

Title Male Circumcision

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http://www.moh.gov.my/index.php/database_stores/store_view_page/30/295

Aim

To assess the effectiveness, safety and cost-effectiveness of different circumcision techniques for male circumcision.

Conclusions and results

Fair to good level of retrievable evidence:

Safety: Device assisted and laser circumcision reduced complication/ low adverse events (AEs) rate (except for Plastibell, SmartClamp, and Tara Klamp)

Effectiveness: Compared with conventional, device assisted and laser circumcision were associated with shorter operative time and wound healing, less pain, excellent cosmetic appearance

Ethical/social: Highly satisfied (parents and patients) with the aesthetic results of device assisted and laser circumcision

ORGANIZATIONAL: Reduction of operative duration by 1.5 minutes ($p < 0.001$) after conducting 20 circumcision procedures (sleeve resection or dorsal slit); All providers were found to be competent after conducting 15 procedures (Gomco, Mogen, Plastibell)

Economic:

There was evidence to suggest that:

- a. Total cost savings per circumcision done by laser was S\$31.00 compared with those done by the conventional guillotine method in Singapore.
- b. The direct cost of one circumcision using dorsal slit was US\$17.67 while the cost was US\$18.21 using the Shang Ring in a scale-up voluntary medical male circumcision programme in Zambia.
- c. A meaningful cost-savings can be achieved in Rwanda with nonsurgical male circumcision performed by nurses using the PrePex device (US\$35.50) in place of dorsal slit surgical performed by physicians (US\$53.50).
- d. Early infant male circumcision scale-up in Zimbabwe has a lower unit cost when using AccuCirc (US\$49.53) compared with Mogen clamp (US\$55.93).

Recommendations (if any)

Device assisted (except for Plastibell, SmartClamp, and Tara Klamp), laser technique, and conventional open surgery can be used for male circumcision practice in Malaysia. However, providers have to be privileged and credentialed.

Methods

Electronic databases were searched through the Ovid interface: Ovid MEDLINE® In-process and other Non-indexed citations and Ovid MEDLINE® 1946 to present, EBM Reviews - Cochrane Central Register of Controlled Trials - November 2016, EBM Reviews - Cochrane Database of Systematic Reviews - 2005 to January 2017, EBM Reviews - Health Technology Assessment – 4th Quarter 2016, EBM Reviews - Database of Abstracts of Reviews of Effects – 1st Quarter 2016, EBM Reviews – NHS Economic Evaluation Database 1st Quarter 2016. Searches were also run in PubMed. Google was used to search for additional web-based materials and information. No limits were applied. Additional articles were identified from reviewing the references of retrieved articles. Last search was conducted on 16th January 2017.

Further research/reviews required

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