steps required for placement of a PrePex device for MC
  - Recognize problems that may arise during placement and how to deal with them
  - Understand the key information to give to the clients after device placement.

Dorsal View of Uncircumcised Penis
Lay Out all PrePex Placement Tools and Materials, in the Order of Use

- 2 pairs of medical nonsterile gloves
- Antiseptic in dispensing bottle
- 3 gauze sheets, 7.5 cm x 7.5 cm / 10 cm x 10 cm
- 1 PrePex single-use sizing plate
- 1 skin marker (use 5 times, then discard; can be single-use, depending on the marker you choose.)
- 1 gm anesthetic cream
- PrePex devices in all 5 sizes (A to E)
- Penile model
- Scissors to cut the verification thread
- Waste receptacle
- Pain medication (e.g., ibuprofen)

Precautions during Placement

- Check that consent has been obtained
- Before starting, make sure the client was screened
- Handle penis and foreskin gently, especially when stretching foreskin
- Avoid client discomfort and damage to tissue
- Use only fingers, not tools, to stretch foreskin
Correct sizing of the PrePex Device is Very Important!

- If device is too small, client may have pain during erection.
- If device is too large, impossible to safely insert inner ring.

Measure the Penis to Choose the Correct PrePex Size

Correct:
- Measure under sulcus.
- Measure 3 times.

Incorrect:
- Do not pull the penis, causing it to narrow.

Practice on model

Sizing (Measuring) the Penis Which Size Does the Operator Choose?
Skin Preparation

Apply standard surgical skin disinfection after sizing and before placement.

1. Soak one piece of gauze in povidone iodine (PI) solution.
2. Retract the foreskin completely and use soaked gauze to clean the whole penis, starting from the glans and including the sulcus, the inner and outer foreskin, the penile shaft, and the scrotum. Scrub well, placing extra emphasis on cleaning the inner foreskin and sulcus.
3. Discard the used gauze while holding the penis with your free hand. The penis should not come in contact with the body (to avoid contamination).
4. Repeat an additional 2 times!
5. Let the clean penis lay on a piece of clean gauze while you wait for 2 minutes for it to dry.
6. If the area is still wet after 2 minutes, use a new piece of gauze to gently absorb the excess PI from the area.

Before Marking the Circumcision Line

- Make sure the foreskin is dry.
- Stretch the foreskin and let it rest again in natural position.
- Ensure that the inner foreskin has no hidden folds.
Mark the Circumcision Line

(Manual for Male Circumcision under Local Anaesthesia, 2009)

- Start on the dorsal (back) side of penis.
- Use a skin marker pen.
- Ensure that the foreskin is in natural "resting" position.
- Mark just below the corona, up to 0.5 cm.

Mark the Circumcision Line: Ventral Side of Penis

- Mark with a U-shape, pointed toward the frenulum—oblique (to avoid damaging the frenulum)
- Top of U should be exactly on the midline.

Accurate Marking is Essential!

- If the line is too low, too much skin will be removed.
- If the line is too high, not enough skin will be removed.
- The circumcision line must be visible before you insert the innerring. If the line was erased (rubbing, anesthetic cream, etc.), stop and redo the line.
Marking the Circumcision Line

Load the Elastic Ring over the Placement Ring

- Select the correct size of PrePex device
- Place elastic ring over placement ring (two possible methods)
- Use two hands and two fingers.
- Try the two methods. Which is easier?

Loading the Elastic Ring over the Placement Ring: Method 1

- Method 1: Put the elastic ring on two adjacent placement ring notches. Then move circumferentially to complete the remaining notches.
Loading the Elastic Ring over the Placement Ring: Method 2

- Method 2: Put the elastic ring on two opposite placement ring notches. Then apply to the remaining notches to complete the loading.

Placement Ring (With Elastic Ring) on the Penis

- Elastic ring faces the head of the penis

Apply Lidocaine 5% Dermal Anesthetic Cream to Shaft and Foreskin

Assistant:
- Pulls back foreskin
- Applies anesthetic cream on shaft up to the sulcus

Operator:
- Keeps glove dry to grasp foreskin
Apply Anesthetic Cream to Inner Foreskin

Placing the Placement Ring on the Shaft of Penis

Positions on the Penis

Client’s head

Client’s feet
Stretch Open the Foreskin (for the Inner Ring)

Performed by two people:

- **Operator:**
  1. Open gauze completely. Use gauze to grasp the foreskin (slippery).
  2. Grasp the foreskin at 6 o'clock and 12 o'clock using both hands.
  3. Stretch the foreskin open.

Inform Client there May Be Brief Discomfort

- **Assistant:**
  1. Hold a curved side of the innerring with one hand.
  2. Insert the innerring all the way down to sulcus.
  3. Then press the opposite side of the innerring down to the sulcustoo.

Correct Position of Inner Ring

- **Correct position**
- **Incorrect position**
**Warnings!**

1. Push the inner ring all the way down to the sulcus. If not pushed all the way down, it may cause suboptimal circumcision results.
2. If the inner ring is too large and does not easily enter the foreskin, the wrong size PrePex device was probably used.

*Do not push the ring or stretch the foreskin!*

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**When Inner Ring Reaches Sulcus, Assistant or Operator Grasps the Foreskin**

**Assistant:**
- Grasp foreskin with free hand
- Hold foreskin closed to keep inner ring in place

(Operator’s right hand)

**Operator:**
- Use both hands on outside of foreskin
- Press inner ring to sulcus

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**Inserting the Inner Ring through the Foreskin**

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Place Elastic Ring over Foreskin

Operator:
- Warn client: May be brief discomfort while elastic ring is placed on penis
- One hand raises the placement ring
- Other hand locks the inner ring into the elastic ring (two-lock maneuver)
Adjust the Foreskin

Ensure the elastic ring is exactly on top of the circumcision line.

- How?
  - Adjust the foreskin from the four legs point, all around
  - Align the elastic ring to the circumcision line

Ensure that inner ring is firmly in place!

Adjust the Foreskin

Circumcision line
Inner ring

Circumcision line
Inner ring

Warning: If you cannot see the marked line clearly, restart the procedure and mark the line again!

Place the Elastic Ring on the Foreskin

Hold the elastic ring firmly.

Exact points to place the forefinger and thumb to release elastic ring from each notch.

PrePex Learner's Guide 59
Place the Elastic Ring on the Foreskin (Two-Hand Job)

Left hand:
All fingers hold elastic ring between the legs of placement ring

Right thumb and forefinger:
Release elastic ring from each notch

To Reduce Discomfort

- First inform the client that he might feel discomfort for 4 seconds.
- Slide the elastic ring off.
- Release one notch at a time.
- Use your thumb and forefinger (right hand).
- Work gently.
- Count with client 4 – 3 – 2 – 1.
- Do not pop the ring off aggressively.
- Do not release the elastic ring from more than one notch at a time.

The Last Part of the Elastic Ring Notch Can Catch the Skin or Glove!

- Pull it out gently.
- Avoid any harm to skin.
Placing the Elastic Ring On the Foreskin:
Count 4 – 3 – 2 – 1

Check That The Device is Correctly in Place
- Look all around the foreskin: Is the elastic ring exactly in the groove of the inner ring?
- Open the foreskin, Look inside:
  - Is the inner ring in the correct position?
  - Is it pushed all the way to the sulcus?

Check for Correct Placement
- Is circumcision line directly under the elastic ring?
- If the position is correct, continue.
Cut the Verification Thread

- If device is correctly in place:
  - Explain to client: “I am just cutting the thread.”
  - Cut the verification thread with scissors.

Checking and Cutting the Verification Thread

The Penis with PrePex Device in Position

- What parts of the PrePex device are now on the penis?
- Where is each part?
- Ask client to sit up and look.
- Show him:
  - Inner ring inside foreskin
  - Elastic ring outside foreskin
After Placement, Warn the Client

- No sex or masturbation at all—not even with a condom
- He must not:
  - Touch the PrePex, not even through his clothes
  - Try to remove the PrePex
- Warn him that he will have to go through a surgical circumcision if he moves the device.
- He must return to the clinic for help if he has any severe problem or pain.

Referring Client to a Group Discharge Session

- Ask client to get dressed and send him with his signed client record form to the immediate post-placement room, where he will participate in a group discharge session.
- Make sure the client does not leave without attending a discharge session and his written post-placement instructions.

Group Discharge Session for Further Information

- Takes place in a designated room; conducted by trained PrePex counselor
- Client receives post-placement information leaflet and analgesic, and discusses important information with provider. Important points summary:
  1. "Do not touch and do not remove the device at all, for any reason, even if hurting." Explain risk: dislodging device, germs, and harm to the penis.
  2. No sex when device is on. No masturbating for 6 weeks. Share the information leaflet with your partner.
3. Contact and return to the clinic immediately if:
   - Device moves out of position
   - Severe pain
   - Swelling of penis or testicles
   - Wound or bleeding on the penis
   - Difficulty passing urine
   - Parts of the foreskin separate from the penis in the early days after placement (separation is normal 5-7 days after placement)
   - Any health problem (dizziness, fever, or pain, whether or not related to circumcision)

4. Provide contact details for the client (in case of complication).

5. Provide date of the removal appointment.

6. Tell him that he may notice a smell on Days 4-7, as a result of the natural necrosis process, and that it is normal.

7. Stress that he must return on time for the removal procedure in 7 days or he will risk complications.

8. Tell him that it is okay to get an erection. Urinate and wash area gently; just do not touch the device.

9. What to expect in the next few hours and days:
   - Later, foreskin will feel completely numb.
   - Foreskin will become darker, then black and dry.
   - Parts of the foreskin may become separated from the penis in about 5 to 7 days.

