



**OUTCOME OF MALE CIRCUMCISION PERFORMED BY MEDICAL OFFICERS
VERSUS NON –DOCTOR HEALTH WORKERS IN CENTRAL UGANDA**

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ABSTRACT

Introduction

It has been proven in several clinical trials that HIV transmission from female to male is reduced by 60% among circumcised males. The national target for Uganda by 2015 is to circumcise 4.2 million adult males. Due to the shortage of health workers the procedure is mostly performed by non MOs.

Task-shifting for male medical circumcision (MC) is proposed as a strategy to overcome the lack of surgeons and doctors in high HIV prevalence settings.

Whereas, non medical officers are performing the circumcisions there is limited data that assesses their performance on this procedure.

The aim of this study was to investigate the safety of the procedure when performed by medical officers compared to non MOs. The objectives of the study were to describe the proportion of bleeding and sepsis as complications after MC done by medical officers versus the non MOs Health workers; to determine the proportion of participants with bleeding and sepsis after MC done by medical officers versus non MO Health workers .

METHODS

This was a prospective cohort study. Participants were recruited pre-operatively, they were consecutively allocated to either arm ; ie MO vs Non-MO, the procedure was then observed by the PI , method used for circumcision was noted, time taken, shortening of the shaft of the penis, ventral curving of the shaft, were used to assess excessive skin removal, post operative bleeding was observed before patients were allowed home, 2hourly, they were contacted by phone call 24hours post operatively, they were seen on third post operative day from the hospital and phone calls were made to follow up one week post operatively. They were asked about post operative bleeding which was any bleeding following circumcision that required exploration and addition

stitch to stop it, bleeding that was stopped on compression was not considered, fever that was not there initially, and presence of pus discharge at the circumcision site. The follow up period was one week this was to access for immediate complications.

The study was carried out in three health facilities in central Uganda where male circumcision is already being done by these two groups namely, Kisenyi KCCA HCIV, KIBULI HOSPITAL and MENGO this was because the MOs were not doing circumcision upcountry. The study period was from September 2013 to February 2014. The enrollment was done on a voluntary basis and all clients were counseled and consent obtained (Consent form attached-Appendix ...)

Patients were enrolled using consecutive sampling, Sample size; was 276, which involved 51 circumcisions performed by Medical officers and 225 circumcisions were performed by non doctor health workers.

With the help of a biostatistician the data was analyzed comparing the outcome of medical circumcision performed by medical officer and non MOs health workers.

Result

Post circumcision bleeding was similar for the group of doctors when compared to the non doctors group and the difference was not statistically significant 1.96% for doctors 2.23% for the non doctors p-value 0.543.

It was found also that excessive skin removal was more in the doctors' group than in the non-doctors group 5.88% doctors and 0.45% the non doctor" group.

Participants in the non doctors group developed sepsis more compared to the doctors' group 9% versus 0% for doctors

Conclusion

This study showed that bleeding after circumcision was similar in both doctors group as well as non doctors group however excessive skin removal was more in the doctors' group and sepsis occurred more in the non doctors group though the difference was not statistically significant.