

The Unicirc[®] instrument enables rapid, single-visit, convenient and safe medical male circumcision

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In their timely Review, Tobian and colleagues¹ have advanced our understanding of the pros and cons of existing and emerging circumcision techniques (Voluntary medical male circumcision in resource-constrained settings. *Nat. Rev. Urol.* **12**, 661–670 (2015)). The inadequacy of our current circumcision methods is a major reason why we will not meet the WHO's goal of 20 million circumcisions to prevent HIV transmission in 14 high-priority countries by 2016.

Table 1 of their paper shows a comparison of voluntary medical male circumcision (VMMC) techniques, but unfortunately contains several errors regarding the Unicirc[®] (Unicirc, South Africa) instrument. As stated in the text, Unicirc[®] functions similarly to the Gomco[®] (Allied Healthcare Products, USA) clamp, which is currently used to circumcise around 2 million newborn babies per year in the USA. In adults, the fused excision site is sealed with cyanoacrylate tissue adhesive and the procedure is complete. The table, however, indicates that Unicirc[®]

requires a follow-up visit. This is incorrect, as is clearly indicated by the title of our recent study “No-Needle, Single-Visit Adult Male Circumcision with Unicirc: A Multi-Centre Field Trial” (REF. 2).

In addition, Table 1 indicates that Unicirc[®] might not completely remove the foreskin. This is incorrect. The transparent bell of the Unicirc[®] protects the glans from inadvertent trauma, enables the surgeon to directly visualize the amount of foreskin removed and, therefore, enables complete removal of the prepuce. Furthermore, Table 1 indicates that Unicirc[®] is performed in an operating room but our recent study states that the circumcisions were performed in individual consultation rooms². Although we have not yet conducted a study among community health workers, Unicirc[®]'s simplicity and the fact that there is never an open wound make the instrument ideal for nonsterile applications by community health workers. In addition, the time-savings, lack of need for a follow-up visit and no need for injection or surgical instruments (other than

a scalpel) make Unicirc[®] more cost-effective than any other currently available VMMC technique. Thus, apart from “One size fits all”, Unicirc[®] meets all the criteria laid out by the authors; namely, it is safe; rapid and needs no follow-up visit; inexpensive; easy to learn by a single person; requires no injection of anaesthetic and is nearly painless; bloodless with no need for sutures; a clean rather than a sterile procedure; completely removes the foreskin; causes minimal disruption to the participant's life; heals quicker than surgical circumcision and has an excellent cosmetic result^{3,4}.

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Competing interests statement

The authors declare no competing interests.