10. Normal washing is allowed and even required.

11. Information for the client’s partner: **No sex when the device is on; no masturbating for 2 weeks.** Tell the client to share the information leaflet with his partner.

12. Take prescribed pain medication for the upcoming 7 days.

At the end of the session, the provider completes the post-placement section on the client’s record form and takes it for filing thereafter.
PrePex Placement Procedure

TROUBLESHOOTING

Problem: Narrow Foreskin

- Operator cannot insert the inner ring, possibly due to a narrow and inflexible foreskin.
- Solution?

Warning! Do Not Force the Inner Ring into the Foreskin.
Problem: Inaccurate Placement

- When checking that the placement is correct, you find that it is inaccurate:
  - The elastic ring is not lying over the circumcision line.
  - The inner ring is not placed low enough inside the foreskin.
  - The inner ring is not on the sulcus line.

Solution?

Solution: Inaccurate Placement (Replacement Procedure)

- Pull the verification thread. This pulls the elastic ring off the penis. Readjust the location of the inner ring, if needed, with your fingers. Then reload the elastic ring on the placement ring and continue as before with adjusting the elastic ring on the circumcision line.
- Push the inner ring to the sulcus line.
- If in doubt, perform the placement procedure with a new device and fix the inaccuracy.
Problem: Small Penis

- The size of the penis is smaller than Size A of the sizing plate and a size A ring cannot be safely inserted.

Solution?

Problem: Large Penis

- The size of the penis is larger than Size E of the sizing plate.

Solution?

Problem: Inner Ring Dislodged while Adjusting the Foreskin

- The inner ring is dislodged while the operator adjusts the foreskin to the circumcision line and the inner ring and elastic ring are no longer aligned one on top the other.

Solution?
Summary

- PrePex placement requires an operator and an assistant who will follow the steps described to place the device correctly on clients.
- It is important to ensure that the client does not move the device while wearing it, and also abstains from sex and masturbation.
- Clients must be given discharge information after placement to ensure that the device stays in situ until removal.

Activities 5.1, 5.2, and 5.3

- 5.1: Placement video
- 5.2: Placement practice on models
- 5.3: Post-placement counseling role plays

Thank you!
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.

- 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 innerring, cut close to innerring.
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

- 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.
Be Careful

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
Extracting the Inner Ring

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.
Dressing the Penis (continued)

- 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.
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

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.
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

1

Pre-Removal

2

Immediate Post-Removal

3
1 Week Post-Removal

No suture offers good cosmetic results

2 Weeks Post-Removal

3 Weeks Post-Removal
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!
Chapter 7: Management of Adverse Events and Side Effects

Learning Objectives

- At the end of the session, participants should be able to:
  - Describe potential adverse events (AEs) and side effects of PrePex MC and how to manage them
  - Demonstrate appropriate recognition and decision-making skills for AEs

Side Effects vs. Adverse Events

- **Side Effects:**
  1. Oozing
  2. Localized edema
  3. Clear exudate
  4. Slough

- **Adverse Events:**
  1. Site bleeding
  2. Diffused edema
  3. Diffused hematoma
  4. Productive exudate
  5. Incision-site infection and related symptoms
SIDE EFFECTS

Side Effect: Oozing from the Wound

- Discharge of red serum from the wound
- Usually occurs after removal (Day 7); therefore, before dressing the wound, wait to see if there is any oozing.
- Treatment: Apply pressure; usually no further action is required.

Side Effect: Localized Edema

- Accumulation of fluid beneath the skin in the wound area
- Most common side effect (~10% of patients)
- Usually occurs 2–7 days after removal
Localized Edema: What Should the Client Do?

- No treatment necessary
- Should resolve naturally within a few days
- Explain to the client what it is and that it is common. Show him how to perform compression at home in order to diffuse the fluids.
- Recommendation: After the procedure, advise the client to elevate his penis in his underwear to prevent fluid accumulation. Advise him to keep his penis in this position until he returns for removal of the device.

Side Effect: Clear Exudate

- Discharge of clear fluid from the wound that may be seen on the dressing or underpants

Clear Exudate: What Should the Client Do?

- Wash with soap and water once a day.
- Change underwear once a day.
- If the discharge continues for three days, apply a dry dressing.
Side Effect: Slough

- White caramel-like exudate over exposed granulating tissue
- May appear on days 9-14
- Common; occurring in ~10% of patients

Slough: What Should the Client Do?

- Explain to the client that this is not an infection and no treatment is needed.
- Advise him to wash normally with water and soap.

ADVERSE EVENTS
Adverse Event: Site Bleeding

- Active bleeding from the wound
- Cannot be stopped by 30 seconds of direct pressure
- **Treatment:**
  - Requires sutures or other medical intervention, according to physician’s decision

Adverse Event: Diffused Edema

- Accumulation of fluid beneath the skin, not limited to the wound area but seen all over the genitals (swelling of penis and scrotum)

Diffused Edema: What Should the Client Do?

- Return to the MC clinic
- **Treatment:**
  - Ibuprofen is most commonly used; antibiotic/other treatment may be used, according to physician’s decision
**Adverse Event: Productive Exudate**

- Discharge of a cloudy fluid from the wound
- Consistent with more severe infections; commonly referred to as pus

**Productive Exudate: What Should the Client Do?**

- Return to the clinic
- **Treatment:**
  - Clean with antiseptic solution and apply a dry dressing/other, according to physician decision

**Any Health Problem: What Should the Client Do?**

If a client has any health problem he is concerned about, whether related to the procedure or not, he should return to the MC clinic or go to a nearby health center and inform the caregiver of his PrePex procedure.

These symptoms require medical attention:
- Fever
- Bleeding
- Severe pain
- Headache
- Dizziness
Activity 7.2

- Activity 7.2: Work in groups to propose solutions to the case studies provided in the participant handbook.

Summary

- Any unexpected event following PrePex circumcision shall be treated as an adverse event.
- Adverse events (AEs) are classified according to severity into mild, moderate, or severe.
- Most AEs are easily managed, not requiring referral to centers outside where the MC was performed.
- AEs related to PrePex circumcision include: site bleeding, swelling, device displacement, pain, infection and disturbance of urine flow, differential desloughing of the foreskin layers.

Thank you!
Chapter 8: Basic Infection Prevention Concepts

Learning Objectives

- At the end of the session, participants should be able to:
  - Describe the standard precautions in infection prevention
  - Understand the steps involved in instrument processing
  - Explain proper waste management practices
  - Discuss post-exposure prophylaxis following injury during MC

Basic Concepts

- Standard Precautions
- Personal Protective Equipment
- Handling Sharp Instruments
- Sterilization and Disinfection
- Hand Hygiene
- Waste Disposal
Importance of Infection Prevention and Control

- Infection prevention and control (IPC) measures in VMMC program aim to:
  - Prevent infections among clients
  - Minimize the risk of transmitting HIV and other infections to clients and health care staff (including cleaning staff)

Risk of Transmission of Blood-Borne Infections

- The risk of acquiring HIV through a needle-stick injury is estimated at 0.3% (three HIV infections for every 1,000 injuries).
- Similarly, the risk of acquiring hepatitis B virus infection from such an injury ranges from 6% to 37% (average 18%).
- For hepatitis C, the risk of transmission of infection is 1.8%.
- Most transmission can be prevented through adherence to standard precautions.

Hand Hygiene

- Wash hands with soap and water OR use a handrub after each client.
- Wash with soap and water between handrubs to remove any soil or organic matter.
- Frequent use of alcohol-based handrub may cause contact dermatitis. Use hand lotions and creams to reduce this risk.
**Personal Protective Equipment**

- Physical barrier against microorganisms
- Includes gloves, masks, aprons, surgical caps, and footwear
- PrePex procedures are not performed in strict sterile settings
- However, use of nonsterile gloves and face masks is recommended during placement. For removal, the team should wear sterile gloves.
Handling Sharp Instruments

- Hypodermic needles are the most common cause of injuries to clinic workers.
- Safe handling of sharp instruments is critical in preventing these injuries.
- Disposable needles and syringes must be used only once.
- Do not disassemble the needle and syringe after use.
- Do not bend or break needles before disposal.

Sharps Containers

- Use clearly labeled, puncture-proof sharps safety boxes or containers.
- Place sharps containers close to point of use.
- Place sharps containers at a convenient height.
- Fill container to three-quarters full.
- Never attempt to empty a sharps container.

High-Level Disinfection

- High-level disinfection destroys all microorganisms except some bacterial endospores.
- Used for heat-sensitive instruments and equipment.
- Provides the only acceptable alternative to sterilization.
- Glutaraldehyde (Cidex) is generally the most appropriate chemical.
Sterilization

- Sterilization is the destruction of all microorganisms, including bacterial endospores.
- Sterilization can be achieved by either physical or chemical methods.
- Sterilization can be achieved using the following approaches:
  - High-pressure steam (autoclave) or dry heat (oven)
  - Chemicals, such as ethylene oxide or formaldehyde, or glutaraldehyde if left for 10 hours
  - Radiation

Waste Disposal

- Use tight-closing, color-coded containers/bin liners to differentiate waste.
- For sharps, use puncture-resistant containers.
- Place waste containers close to where the waste is generated.
- Regularly clean all waste containers with a disinfectant.

Waste Disposal Methods

- **Burning:**
  - Destroys the waste
  - Kills microorganisms
  - Best method for disposal of contaminated waste
  - Reduces the bulk volume of waste
  - Ensures that the items are not scavenged and reused
### Waste Disposal Methods

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

- **Burying:**
  - Restrict access to the disposal site.
  - 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.

