

**IMMEDIATE POSTOPERATIVE FOLLOWUP**

DATE \_\_\_/\_\_\_/20\_\_\_\_\_ Time \_\_\_\_\_

BP. \_\_\_\_\_

General condition: Well  Not well  (give details)

Followup Wk 1 Date \_\_\_/\_\_\_/20\_\_

<i>Clinician ID</i>	
<b>Findings</b>	<b>Wk 1</b>
General condition (feeling well?)	Yes <input type="checkbox"/> No <input type="checkbox"/>
History of pain	Yes <input type="checkbox"/> No <input type="checkbox"/>
Difficulty passing urine	Yes <input type="checkbox"/> No <input type="checkbox"/>
Bleeding from the wound	Yes <input type="checkbox"/> No <input type="checkbox"/>
Blood in urine	Yes <input type="checkbox"/> No <input type="checkbox"/>
Pusy discharge	Yes <input type="checkbox"/> No <input type="checkbox"/>
Urethral discharge	Yes <input type="checkbox"/> No <input type="checkbox"/>
Swelling	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Exam findings</b>	
General condition (well)	Yes <input type="checkbox"/> No <input type="checkbox"/>
(Wound status) swelling	Yes <input type="checkbox"/> No <input type="checkbox"/>
Wound disruption	Yes <input type="checkbox"/> No <input type="checkbox"/>
Signs of infection	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other findings	
Adverse event	Yes <input type="checkbox"/> * No <input type="checkbox"/>
* initiate AE record	_____
Moderate AE	Yes <input type="checkbox"/> * No <input type="checkbox"/>
Severe AE	Yes <input type="checkbox"/> * No <input type="checkbox"/>

Wound healing status; healing well? Yes  No

If not, describe management \_\_\_\_\_  
\_\_\_\_\_

**MEDICAL MALE CIRCUMCISION SERVICE CARD**

Facility \_\_\_\_\_ [

Date \_\_\_/\_\_\_/20\_\_ [DATE]

Comp. ID:  Circ. ID

Names \_\_\_\_\_  
 Age \_\_\_\_\_ Tribe \_\_\_\_\_ District \_\_\_\_\_  
 Marital status; never married  Married  Separated   
 Location \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Next of kin \_\_\_\_\_ Phone \_\_\_\_\_  
**(Children under the age of 18)**  
 Name of care taker/ parent \_\_\_\_\_  
 Location \_\_\_\_\_  
 Phone \_\_\_\_\_

First Contact activities done;

Group Health education  couple education  VCT

Blood for HIV Testing;

Yes  No  Provided by RCCS  Bled within 12 months

Requested results? No  Yes  as a couple

Mothers maiden Name \_\_\_\_\_

Appointment for surgery; Date \_\_\_/\_\_\_/20\_\_ Clin. ID \_\_\_\_\_

Results given Yes  date \_\_\_/\_\_\_/20\_\_

No  Refused  Deferred

Clinic name \_\_\_\_\_ ID \_\_\_\_\_

Data Clerk \_\_\_\_\_ Date \_\_\_/\_\_\_/20\_\_

**PREOPERATIVE VISIT Clinic** Id \_\_\_ date \_\_\_/\_\_\_/20\_\_\_

General condition: Well  Not well  (give details) \_\_\_\_\_

Have you ever had sex Yes  No

If Yes, how many partners in the past one year \_\_\_\_\_

STI symptom in past 7 days	Yes	No	If yes, Specify
Urethral discharge			
Pain on urination			
Frequent urination			
Swelling or redness of foreskin or penis			
Discharge or thick liquid under the foreskin			
Ulcer on penis or foreskin			
Genital warts			

Past medical history	Yes	No	
Heart disease/ HT			
Kidney disease			
Lung disease			
History of fits			
Prolonged bleeding after cuts			
Diabetes mellitus			
Asthma			
Allergies (local anaesthetics, antiseptics, analgesics)			
Chronic drug use (Specify)			

WT \_\_\_ Temp. \_\_\_ Pulse \_\_\_ BP \_\_\_ RR \_\_\_ HB \_\_\_

Physical exam	Yes	No	
Urethral discharge			
Anatomical abnormalities			
Balanitis			
Adhesions			
GUD			
Condylomata lata/ accuminata			
Surgical disorders			
Other STI/ abnormality			

**Assesment of suitability for surgery;** Yes  No  (Indicate management) \_\_\_\_\_

Next Appointment date \_\_\_/\_\_\_/20\_\_\_

Data Clerk \_\_\_\_\_ date \_\_\_/\_\_\_/20\_\_\_

## SURGICAL VISIT

Date: \_\_\_/\_\_\_/20\_\_\_

An \_\_\_\_\_ ame mwaka na tye \_\_\_\_\_ aye abongo dic oro me lire kun odilo koma me icoo keken. Ngat ame atic ikoma obedo dakatal \_\_\_\_\_

Jami ame a timu ikoma kede peko moro atwero nen jo omiya a ngeyo oko.

Cinga \_\_\_\_\_ Nino dwe: \_\_\_\_\_

Capa cinga: \_\_\_\_\_

Cinga/Capa cing me anywal /Ka atin tye mwaka apar aboro dok kede ping (if under 18) \_\_\_\_\_

Cing a caden: \_\_\_\_\_

Surgeons name \_\_\_\_\_ sign \_\_\_\_\_

Assistant name \_\_\_\_\_ Sign \_\_\_\_\_

Anaesthetic used: Lignocaine  Marcaine  Mixture

Dose \_\_\_\_\_ Time \_\_\_\_\_

Time start \_\_\_:\_\_\_ end time \_\_\_:\_\_\_

### Surgical notes

Operation room \_\_\_\_\_ Instrument set \_\_\_\_\_

**Method** Dorsal slit  Sleeve  Forceps

Other method \_\_\_\_\_

*specify* \_\_\_\_\_

**Suture material:** Chr. 4-0  3-0  Chr. 2-0  Other \_\_\_\_\_

**Haemostatic method** Ligature  cautery

**Dressing** Standard  Tight  Pressure

### Intraoperative AEs Grade 2&3

AE, Pain Bleeding Reaction Injury other

(E.g. to LA)

\_\_\_\_\_