APPENDIX 6: ALGORITHM FOR PREVENTION AND MANAGEMENT OF ACUTE BLEEDING DURING AND AFTER MC

Ask if client or family has a history of bleeding tendencies

NO

YES

Proceed with VMMC

Check Hb, PT, PTT (if available), bleeding time, platelet count

Normal

Abnormal

Post-op bleeding

Suspect bleeding disorder

Find surgical cause of bleeding

Observe for 30 min

Routine follow-up

Observe for 60 min

Follow-up in 24 hours

Suspect bleeding disorder

Surgical intervention

Bleeding stops

Bleeding continues

Suspect bleeding disorder

Surgical intervention

Bleeding stops

Bleeding continues

Suspect bleeding disorder

MANAGEMENT OF A SUSPECTED BLEEDING DISORDER:

• EMERGENCY RESUSCITATION if in hypovolemic shock
• CONTROL BLEEDING by manual compression and/or pressure dressing until diagnosis and definitive treatment can be given
• ADMIT the client or REFER to a higher facility
• With referrals, CALL so that facility can get ready for the patient
• REASSURE the client
• DETERMINE if the client is on anticoagulant therapy
• INVESTIGATIONS – Hb, PT, PTT, bleeding time, platelet count, blood type and cross match
• BLOOD TRANSFUSION if hypotensive since Hb may be normal after acute bleeding
• MANAGE according to the cause—e.g., Vitamin K, clotting factors, FFP, platelet transfusion etc.

Adapted from JHPIEGO

This is an appendix to the Adverse Event Action Guide for Voluntary Medical Male Circumcision (VMMC) by Surgery or Device, 2nd Edition, 2016