### WHO Guidelines for Tetanus Immunization, March 2015

<table>
<thead>
<tr>
<th>Tetanus vaccination status</th>
<th>Level of protection to the individual</th>
<th>Options for vaccination before the procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Counties or subnational areas where clients are likely to be fully vaccinated against tetanus (based on population policies and coverage levels), including: all three infant doses of Tetanus-Toxoid-Containing Vaccination (TCV), plus two to three subsequent TCV boosters OR two doses of TCV in adolescence or adulthood, with a third dose in the past five years</td>
<td>Clients likely have protective immunity</td>
<td>No need for a further booster dose of TCV before VMMC, but a dose could be provided for longer-term protection</td>
</tr>
</tbody>
</table>
WHO Guidelines for Tetanus Immunization, March 2015 (continued)

<table>
<thead>
<tr>
<th>Tetanus vaccination status</th>
<th>Level of protection to the individual</th>
<th>Options for vaccination before the procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>In countries or subnational areas where clients are likely “primed” against tetanus (based on population policies and coverage levels), meaning they have had at least one previous dose of TTCV</td>
<td>One TTCV booster at the time of VMMC cannot ensure protective immunity against tetanus, but may contribute to protection from disease or reduced severity of disease</td>
<td>Ideally, provide the single TTCV booster dose 14 days before VMMC. At a minimum, provide a TTCV booster dose at the time of VMMC. For longer-term protection against tetanus from any wound, encourage VMMC clients to return for the VMMC follow-up visit at 4-6 weeks and provide another dose of TTCV; encourage a booster dose after one year.</td>
</tr>
<tr>
<td>In countries or subnational areas where clients are likely “not primed,” also known as “vaccine-naïve” (based on population policies and coverage levels), meaning they have never received any TTCV</td>
<td>An individual likely has no protective immunity against tetanus</td>
<td>Provide two TTCV doses at least 28 days apart. On first encounter, provide a first TTCV dose. Ideally, provide the second TTCV dose at least 14 days before VMMC. If the second TTCV dose is provided at the time of VMMC, limited protection may be provided during the first week after VMMC, while antibody levels are increasing. At a minimum, provide a TTCV dose at the time of circumcision, recognizing that no protection is provided with only one dose. For longer-term protection, encourage individual to receive a third dose in 6 months and additional doses subsequently, one year apart.</td>
</tr>
</tbody>
</table>

Summary

- Standard precautions must be observed to minimize the risk of infection transmission from clients to health care workers and vice versa.
- Clients must be assessed for their immunization status against tetanus and, if required, they should receive tetanus immunization before circumcision with the PrePex device.
- While placement is a clean procedure, it is recommended that the removal procedure should, as much as possible, be done under sterile conditions.
- Sterilization of PrePex removal instruments is recommended.
- Waste disposal practices for the PrePex procedure are similar to other surgical procedures.
Thank you!
Chapter 9: Recording and Reporting

Learning Objectives

- At the end of the session, participants should be able to:
  - Describe the importance of record keeping for monitoring and evaluation (M&E)
  - Describe the characteristics of good data
  - Describe tools used for record keeping
  - Demonstrate proper record keeping
  - Report adverse events using standardized forms
  - Analyze and use data for decision-making

Introduction

- Record keeping is a key responsibility of health care workers in any health facility.
- Accurate and complete records provide information to guide program implementation and decision-making.
- If it is not written down, it did not happen.
Some Data Collection Tools

- Client record form
- Adverse events form
- Monthly site summary form
- Procedure register

Electronic Data System

Ensuring Good Data

- **Understanding the data:** Staff should know exactly what information is needed.
- **Recording the data every time:** After providing services to the client, use the appropriate form.
- **Recording all the data:** All the information requested on the monitoring forms should be completed.
- **Recording the data in the same way every time:** Consistently use the same definitions.
Monitoring

- Routine assessment (e.g., daily, monthly, or quarterly) of information or indicators related to ongoing activities.
- Monitoring aims to:
  - Track progress toward program targets or performance standards, and
  - Identify what is working according to plan and what needs adjustment.

Evaluation

- Evaluation is the measurement of change as a result of the interventions implemented.
- A formal evaluation tries to demonstrate how much a specific intervention contributed to an observed change.

Purpose of M&E

- Assess progress made at particular points in time and toward set objectives
- Detect noncompliance with set policies, guidelines, and performance standards
- Quickly identify any threats to patient safety
- Provide feedback on whether targets are being met
- Identify reasons for successes and failures
- Provide a basis for future planning
Program Performance vs. Program Objectives

Evaluation Methods

- Records review: client record forms, clinic register, theatre register, adverse events forms, referral forms
- Supervisory assessments
- Staff self-assessments
- Peer assessments
- Client feedback (e.g., exit interviews or community surveys)
- Facility comparisons

Using Data for Decision-Making

- In the context of record keeping and monitoring, information is good only if it can be used.
- Data that cannot be used should not be collected.
- Each and every facility should be able to analyse the data.
- In addition, providers must use information for decision-making to improve the quality of the services.
Activity 9.1

- **Activity 9.1:** Fill out the M&E tools provided, using the case studies in the participant handbook.

Summary

- VMMC sites have a number of responsibilities, including ensuring that:
  - Data are collected that are correct, complete, and consistent,
  - Records are safely stored,
  - Quality services are provided, and
  - Confidential and sensitive information is securely maintained.

- Clinic staff should periodically analyze their own data for decision-making to improve the quality of the services being provided.

Thank you!
Chapter 2 Activities
2.1 Knowledge Check Game: Parts of the PrePex Device

Objective: Identification of different PrePex device parts

Instructions: Divide into two teams (e.g., team A and team B). The different parts of the PrePex device are listed with numbers on the slides that will be shown to you. The game is played while the teams are standing.

How to play the game: Teams take turns naming the different device parts in the slides. When a team correctly names a part, they get 5 points, and the score is recorded on a score sheet. When a team names a part incorrectly, the other team gets a chance to respond and score. The teams alternate until the device parts in the slides have all been correctly named.

Chapter 3 Activities
3.1 Role Plays on Individual Counseling and Group Education for PrePex Circumcision

- Objective: To practice PrePex counseling skills
- Roles: Three learners will play three different roles: counselor, client, and observer.
- Instructions: Learners will practice counseling skills one by one, using PrePex counseling guide (in the local language). In each role play, one learner will play the role of the client, the second the counselor, and the third an observer. After each counseling session, the learners switch roles.
<table>
<thead>
<tr>
<th>Role</th>
<th>Instructions to follow:</th>
</tr>
</thead>
</table>
| **Counselor**| Quickly skim the main points of the VMMC and PrePex counseling guide 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 counselor. Although the information given in the scenario does not cover all of the questions you may be asked, try to give 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 counselor’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 counselor is having difficulty or is not using the protocol, you may offer suggestions to the counselor. 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 counselor for each role play.                                                                 |

**Instructions for the counselor:** Read the information that follows and use it to conduct the role play. Focus your counseling on the key aspects mentioned in the case studies. You will receive feedback from the observer and the course facilitator.

**Role Play 1**
Nashiol is an 18-year-old college student. He is uncircumcised because he fears complications of surgery. He has now heard of a new method and has come to the MC clinic for more information.

**Role Play 2**
Gabriel, age 40, is an unemployed divorcé. His wife and the mother of his two children left him after being fired from her job for being drunk on duty. In the discussion with the counselor, Gabriel reports that he has twice been treated for syphilis and has never been tested for HIV. Gabriel now seeks to undergo MC to prevent HIV infection, because his friend has informed him that MC treats syphilis permanently.
3.2 Video: Client Education and Counseling (optional)

**Instructions:** Watch a video on client education and counseling. Ask questions to the facilitator where you need and respond to the facilitator’s questions. The video aims to give you a general idea of how to counsel VMMC clients for the PrePex Procedure.

**Chapter 4 Activities**

4.1 Common Contraindications to PrePex Circumcision

**Instructions** for learners: Match the following common contraindications to PrePex circumcision to the pictures provided below:

- Balanitis
- Chancroid
- Condylomata acuminate
- Primary syphilis
- Paraphimosis
- Hypospadias
- Gonorrhea
- Phimosis

1

2

3

4

5

6

7

8
4.2 Client Screening Demonstration and Practice

Instruction:

The facilitator will first demonstrate how to take history and perform a genital examination using a penile model. Observe carefully and ask any questions you may have.

Be ready to perform a return demonstration a client or through a role play while being observed by the facilitator/other leaners and receive feedback.

In the clinic, you work in groups to screen the clients requesting services at the clinic for each of the days of clinical practice training days 2, 3 and 4.

Chapter 5 Activities

5.1 Placement Video

Instructions: Watch video of the entire placement procedure. Note the key points and steps highlighted to you by the facilitator. You can ask the facilitator any questions you may have on the placement procedure.

5.2 Placement Procedure Practice with models

- You will be given a genital model for practicing the placement steps.
- Get all placement tools and accessories you will need.
- Practice all of the steps following the checklist provided and observing the following:
  - You practice placement steps with your gloves on.
  - For marking the circumcision line:
    - Place a condom over the model and the elastic (fabric) foreskin. (Do not mark directly on the elastic foreskin model so that the model can be used again in other trainings.)
    - Mark the line on the condom using the standard marker. You can use one condom for repeated practice at marking the line (the line can be erased easily with paper towel).
    - Place the elastic ring on the model. Then adjust the condom to match the elastic ring (simulating foreskin adjustment).
  - Repeat the practice as directed by the facilitator who will assess you using the checklist.
  - You should then work in pairs, with one learner acting as the operator and the other as assistant; then switching the roles for the subsequent practice.

