Management of displaced PrePex

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Scenario I: PrePex displacement with no adverse clinical signs

• Clinical description
  – Any swelling is minimal and distal to placement
  – Marking line is usually visible
  – Usually within 4-6 hrs. of placement

• Management
  – Repositioning or replacement is possible
  – If device displaced due to client interference then it is advised not to replace but instead to proceed to surgical MC
  – Surgical MC preferably by dorsal slit or sleeve by appropriately trained competent provider
Scenario 2: PrePex displacement with Oedema

• Clinical description
  – Oedema which may be very pronounced and may be proximal to line of placement. There may be blistering, ulceration or necrosis.
  – Marking line may be distorted or not visible but when present helps define the plane of surgical resection.
  – This clinical picture is seen after 4-6 hrs. of placement and before 3-4 days

• Management
  – Surgical MC by Dorsal Slit or Sleeve by a trained competent provider. The provider requires the skill to deal with distorted anatomy
  – Local anaesthesia is normally needed but in some cases may not be needed.
  – Forceps guided method is contraindicated.
  – Clinical judgement must prevail regarding management including referral to a more qualified or experienced provider.
Scenario 3 Late displacement with advanced or complete foreskin necrosis

- Clinical description
  - Foreskin partially or fully necrosed
  - Usually 4-5 days after placement

- Management
  - Excise necrotic foreskin as per normal removal
  - Wound is likely to be wider than normal (compared with 7 day removal). Delay in healing.
  - Slight bleeding may require one or two sutures
  - Clinical judgement must prevail regarding management and referral to more experienced provider