

Tim Hargreave

Consultant to WHO HIV Department



# Management of displaced PrePex

Consensus by teleconference October 2013

Participants Nkale J (Uganda), Odoyo-June E (Kenya), Bitega J (Rwanda),  
Galukande M (Uganda), Mangwiro T (Zimbabwe)

Samuelson J (WHO) Hargreave T, Farley,T (WHO Consultants)

Entebbe Uganda, 13-14 November 2013



# 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