5.3 Role Play: Post-Placement Counseling Practice

- Objective: To practice PrePex follow-up counseling skills
- Roles: Counselor, client, and observer (Use the role play in the next page)
Directions: Learners will practice follow-up counseling one at a time; one learner will be the client, one the counselor, and the third an observer. During the role play you should refer to the PrePex counseling flip chart/follow-up protocol and switch roles after every session. Use the information given in the role play next page to focus the counselling session.

Note the following:
- Prepare the counseling space.
- Prepare the required counseling materials.
- Go over the key messages that a client should receive after placement (Refer to Appendix D of the PrePex Reference manual for key messages after placement)
- The counselor should respond to any questions that the client may have.

Role Play

Peter, who is 20 years old, has just been brought in to the immediate post-placement room by the escorting nurse. Peter is feeling fine but is anxious about the new device over his penis. He is concerned that it might fall off while he rides his bicycle. He also feels that he may not be able to urinate.

<table>
<thead>
<tr>
<th>ROLE</th>
<th>Instructions</th>
</tr>
</thead>
</table>
| Counselor | Quickly skim the main points of the PrePex counseling (follow-up portion) flip chart 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 counselor. 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 counselor's skills and abilities. |
| Observer  | Before the role play, read through the observation checklist and 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. You may also offer suggestions to the client, if his or her responses do not follow the client scenario. The observation checklists are designed to be used for multiple role plays. Fill in the name of the person acting as the counselor for each role play. |
Discussion Questions for Observers/Feedback

- Start with positive feedback.
- Try to be as specific as possible.
- Ask the learner to self-evaluate first.
- Inform the learners where they need to improve.

Chapter 6 Activities

6.1 Removal Video

Instructions: Watch video of the removal procedure. Note the key points and steps highlighted to you by the facilitator. You can ask the facilitator any questions you may have on the removal procedure.

6.2 Identification of Tools and Materials for the Removal Procedure

Objective: Identification of tools and materials used for removal procedure

Directions: Identify the tools projected on the screen and state the use of each during the removal procedure.

6.3 Demonstrations of the Removal Procedure Using the Models

Objective: To develop the skills to conduct the removal procedure

Directions:
- You will be given an example of necrotic foreskin on a genital model for practicing the removal steps.
- Get all removal tools and accessories you will need.
- Practice all of the steps following the checklist provided and observing the following:
  - You will practice removal steps with your gloves on.
  - For marking the circumcision line:
    - Place a condom over the model and the elastic (fabric) foreskin. (Do not mark directly) Place the elastic ring on the model. Then adjust the condom to match the elastic ring (simulating foreskin adjustment).
  - Repeat the practice as directed by the facilitator who will assess you using the checklist.
  - You should then work in pairs, with one learner acting as the operator and the other as assistant; then switching the roles for the subsequent practice.
Chapter 7 Activities

7.1 Identification of Common Adverse Events/Side Effects

Instructions: You will be given photos of adverse events and side effects following PrePex circumcision, with clear descriptions of the conditions and management. Note conditions described in the pictures and be ready to explain the conditions to your fellows in the classroom.

7.2 Adverse Events Case Studies

Instructions: Read the case studies below and respond to the questions that follow.

Case Study 1
Mr. Rugemera from Musanze, age 24, presented for circumcision and chose the PrePex method. Placement was done on 28 September 2014, and was uneventful. On Day 2 he returned to the facility for post-placement review and reported no complaints. On Day 3 he noticed difficult in voiding and whitish tissue protruding through the foreskin opening. He returned to the facility, and on examination, Semuhungu, the nurse on duty, found the inner layer of the foreskin protruding. The picture below shows the appearance of his penis at examination.

Questions:
- What is a likely diagnosis?
- As the provider on duty on the day this client comes in, what would you do?

Case Study 2
Mr. Peter underwent PrePex circumcision 5 days ago. On Day 5 he comes in complaining that he feels uncomfortable with the device and that he cannot bear it anymore. He wants it to be removed. Upon physical exam, the device is still intact without any displacement. The picture below shows the appearance of Peter’s wound at review on that day.
Questions:
As the provider on duty on the day when this client comes in, what would you do?

Case Study 3
Mr. John underwent PrePex removal 3 days ago. He came to the facility on this day complaining that he has swelling around the frenulum. On physical exam the swelling is found to be only around the frenular region, and it is not painful on touch.

Questions:
As a provider on duty on the day when this client comes in, what would you do?

Case Study 4
John is a 25-year-old male living in Qoqolosing town of Leribe district. He came to the clinic for circumcision, and upon receiving information about the PrePex device, chose to get circumcised with it. The device was placed on 17 August 2014, and the clinical record of the placement procedure indicated a successful placement. Eight hours after the device placement, John reported having an erection, which led to displacement of the outer ring and loss of the device. He returned to the clinic on the morning of 18 August 2014. Upon examination, Moses, the nurse who performed the procedure, found that the marked line was still visible, and there was minimal swelling distal to the position of the device. John was not feeling any pain.

Questions:
- What is the likely management of John’s condition and what method of circumcision will be most appropriate in this case?

Case Study 5
Alphonse, an 18-year-old student at Kenyatta University, received a circumcision using the PrePex device at Ngong Road MC clinic. After device placement, which was recorded by the clinical officer as having been uneventful, Alphonse was discharged with an appointment to return for removal after 7 days. However, on the third day post-placement he returned in pain and complaining of swelling
of the penis. He reported that the swelling followed an assault in which the elastic ring had been removed by force. The inner ring was still under the foreskin. A picture taken prior to any clinical management is shown below.

Questions:

- Describe the appearance of Alphonse’s penis.
- What is the most appropriate management for Alphonse’s condition?
Case Study 6
Siya is a 37-year-old truck driver who was circumcised using the PrePex device at Gugulethu MC Clinic. He did not have any problem wearing the device until the sixth day post-placement, when he returned to the clinic with a complaint that the inner ring of the device was now exposed and he was feeling uncomfortable whenever his pants touched the device. The inner ring was however not exposed on the ventral side of the penis. The picture below shows the appearance of Siya’s penis upon arrival at the clinic.

Questions:

- What is the appropriate management of Siya’s condition?
Case Study 7

Joy is a 28-year-old mechanic from Bulawayo. He received a circumcision using the PrePex device at the government hospital there. He returned to the clinic for the Day 2 review visit with complaints of pain and swelling of his penis. He also reported discomfort during erections and difficulty with urination.

Questions:

- Describe the appearance of Joy’s penis.
- What is the appropriate management for Joy’s condition?
Chapter 9 Activities

9.1 Practice on Monitoring and Evaluation (M&E) Tools

Objective: Each participant should practice of proper filling out of the M&E tools in the class

You will be provided with:

Printed copies of the following tools:

- Client record forms
- MC register or PrePex register, if any
- Monthly site summary forms
- AE forms

Instructions: Use the information on the case studies to fill out the relevant tool.

- Exercise 1: Fill out the client record form
- Exercise 2: Fill out the MC/PrePex register with information from the client record form
- Exercise 3: Fill out the sample monthly site summary forms

Revision Exercise

Jeopardy Game

Learners will divide into two groups and play the game according to the instructions given. The group with the highest score will be the winners.
### Checklist for PrePex Male Circumcision: Group Education
(for Practice and Evaluation)

Place a “Y” in the case box if the step/task is performed satisfactorily, an “X” if it is not performed satisfactorily, or N/O if it was 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 the learner during evaluation by facilitator

<table>
<thead>
<tr>
<th>Task/Activity</th>
<th>Sessions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Preparation</strong></td>
<td></td>
</tr>
<tr>
<td>1. Prepare the room or space where the education session is going to be conducted.</td>
<td></td>
</tr>
<tr>
<td>2. Prepare VMMC education materials and PrePex information, education, and communication (IEC) materials, models, flip charts, brochures/leaflets, PrePex device, and video (if available).</td>
<td></td>
</tr>
<tr>
<td>3. Provide seats for all clients and the caretaker/parents who have come to the PrePex MC/male reproductive health clinic.</td>
<td></td>
</tr>
<tr>
<td><strong>General</strong></td>
<td></td>
</tr>
<tr>
<td>4. Greet the client(s) and introduce yourself.</td>
<td></td>
</tr>
<tr>
<td>5. Separate clients and conduct group education sessions based on age and sexual maturity.</td>
<td></td>
</tr>
<tr>
<td>6. Explain to the client(s) what you wish to talk about and encourage them to ask questions.</td>
<td></td>
</tr>
<tr>
<td>7. Use language that is easy to understand and check the clients’ understanding.</td>
<td></td>
</tr>
<tr>
<td>8. Encourage the clients to ask questions and voice concerns, and listen to what they have to say.</td>
<td></td>
</tr>
<tr>
<td>10. Give the general messages that are summarized in the counseling guide or flip chart. Key messages include:</td>
<td></td>
</tr>
<tr>
<td>- Definition of MC</td>
<td></td>
</tr>
<tr>
<td>- Benefits and risks</td>
<td></td>
</tr>
<tr>
<td>- Biological evidence for MC and HIV prevention</td>
<td></td>
</tr>
<tr>
<td>- HIV basic information, HIV prevention, risk reduction counseling</td>
<td></td>
</tr>
<tr>
<td>- STIs and need for STI diagnosis and treatment</td>
<td></td>
</tr>
<tr>
<td>- HIV testing benefits; offer to test at the clinic</td>
<td></td>
</tr>
<tr>
<td>- MC procedures, surgical and PrePex</td>
<td></td>
</tr>
<tr>
<td>- What to do after the MC procedure (postoperative care)</td>
<td></td>
</tr>
<tr>
<td>- Abstinence from sexual activities, including masturbation, until wound has healed</td>
<td></td>
</tr>
<tr>
<td>- Avoid using substances on the wound due to the increased risk of infections, especially tetanus</td>
<td></td>
</tr>
<tr>
<td>- Pain relief following MC</td>
<td></td>
</tr>
</tbody>
</table>
### Practice Checklist for Group Education on VMMC Using the PrePex Device

