Appendix 7: Algorithm for Management of Bleeding After MC, by Non-MC Providers

Management of Bleeding After MC, Community Health Centres

**Significant blood loss** can be estimated by the number of bandages used. A rough estimate of ≥3 soaked 10 cm x 10 cm gauze bandages would be considered significant blood loss – not enough to cause shock, but enough to indicate the wound is bleeding abnormally. **Shock** is when there is insufficient blood being delivered to the vital organs. This can manifest in multiple ways. Clinically, shock may be indicated in a VMMC client with significant blood loss if they are confused or very sleepy, breathing very fast (≥22/minute), have low systolic blood pressure (≤100 mmHg), or rapid heart rate (≥100/minute).

Notify MC team when client presents with any adverse event up to 6 weeks after VMMC

Stabilize client prior to referral and apply pressure bandage or manual pressure on gauze-wrapped penis

Do not remove pressure dressing; continued bleeding will manifest as blood-soaked bandage

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Client with bleeding

- Significant blood loss or shock
  - REFER

Bleeding vessel

- 1\(^{st}\) bleeding episode after MC
  - REFER
  - REFER
  - REFER
  - REFER

- Blood loss not significant, no shock
  - REFER
  - REFER
  - REFER

- ≥2\(^{nd}\) bleeding episode after MC
  - REFER

No bleeding vessel

- Pressure dressing and observe 60 min
  - REFER

Bleeding continues

- Review at 24 hrs; remove dressing
  - REFER

Bleeding stopped

- Follow as needed

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Bleeding

- REFER

No bleeding

- REFER
In ALL instances of post-operative bleeding:

- Each time a client presents with bleeding, check vital signs; if there is any indication of haemodynamic compromise, stabilize as possible and urgently refer.
- Obtain history from client/guardians about when bleeding started and estimated blood loss.
- Ask client/guardians about trauma or other events that may have led to bleeding.
- Note if bleeding appears to be from a discreet area or vessel or from a large area of the surgical wound-diffuse bleeding more likely with a bleeding disorder.
- Refer if there is a bleeding vessel identified as the source of bleeding. If staff with adequate surgical training and skill are available at the facility, may be managed onsite.
- Question client/guardian about a personal or family history of bleeding. (History may not have been obtained initially or client/guardian may have been reluctant to reveal history.)
- Contact VMMC team to report AE during the time that the client is in clinic.
- When considering follow-up of a client with a bleeding, there should be consideration of travel distance and conditions required for a return visit. Difficulties, such as the need to walk considerable distance to the clinic may necessitate admission to a health care facility.