<table>
<thead>
<tr>
<th>Task/Activity</th>
<th>Sessions</th>
</tr>
</thead>
<tbody>
<tr>
<td>11. Tell the clients what male reproductive health services are available in the clinic, including screening and treatment of STIs and condoms for contraception and prevention of STIs.</td>
<td></td>
</tr>
<tr>
<td><strong>PrePex MC</strong></td>
<td></td>
</tr>
<tr>
<td>12. Ask a volunteer to tell you what he already knows about PrePex MC.</td>
<td></td>
</tr>
<tr>
<td>13. Give positive feedback to the volunteer on any correct information provided and fill in the gaps:</td>
<td></td>
</tr>
<tr>
<td>• What is PrePex MC?</td>
<td></td>
</tr>
<tr>
<td>• How is PrePex MC done?</td>
<td></td>
</tr>
<tr>
<td>• Benefits of PrePex MC</td>
<td></td>
</tr>
<tr>
<td>• Alternatives to PrePex procedure, if not eligible</td>
<td></td>
</tr>
<tr>
<td>• Expectations for pain during the placement and removal, and pain relief options for PrePex MC</td>
<td></td>
</tr>
<tr>
<td>• Postoperative care after PrePex MC</td>
<td></td>
</tr>
<tr>
<td>• What a client should expect when wearing the PrePex device</td>
<td></td>
</tr>
<tr>
<td>• What a client should expect after removing the PrePex device</td>
<td></td>
</tr>
<tr>
<td>• How often client is supposed to come for PrePex circumcision</td>
<td></td>
</tr>
<tr>
<td>• How and when to contact health care workers after PrePex circumcision</td>
<td></td>
</tr>
<tr>
<td><strong>Conclusion</strong></td>
<td></td>
</tr>
<tr>
<td>14. Ask parents/clients if they have any questions about MC and male reproductive health, and provide additional information as needed.</td>
<td></td>
</tr>
<tr>
<td>15. Tell parents and clients where to go next.</td>
<td></td>
</tr>
<tr>
<td>16. Thank them for their attention.</td>
<td></td>
</tr>
</tbody>
</table>
Checklist for PrePex Male Circumcision: Individual Counseling
(for Practice and Evaluation)

Place a “Y” in the case box if the step/task is performed satisfactorily, an “X” if it is not performed satisfactorily, or N/O if it was 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 was not performed by learner during evaluation by facilitator

<table>
<thead>
<tr>
<th>Task/Activity</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Prepare the room where the individual counseling session is going to be conducted.</td>
<td></td>
</tr>
<tr>
<td>2. Ensure visual and audio privacy.</td>
<td></td>
</tr>
<tr>
<td>3. Prepare VMMC counseling materials and PrePex IEC materials, models, flip charts, brochures/ leaflets, PrePex device, etc.</td>
<td></td>
</tr>
<tr>
<td>4. Prepare HIV testing facilities, if required: HIV test kit, testing algorithm, HIV testing and counseling register, etc.</td>
<td></td>
</tr>
<tr>
<td>5. Provide seats for the client and/or his caretaker/parents who brought him for the procedure.</td>
<td></td>
</tr>
<tr>
<td>6. Explain to the client that the information he gives will be kept confidential and will not be shared without his express permission.</td>
<td></td>
</tr>
<tr>
<td>7. Greet the client and introduce yourself.</td>
<td></td>
</tr>
<tr>
<td>8. Explain to the client what you wish to talk about and encourage him to ask questions.</td>
<td></td>
</tr>
<tr>
<td>9. Honor confidentiality.</td>
<td></td>
</tr>
<tr>
<td>10. Show sensitivity to social and cultural practices that may conflict with the plan of care.</td>
<td></td>
</tr>
<tr>
<td>11. Encourage the client to ask questions and voice concerns, and listen to what he has to say.</td>
<td></td>
</tr>
<tr>
<td>12. Demonstrate empathy.</td>
<td></td>
</tr>
<tr>
<td>13. Ask the client/parent what specific reproductive health service he is requesting.</td>
<td></td>
</tr>
<tr>
<td>14. Ask the client (or the parents, if the child is too young) to tell you what he already knows about MC and circumcision using the PrePex device.</td>
<td></td>
</tr>
<tr>
<td>Task/Activity</td>
<td>Cases</td>
</tr>
<tr>
<td>--------------</td>
<td>-------</td>
</tr>
<tr>
<td>15. Tell the client/parents about MC:</td>
<td>Cases</td>
</tr>
<tr>
<td>• Definition of MC</td>
<td>Cases</td>
</tr>
<tr>
<td>• Benefits and risks</td>
<td>Cases</td>
</tr>
<tr>
<td>• VMMC options: surgical and PrePex</td>
<td>Cases</td>
</tr>
<tr>
<td>• Things to do after the MC procedure (e.g., abstinence from sexual activities, including masturbation, until wound has healed)</td>
<td>Cases</td>
</tr>
<tr>
<td>• The need to avoid using substances on the wound due to the increased risk of infections, especially tetanus</td>
<td>Cases</td>
</tr>
<tr>
<td>• Pain relief following MC</td>
<td>Cases</td>
</tr>
<tr>
<td>HIV Testing</td>
<td>Cases</td>
</tr>
<tr>
<td>16. Ask the client or his parents to tell you what he already knows about HIV and AIDS.</td>
<td>Cases</td>
</tr>
<tr>
<td>17. Ask the client or his parents if he has ever been tested for HIV.</td>
<td>Cases</td>
</tr>
<tr>
<td>18. Update the client and/or his parents about HIV and AIDS.</td>
<td>Cases</td>
</tr>
<tr>
<td>19. Explore the client’s HIV risk behaviors.</td>
<td>Cases</td>
</tr>
<tr>
<td>20. Work with the client to develop a risk reduction plan for the risk behaviors identified.</td>
<td>Cases</td>
</tr>
<tr>
<td>21. Test the client for HIV if he so wishes.</td>
<td>Cases</td>
</tr>
<tr>
<td>22. Provide post-test counseling.</td>
<td>Cases</td>
</tr>
<tr>
<td>23. Refer the client for care and support if he tests HIV-positive.</td>
<td>Cases</td>
</tr>
<tr>
<td>Information about Other STIs</td>
<td>Cases</td>
</tr>
<tr>
<td>24. Ask the client what he knows about STIs.</td>
<td>Cases</td>
</tr>
<tr>
<td>25. Update the client about STIs, including how STIs can be prevented (ABC message).</td>
<td>Cases</td>
</tr>
<tr>
<td>26. Emphasize the use of dual protection (condoms and other method of family planning) to avoid pregnancy and STIs/HIV.</td>
<td>Cases</td>
</tr>
<tr>
<td>27. Ask the client if he has ever been diagnosed or treated for an STI.</td>
<td>Cases</td>
</tr>
<tr>
<td>PrePex MC</td>
<td>Cases</td>
</tr>
<tr>
<td>28. Show the client a sample of the PrePex device.</td>
<td>Cases</td>
</tr>
<tr>
<td>29. Explain to the client:</td>
<td>Cases</td>
</tr>
<tr>
<td>• How PrePex MC is done</td>
<td>Cases</td>
</tr>
<tr>
<td>• Benefits of PrePex MC</td>
<td>Cases</td>
</tr>
<tr>
<td>• Alternatives to PrePex procedure, if not eligible</td>
<td>Cases</td>
</tr>
<tr>
<td>• Expectations for pain during the placement and removal, and pain relief options for PrePex MC</td>
<td>Cases</td>
</tr>
<tr>
<td>• Postoperative care after PrePex MC</td>
<td>Cases</td>
</tr>
<tr>
<td>• What a client should expect when wearing the PrePex device</td>
<td>Cases</td>
</tr>
<tr>
<td>• What a client should expect after removing the PrePex device</td>
<td>Cases</td>
</tr>
<tr>
<td>• How often is client supposed to come to complete the entire PrePex circumcision process</td>
<td>Cases</td>
</tr>
<tr>
<td>• How and when to contact health care workers after PrePex circumcision</td>
<td>Cases</td>
</tr>
<tr>
<td>Conclusion</td>
<td>Cases</td>
</tr>
<tr>
<td>30. Ask the client/parents if they have any other specific reproductive health service needs.</td>
<td>Cases</td>
</tr>
<tr>
<td>31. Tell the client (and/or parents) where to go next.</td>
<td>Cases</td>
</tr>
<tr>
<td>32. Thank them for their attention.</td>
<td>Cases</td>
</tr>
</tbody>
</table>

**Checklist for PrePex Male Circumcision: Screening**
(for Practice and Evaluation)
Place a “Y” in the case box if the step/task is performed satisfactorily, an “X” if it is not performed satisfactorily, or N/O if it was not observed.

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<table>
<thead>
<tr>
<th>Task/Activity</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Preparation</strong></td>
<td></td>
</tr>
<tr>
<td>1. Gather all necessary materials.</td>
<td></td>
</tr>
<tr>
<td>2. Greet the client with respect and offer him a seat.</td>
<td></td>
</tr>
<tr>
<td>3. Introduce and identify yourself (e.g., “My name is Jack. I am a nurse. I do male circumcision.”).</td>
<td></td>
</tr>
<tr>
<td>4. Assure client of the confidentiality of all information provided during the session.</td>
<td></td>
</tr>
<tr>
<td><strong>Client Identification</strong></td>
<td></td>
</tr>
<tr>
<td>5. Ask the client about his personal information (name, address, age, marital status, etc.).</td>
<td></td>
</tr>
<tr>
<td>6. Ask the client (or his parents) why he has come to the clinic.</td>
<td></td>
</tr>
<tr>
<td><strong>History Taking</strong></td>
<td></td>
</tr>
<tr>
<td>7. Inquire about:</td>
<td></td>
</tr>
<tr>
<td>• Current general health</td>
<td></td>
</tr>
<tr>
<td>• Allergies to latex, medications</td>
<td></td>
</tr>
<tr>
<td><strong>History of STIs</strong></td>
<td></td>
</tr>
<tr>
<td>8. Ask the client if he is sexually active.</td>
<td></td>
</tr>
<tr>
<td>9. Ask if the client currently has any genitourinary symptoms.</td>
<td></td>
</tr>
<tr>
<td>10. If he has any symptoms, find out more about the complaint.</td>
<td></td>
</tr>
<tr>
<td><strong>Past medical history</strong></td>
<td></td>
</tr>
<tr>
<td>11. Ask the client if he has ever been diagnosed and/or treated for an STI or other genital disease.</td>
<td></td>
</tr>
<tr>
<td>12. Ask the client if he has ever been treated or is currently being treated for any chronic medical illness.</td>
<td></td>
</tr>
<tr>
<td>13. Ask the client if he has ever undergone any surgery in the past (especially genital surgery).</td>
<td></td>
</tr>
<tr>
<td>14. Ask the client if he received an immunization booster dose against tetanus, and if he did, when this was done (check the record for the date, if available).</td>
<td></td>
</tr>
<tr>
<td><strong>Reproductive and contraceptive history</strong></td>
<td></td>
</tr>
<tr>
<td>15. Ask the client if he has fathered any children. If so, how many?</td>
<td></td>
</tr>
<tr>
<td>16. Ask about the client’s reproductive intentions.</td>
<td></td>
</tr>
<tr>
<td>17. Ask the client if he has ever used any type of contraception. If so, which method did he use?</td>
<td></td>
</tr>
<tr>
<td><strong>Drug history</strong></td>
<td></td>
</tr>
<tr>
<td>18. Ask the client if he is currently on any special medications (whether prescribed, over-the-counter, or traditional).</td>
<td></td>
</tr>
</tbody>
</table>
### Checklist For PrePex Male Circumcision: Screening

<table>
<thead>
<tr>
<th>Task/Activity</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>19. Ask the client if he is allergic to any drugs (including lignocaine injection or iodine, latex).</td>
<td></td>
</tr>
<tr>
<td>20. Ask the client if he has a history of substance abuse. If so what substance?</td>
<td></td>
</tr>
</tbody>
</table>

#### Physical Examination

**General physical examination**

<table>
<thead>
<tr>
<th>Task/Activity</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>21. Explain to the client why a physical examination is necessary before MC, and ask the client to undress and prepare for the examination.</td>
<td></td>
</tr>
<tr>
<td>22. Help the client lie on the examination couch/bed.</td>
<td></td>
</tr>
<tr>
<td>23. Perform a focused general physical examination.</td>
<td></td>
</tr>
<tr>
<td>24. Check for and document the presence of wounds on the body.</td>
<td></td>
</tr>
<tr>
<td>25. Check the client’s vital signs (as per the client record form).</td>
<td></td>
</tr>
<tr>
<td>26. Perform any other systemic examination dictated by the client’s history.</td>
<td></td>
</tr>
</tbody>
</table>

#### Genital Examination

<table>
<thead>
<tr>
<th>Task/Activity</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>27. Wash your hands with soap and water and dry them with a clean, dry towel.</td>
<td></td>
</tr>
<tr>
<td>28. Put examination gloves on both hands.</td>
<td></td>
</tr>
<tr>
<td>29. Examine the penis and look for any abnormalities.</td>
<td></td>
</tr>
<tr>
<td>30. Check the flexibility of the foreskin and the width of the foreskin opening.</td>
<td></td>
</tr>
<tr>
<td>31. Examine the scrotum and check for any abnormalities.</td>
<td></td>
</tr>
<tr>
<td>32. Thank the client for his cooperation.</td>
<td></td>
</tr>
</tbody>
</table>

#### Post-examination tasks

<table>
<thead>
<tr>
<th>Task/Activity</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>33. If the client is assessed to be eligible for MC, ask him to provide informed consent by signing the consent form in the client record form.</td>
<td></td>
</tr>
<tr>
<td>34. Wash your hands thoroughly with soap and water and dry them with a clean towel.</td>
<td></td>
</tr>
<tr>
<td>35. Complete the client’s record form.</td>
<td></td>
</tr>
<tr>
<td>36. Guide the client on where to move next.</td>
<td></td>
</tr>
<tr>
<td>37. If the client is ineligible for PrePex, but qualifies for another method, direct him to the surgical MC room.</td>
<td></td>
</tr>
<tr>
<td>38. If the client is ineligible for MC due to a condition requiring treatment, direct him to the place where he is to be treated.</td>
<td></td>
</tr>
</tbody>
</table>
## Checklist for PrePex Male Circumcision: Placement
(for Practice and Evaluation)

Place a “Y” in the case box if the step/task is performed satisfactorily, an “X” if it is not performed satisfactorily, or N/O if it is not observed.

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<table>
<thead>
<tr>
<th>Task</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pre-Procedural Tasks</strong></td>
<td></td>
</tr>
<tr>
<td>1. Check if ALL PrePex placement supplies are ready (nothing should be omitted from the list)</td>
<td></td>
</tr>
<tr>
<td>• 2 pairs of medical nonsterile gloves</td>
<td></td>
</tr>
<tr>
<td>• Antiseptic solution in dispensing bottle (chlorhexidine, povidone iodine, or other antiseptic in use in your setting)</td>
<td></td>
</tr>
<tr>
<td>• Gauze sheets (10 cm by 10 cm)</td>
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</tr>
<tr>
<td>• 1 PrePex single-use sizing plate</td>
<td></td>
</tr>
<tr>
<td>• 1 skin marker</td>
<td></td>
</tr>
<tr>
<td>• 1 gram anesthetic cream</td>
<td></td>
</tr>
<tr>
<td>• PrePex devices of all sizes (A–E)</td>
<td></td>
</tr>
<tr>
<td>• Scissors to cut the verification thread</td>
<td></td>
</tr>
<tr>
<td>• Waste receptacle</td>
<td></td>
</tr>
<tr>
<td><strong>Preparation</strong></td>
<td></td>
</tr>
<tr>
<td>2. Greet client and/or parent(s) respectfully and with kindness</td>
<td></td>
</tr>
<tr>
<td>3. Review the client’s form (history, examination findings, and laboratory report if any). Confirm that the client has gone through screening (client should present with signed client form).</td>
<td></td>
</tr>
<tr>
<td>4. Ask the client if he has any questions he wishes to ask about the procedure.</td>
<td></td>
</tr>
<tr>
<td>5. Ask the client to lie on his back, pants down to his knees.</td>
<td></td>
</tr>
<tr>
<td>6. Wash your hands and dry them with a clean, dry towel.</td>
<td></td>
</tr>
<tr>
<td>7. Put on a pair of nonsterile gloves</td>
<td></td>
</tr>
<tr>
<td>8. Perform a gentle examination of the external genitalia.</td>
<td></td>
</tr>
<tr>
<td><strong>Measurement, Marking, and Cleaning</strong></td>
<td></td>
</tr>
<tr>
<td>9. Using the PrePex single-use sizing plate, measure under the sulcus three times. <strong>Do not pull the penis.</strong></td>
<td></td>
</tr>
<tr>
<td>10. Stretch the foreskin and let it rest again.</td>
<td></td>
</tr>
<tr>
<td>11. Starting on the dorsal side of the penis, mark the line of circumcision parallel to the coronal sulcus, just under the glans. Make a U-shaped curve, pointing toward the frenulum on the ventral side of the penis.</td>
<td></td>
</tr>
<tr>
<td>12. Using an antiseptic solution (e.g., povidone iodine or chlorhexidine), clean the outer foreskin, shaft, and groin area. Three applications of the antiseptic must be made. For iodine, wait for 2 minutes after application before starting the procedure.</td>
<td></td>
</tr>
<tr>
<td>13. Retract the foreskin and clean the area with an antiseptic solution, making sure that the inner surface and the glans are clean and the skin is dry.</td>
<td></td>
</tr>
<tr>
<td>Task</td>
<td>Cases</td>
</tr>
<tr>
<td>------</td>
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</tr>
<tr>
<td><strong>Loading Elastic Ring over the Placement Ring</strong></td>
<td></td>
</tr>
<tr>
<td>14. Select the correct size PrePex device.</td>
<td></td>
</tr>
</tbody>
</table>
| 15. Place the elastic ring over the placement ring by:  
  - Putting the elastic ring first on two adjacent placement ring notches and then moving circumferentially **OR**  
  - Putting the elastic ring first on two opposite placement ring notches and then applying to the remaining notches. | |
| 16. Apply the placement ring loaded with the plastic ring to rest at the base of the penis with the elastic ring facing the glans. | |
| **Applying Anesthetic/Analgesic Cream** | |
| 17. Retract the foreskin and apply a finger dip of the anesthetic cream on the shaft (inner foreskin) and sulcus area. | |
| **Inserting Inner Ring** | |
| 18. Grasp the foreskin at 6 o’clock and 12 o’clock with thumb and index fingers of both hands and stretch the foreskin open. | |
| 19. Hold the curved side of the inner ring and insert it all the way down to the coronal sulcus. Press the opposite side to the sulcus as well. (**Do not push the ring to stretch the foreskin**.) | |
| 20. Grasp the foreskin closed to keep the inner ring in place and bring the placement ring up to align the elastic ring with the inner ring. | |
| 21. Fix the placement ring with one hand and release the elastic ring, gently and one at a time, from the notch onto the foreskin. | |
| 22. Check that the elastic ring is on the foreskin and lying perfectly in the groove of the inner ring. | |
| 23. Adjust the foreskin to align the elastic ring to the circumcision line by gently pulling the proximal shaft skin at the four leg points of the placement ring. | |
| 24. Check that the device is correctly in place: look beneath the foreskin and see that the inner ring is in its space in the sulcus and the elastic ring is exactly in the groove of the inner ring. | |
| 25. Explain to the client and then cut the verification thread. | |
| **Immediate Post-Placement** | |
| 26. Complete your section of the client card, sign and date, and send the client to the discharge session. (Make sure the client does not leave without attending the discharge session.) | |
Checklist for PrePex Male Circumcision: Post-Placement Counseling
(for Practice and Evaluation)

Place a “Y” in the case box if the step/task is performed satisfactorily, an “X” if it is not performed satisfactorily, or N/O if it is not observed.

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

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<table>
<thead>
<tr>
<th>Task/Activity</th>
<th>Cases</th>
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</thead>
<tbody>
<tr>
<td><strong>Preparation</strong></td>
<td></td>
</tr>
<tr>
<td>1. Prepare information leaflet with post-placement instructions.</td>
<td></td>
</tr>
<tr>
<td>2. Greet the client and handle him gently.</td>
<td></td>
</tr>
<tr>
<td>3. Ask how he is feeling and if he has any concerns he would like to have addressed.</td>
<td></td>
</tr>
<tr>
<td><strong>General</strong></td>
<td></td>
</tr>
<tr>
<td>4. Welcome the client to the post-placement room and ask him to sit down.</td>
<td></td>
</tr>
<tr>
<td>5. Check the client’s vital signs.</td>
<td></td>
</tr>
<tr>
<td>6. Ask the client if he feels any pain and give him an analgesic, if required.</td>
<td></td>
</tr>
<tr>
<td>7. Ask the client how he feels.</td>
<td></td>
</tr>
<tr>
<td><strong>Key Messages</strong></td>
<td></td>
</tr>
<tr>
<td>8. Inform the client of the following key issues:</td>
<td></td>
</tr>
<tr>
<td>• He should abstain from sexual intercourse/masturbation.</td>
<td></td>
</tr>
<tr>
<td>• He should avoid moving the device.</td>
<td></td>
</tr>
<tr>
<td>• He should return to the facility if the device moves or if he has uncontrollable pain.</td>
<td></td>
</tr>
<tr>
<td>• He should not attempt to remove the device and should not let anyone other than a trained provider remove the device.</td>
<td></td>
</tr>
<tr>
<td>9. Tell the client to expect the following during the 7 days he is wearing the device:</td>
<td></td>
</tr>
<tr>
<td>• Pain due to ischemia (he should take analgesics to reduce pain).</td>
<td></td>
</tr>
<tr>
<td>• The foreskin in front of the elastic ring will become darker and dry in the next few days, and this is normal (he should not worry).</td>
<td></td>
</tr>
<tr>
<td>• An unpleasant odor may occur while he is wearing the device. He should clean regularly and avoid the collection of urine under the foreskin.</td>
<td></td>
</tr>
<tr>
<td>• There may be some partial skin detachments along the elastic ring, and this is normal.</td>
<td></td>
</tr>
<tr>
<td>• He should bath normally and keep the inner foreskin clean.</td>
<td></td>
</tr>
<tr>
<td>10. Ask the client to always keep the bandage dry.</td>
<td></td>
</tr>
<tr>
<td>11. Ask the client whether he has any question and provide additional information if necessary.</td>
<td></td>
</tr>
<tr>
<td>12. Provide the client with written post-placement instructions.</td>
<td></td>
</tr>
<tr>
<td>13. Inform the client where to go in case of an emergency and give him an emergency number to call if he has a problem.</td>
<td></td>
</tr>
<tr>
<td>14. Give the client a date for his next appointment.</td>
<td></td>
</tr>
<tr>
<td>15. Discharge the client when you are satisfied that he is fine.</td>
<td></td>
</tr>
<tr>
<td>16. Complete the post-placement section of the client record form.</td>
<td></td>
</tr>
</tbody>
</table>
Checklist for PrePex Male Circumcision: Removal  
(for Practice and Evaluation)

Place a “Y” in the case box if the step/task is performed satisfactorily, an “X” if it is not performed satisfactorily, or N/O if it is not observed.

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<table>
<thead>
<tr>
<th>Task</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Preparations</strong></td>
<td></td>
</tr>
<tr>
<td>1. Greet the client and/or parent(s) respectfully and with kindness.</td>
<td></td>
</tr>
<tr>
<td>2. Review the client’s form (client should present form with date of PrePex placement and name of providers).</td>
<td></td>
</tr>
<tr>
<td>3. Review the client’s records (date of surgery, any complications during or after surgery).</td>
<td></td>
</tr>
<tr>
<td>4. Ask the client or parent(s) if he has had any problems since the procedure was done. If so, where did he go and what was done?</td>
<td></td>
</tr>
<tr>
<td>5. Ask the client for permission to examine the penis.</td>
<td></td>
</tr>
<tr>
<td>6. Help the client lie down on the couch.</td>
<td></td>
</tr>
<tr>
<td>7. Wash your hands with soap and water and dry them with a clean, paper towel.</td>
<td></td>
</tr>
<tr>
<td>8. Examine the penis and the device for any abnormality. If there is an abnormal finding, record it, if appropriate.</td>
<td></td>
</tr>
<tr>
<td><strong>Pre-Procedure Tasks</strong></td>
<td></td>
</tr>
<tr>
<td>9. Check that ALL PrePex removal supplies are ready:</td>
<td></td>
</tr>
<tr>
<td>• 1 pair of medical nonsterile gloves</td>
<td></td>
</tr>
<tr>
<td>• Antiseptic solution in dispensing bottle (chlorhexidine or povidone iodine, or other antiseptic in use in your setting)</td>
<td></td>
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<tr>
<td>• 4 gauze sheets (10 cm by 10 cm)</td>
<td></td>
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<tr>
<td>• 1 toothed forceps</td>
<td></td>
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<tr>
<td>• 1 special scissors</td>
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</tr>
<tr>
<td>• 1 spatula</td>
<td></td>
</tr>
<tr>
<td>• 1 scalpel number 10</td>
<td></td>
</tr>
<tr>
<td>• 1 non adherent, non-sticking dressing</td>
<td></td>
</tr>
<tr>
<td>10. Ask the client to lie on his back, with pants down to his knees.</td>
<td></td>
</tr>
<tr>
<td>11. Put on a pair of sterile gloves.</td>
<td></td>
</tr>
<tr>
<td>12. Apply antiseptic solution (e.g., chlorhexidine). Drip the solution into the space between the foreskin and glans.</td>
<td></td>
</tr>
<tr>
<td><strong>Removal</strong></td>
<td></td>
</tr>
<tr>
<td>13. Place forceps at 2 o’clock or 10 o’clock and nip the tip of the foreskin at 3 o’clock or 9 o’clock, respectively.</td>
<td></td>
</tr>
<tr>
<td>14. Continue cutting the necrotized foreskin diagonally until you reach the inner ring. Then cut as close to the inner ring as possible.</td>
<td></td>
</tr>
<tr>
<td>15. Trim any ragged edge or long cuff of necrotized foreskin (inner ring should be exposed as much as possible).</td>
<td></td>
</tr>
</tbody>
</table>
### Checklist for PrePex Male Circumcision: Removal

<table>
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<tr>
<th>Task</th>
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</tr>
</thead>
<tbody>
<tr>
<td>16.  Using a surgical blade, cut the elastic ring on the <strong>flat part</strong> of the inner ring, with the sharp side facing the necrotic tissue.</td>
<td></td>
</tr>
<tr>
<td>17.  Clean the glans and shaft thoroughly with povidone iodine.</td>
<td></td>
</tr>
<tr>
<td>18.  Hold the penis in your left hand and the spatula in your right hand, and insert the spatula between necrotic foreskin and the inner ring with a gentle lever movement, starting from the flat side and sliding it to the curved side.</td>
<td></td>
</tr>
<tr>
<td>19.  Pull out the inner ring with a fast, but gentle movement to minimize pain to the client.</td>
<td></td>
</tr>
<tr>
<td>20.  Examine the wound for any bleeding. Apply a dressing on the wound and instruct the client to keep it dry until he returns for postoperative review. Provide postoperative instructions, including wound care information.</td>
<td></td>
</tr>
<tr>
<td><strong>Immediate Post–Removal</strong></td>
<td></td>
</tr>
<tr>
<td>21.  Complete your section of the client card, sign and date, and send the client to a group discharge session. (Make sure the client does not leave without attending a discharge session.)</td>
<td></td>
</tr>
</tbody>
</table>
Checklist for PrePex Male Circumcision: Post-Removal Counseling
(for Practice and Evaluation)

Place a “Y” in the case box if the step/task is performed satisfactorily, an “X” if it is not performed satisfactorily, or N/O if the task was not observed.

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</tr>
<tr>
<td>1. Prepare an information leaflet with post-removal instructions.</td>
<td></td>
</tr>
<tr>
<td>2. Greet the client and handle him gently.</td>
<td></td>
</tr>
<tr>
<td>3. Establish how he is feeling and if he has any concerns he would like to have addressed.</td>
<td></td>
</tr>
<tr>
<td><strong>General</strong></td>
<td></td>
</tr>
<tr>
<td>4. Welcome the client to the post-removal room and ask him to sit down.</td>
<td></td>
</tr>
<tr>
<td>5. Check the client’s vital signs.</td>
<td></td>
</tr>
<tr>
<td>6. Ask the client if he feels any pain, and give him an analgesic, if required.</td>
<td></td>
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<tr>
<td>7. Ask the client how he feels.</td>
<td></td>
</tr>
<tr>
<td><strong>Key Messages</strong></td>
<td></td>
</tr>
<tr>
<td>8. Inform the client of the following key issues:</td>
<td></td>
</tr>
<tr>
<td>• He should abstain from sexual intercourse/masturbation for 6 weeks after device removal.</td>
<td></td>
</tr>
<tr>
<td>• He must keep the dressing dry.</td>
<td></td>
</tr>
<tr>
<td>• He must return for follow-up after 2 days or any time he has a concern.</td>
<td></td>
</tr>
<tr>
<td>• He should wash gently using soap and clean water every day, and dry carefully. He should not rub while washing.</td>
<td></td>
</tr>
<tr>
<td>• He should handle with care for 2 weeks, or until the skin has grown back nicely over the wound.</td>
<td></td>
</tr>
<tr>
<td>9. Tell the client what to expect after removal of the device on Day 7:</td>
<td></td>
</tr>
<tr>
<td>• He should leave the large band of necrotic tissue in place and not remove it. It will fall in 2–3 weeks.</td>
<td></td>
</tr>
<tr>
<td>• White tissue (slough) may appear along the healing wound. It is normal and he should not worry.</td>
<td></td>
</tr>
<tr>
<td>• The remaining foreskin will dry and fall off within 1 or 2 weeks.</td>
<td></td>
</tr>
<tr>
<td>10. Ask the client to always keep the bandage dry.</td>
<td></td>
</tr>
<tr>
<td>11. Insist that client <strong>not</strong> apply anything to the wound. Local treatments might lead to tetanus infection.</td>
<td></td>
</tr>
<tr>
<td>12. Provide additional dressings to take home (if required by the program).</td>
<td></td>
</tr>
<tr>
<td>13. Ask the client whether he has any questions and provide additional information if necessary.</td>
<td></td>
</tr>
<tr>
<td>15. Inform the client where to go in case of emergency and give him an emergency number to call if he has a problem.</td>
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<tr>
<td>Task/Activity</td>
<td>Cases</td>
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<tr>
<td>------------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>16. Give the client a date for his next appointment.</td>
<td></td>
</tr>
<tr>
<td>17. Discharge the client when you are satisfied that he is fine.</td>
<td></td>
</tr>
<tr>
<td>18. Complete the post-removal section of the client record form.</td>
<td></td>
</tr>
</tbody>
</table>
Mid-Course Questionnaire

Circle the most correct answer:

1. What is the name of the item in this picture?
   a. Removal ring
   b. White ring
   c. Inner ring

2. What is the name of the item in this picture?
   a. Removal ring
   b. Placement ring
   c. Large ring

3. Why do we check the client’s foreskin before performing PrePex circumcision?
   a. To see if the foreskin is narrow enough
   b. To see if the foreskin is not too sensitive
   c. To see if the foreskin is flexible enough and wide enough

4. What do we do if the client has a very narrow foreskin?
   a. We use a smaller size PrePex device
   b. We try to push the device inside the foreskin
   c. We send the client for surgical circumcision

5. What do we do if there is a rash on the client’s penis?
   a. We perform PrePex circumcision gently
   b. We perform PrePex circumcision normally
   c. We do not perform PrePex circumcision at all

6. What do we do if we see small growths/bumps (warts caused by sexually transmitted infection) on the client’s penis?
   a. We perform PrePex circumcision gently
   b. We delay PrePex circumcision. We first send him for treatment of the warts.
   c. We send him for surgical circumcision

7. What do we use to measure the penis?
   a. Measuring tape
   b. Sizing plate
   c. Caliper
8. Why do we measure the penis size?
   a. To check if the penis is swollen
   b. To select the correct size PrePex device
   c. To check the length of the foreskin

9. When we measure with the sizing plate, where do we measure?

10. What is the correct way to measure the penis?
    a. Pull the glans while you measure
    b. Hold the shaft while you measure
    c. While the penis is erect

11. In the PrePex placement procedure, the operator has sized the client’s sulcus. It is a size C. What size should the inner ring be?
    a. A
    b. B
    c. C
    d. D
    e. E

12. In the PrePex placement procedure, the operator has sized the client’s sulcus. It is a size D. What size should the elastic ring be?
    a. A
    b. B
    c. C
    d. D
    e. E
13. In the PrePex placement procedure, the operator has sized the client’s sulcus. It is a size B. What size should the placement ring be?
   a. A
   b. B
   c. C
   d. D
   e. E

14. The operator measures the client’s penis. It is smaller than size A, so the size A ring cannot be inserted. What should the operator do?
   a. Use size A
   b. Use size B
   c. Send the client for surgical circumcision

15. Where do we place the elastic ring?
   a. Around the shaft
   b. Around the foreskin
   c. Inside the foreskin

16. How do we mark the circumcision line?
   a. When the penis is erect
   b. When the foreskin is pulled back
   c. When the penis is flaccid (soft)

17. When do we mark the circumcision line?
   a. Before we insert the inner ring
   b. After we insert the inner ring
   c. After we adjust the elastic ring

18. When we place the elastic ring on the penis, where should it be placed?
   a. Above the circumcision line on the glans
   b. Below the circumcision line
   c. Exactly on the circumcision line

19. When we insert the inner ring, what do we use to stretch the foreskin?
   a. Forceps
   b. Our fingers
   c. We can decide what works better: forceps or fingers
20. When we insert the inner ring into the foreskin, where do we hold the inner ring?
   a. We can hold it anywhere
   b. The curved side
   c. The flat side

21. After the PrePex placement procedure, certain parts of the PrePex device are left on the penis. Which of the PrePex parts remain on the client’s penis?
   a. b. c.

22. What important information should we give the client after the placement procedure?
   a. He must not touch the device at all
   b. He can move the device gently if it is uncomfortable
   c. He can remove the device if it is uncomfortable

23. What important information should we give the client when we finish the PrePex placement procedure?
   a. He can only have sex with a condom
   b. He cannot have sex at all for 7 weeks
   c. He can only have sex if it is not painful

24. When do we tell the client to come back to the circumcision center for removal?
   a. 6 days later
   b. 7 days later
   c. 8 days later

25. When do we cut off the foreskin?
   a. When we place the device on the penis
   b. When we remove the device from the penis after 7 days
   c. As soon as the foreskin is dark and necrotized
26. What do we use to cut the foreskin?
   a. Scalpel (surgical blade)
   b. Spatula
   c. Scissors

27. At the removal procedure, where is the correct place to cut the foreskin?
   a. 1 cm from the inner ring
   b. As close as possible to the inner ring
   c. Anywhere on the foreskin as long as it does not harm the penis

28. How do we extract the inner ring?
   a. With the forceps and fingers
   b. With the spatula and fingers
   c. With scissors and finger

29. How do we cut the elastic ring?
   a. With the forceps
   b. With a special cutting tool
   c. With a scalpel (surgical blade)

30. When we cut the elastic ring, where is the correct place to cut it?
   a. On the curved side of the inner ring
   b. On the flat side of the inner ring
   c. Near the frenulum

31. When we finish the PrePex removal procedure, what should we tell the client?
   a. He must remove the dressing himself 5 days after the PrePex removal
   b. He must return to the MC clinic 48 hours after device removal for the dressing to be removed
   c. He must remove the dressing himself 7 days after the PrePex removal

32. After PrePex removal, how long should a client avoid having sex?
   a. He can have sex as soon as he feels ready
   b. He can have sex after 2 weeks, but only with a condom
   c. He can have sex 6 weeks after removal and 7 weeks after placement

33. Why can a client not have sex after PrePex removal?
   a. It might cause infection and the wound to gape
   b. It might cause the penis to get shorter
   c. The foreskin might fall off
34. In case of any adverse event related to PrePex circumcision, what should be done?
   a. Remove the PrePex device immediately
   b. Advise surgical circumcision immediately
   c. Thoroughly examine the adverse event and offer appropriate management
Course Evaluation

Please circle the number that best reflects your agreement with the items in the table below. The rating scale is:
SD = strongly disagree D = disagree N = neutral A = agree SA = strongly agree
NA = not applicable

<table>
<thead>
<tr>
<th>My course facilitator:</th>
<th>SD</th>
<th>D</th>
<th>N</th>
<th>A</th>
<th>SA</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Introduced objectives and provided an overview of the session</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>NA</td>
</tr>
<tr>
<td>2. Present content that supported the objectives</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>NA</td>
</tr>
<tr>
<td>3. Organized content logically</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>NA</td>
</tr>
<tr>
<td>4. Used clear examples and explanations</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>NA</td>
</tr>
<tr>
<td>5. Asked appropriate questions</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>NA</td>
</tr>
<tr>
<td>6. Gave helpful responses to questions</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>NA</td>
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<tr>
<td>7. Provided relevant activities and exercises for practice</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>NA</td>
</tr>
<tr>
<td>8. Demonstrated energy and interest in the topic</td>
<td>1</td>
<td>2</td>
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<td>4</td>
<td>5</td>
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<tr>
<td>9. Reviewed key points</td>
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<td>4</td>
<td>5</td>
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<th>The course:</th>
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<th>D</th>
<th>N</th>
<th>A</th>
<th>SA</th>
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<tbody>
<tr>
<td>10. Covered content that was relevant to the work I do</td>
<td>1</td>
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<td>3</td>
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<tr>
<td>11. Included handouts that are helpful and will be useful in my work</td>
<td>1</td>
<td>2</td>
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<td>12. I will be able to apply what I learned as a result of this session.</td>
<td>1</td>
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<td>3</td>
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