| **Subject: Circumcision** | |
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| REVISION DATE: Aug 2017, Jul 2015, Dec 2014, Apr 2013, Apr 2006, Oct 2003<br>REPLACES: NSY: Circumcision | WRITTEN: Jul 2003<br>SUPERSEDES DATE: Jun 2012 |

This guideline is used to assist staff when providing care to newborns undergoing a circumcision. This guideline applies to all medical and nursing personnel.

**Purpose:** The goal of this guideline aid staff in assuring patient safety, delivering quality services, and reduce the risk of complications and pain when providing care to infants undergoing a circumcision procedure.

**Summary of Changes:** References/content updated to reflect most current standards of practice.

**1. References:**

1.1. Nursing Reference Center Plus Circumcision: Assisting with
1.2. Caple, C., (2016). Circumcision: Assisting with. CINAHL Nursing Guide, EBSCO Publishing
1.3. Anand, K. (2017). Assessment of neonatal pain. Up-to-date
1.4. Witt, N., Coynor, S., Edwards, C., & Bradshaw, H. (2016). A Guide to Pain Assessment and Management in the Neonate. Current Emergency and Hospital Medicine Reports, 4, 1–10. http://doi.org/10.1007/s40138-016-0089-y
1.5. American Academy of Pediatrics (AAP) (2012). Circumcision policy statement, task force on circumcision. *Pediatrics 130*(3), 585-586.
1.6. U.S. Food and Drug Administration (FDA) (2000). Potential for injury from circumcision clamps. Retrieved from http://www.fda.gov/MedicalDevices/Safety/AlertsandNotices/PublicHealthNotifications/ucm062279.htm.
1.4. Weismiller, D. (2012). Techniques for neonatal circumcision. Retrieved from http://www.uptodate.com/contents/techniques-for-neonatal-circumcision**.**
1.5. The World Health Organization (WHO) (2013). *Manual for Early Infant Male Circumcision Under Local Anesthesia.* Geneva, Switzerland: WHO Document Production Services.

**2. Responsibilities:**

2.1. Credentialed delivering provider.

2.1.1. Manage and assume responsibility for patient care administered.

2.1.2. Counsel and consent parent or legal guardian for the procedure, including parent or guardian understanding of the procedure, indications, risks and benefits.

2.1.3. Place appropriate medical orders in patient's Electronic Health Record (EHR) based on comprehensive patient assessment.

2.1.4. Perform circumcision based on current standards of practice.

2.2. Nurse:

2.2.1. Provide recognized nursing standard of care to patients in coordination with provider's orders.

2.2.2. Ensure consent has been obtained from the parent/legal guardian and is present in the chart prior to the procedure.

2.2.3. Acknowledge and carry-out all provider orders in the (EHR).

2.2.4. Report all assessment findings out of expected range to provider.

2.2.5. Document procedure in EHR, circumcision flow sheet, including a Nursing note.

**3. General**

3.1. The American Academy of Pediatrics (2012) current policy statement on circumcision states that, "Although health benefits are not great enough to recommend routine circumcision for all male newborns, the benefits of circumcision are sufficient to justify access to this procedure for families choosing it (p. 585)."

3.2. Benefits of circumcision include significant reduction in the risk of urinary tract infections in the first year of life and, subsequently, in the risk of heterosexual acquisition of HIV and the transmission of other sexually transmitted infections (AAP, 2012).

3.3. Possible complications of circumcision include infection, bleeding, scarring or fibrous bands, urethral fistulae and edema, phimosis (if not enough foreskin removed), inclusion cysts, fistulas, meatitis, and injury to the glands (Lippincott, 2013).

3.4. Circumcision should be performed only on neonates who are healthy and stable with no congenital genital defects or family history of bleeding anomalies (Lippincott, 2013).

3.5. If the infant's mother is HIV positive, circumcision should be delayed until the infant's HIV status is known (Lippincott, 2013).

3.6. No randomized trials have determined the optimal time for performing circumcision; however a minimum period of 12 hours of observation after delivery allows time for observation and assessment of the infant for any possible contraindications (Weismiller, 2012).

3.7. NPO is not recommended for procedures performed under local anesthesia, therefore, the infant will not be kept NPO prior to the circumcision procedure.

**4. Contraindications** (Weismiller, 2012):

4.1. Bleeding disorders.

4.2. Congenital penile anomalies.

4.3. Medical instability (term newborns who are ill, low birth weight/premature infants who are not ready for discharge from the NICU).

5. **Definitions**

5.1. **Gomco clamp** — A three-part device (base plate, bell, lock); the bell protects the head of the penis from injury while the clamp is applied circumferentially around the foreskin. The appropriate size bell will be determined by the provider based upon the circumference of the glans.

5.2. **Mogen Clamp**- Two flat blades that open 3 mm. Does not protect the glans during the clamping and cutting, however, 3 mm opening width minimizes the chance of trapping the glans.

**6. Standards of Practice/Guidelines for Care:**

6.1. Gather and assemble the necessary equipment:

- Circumcision tray
- Circumcision board
- Circumcision leg straps
- Sterile glove.
- Betadine (warmed)
- Lidocaine1% without epinephrine, per provider's order
- 1 mL Vanishing Point syringe
- Warm blankets
- Gomco or Mogen clamp depending on provider's preference.
- Pacifier
- 24 % Sucrose solution (sweet-ease) and/or expressed colostrum, if available.
- 2x2 sterile gauze pads
- Petroleum Jelly.
- Diapers
- Radiant warmer
- ANMC EHR Newborn Circumcision Flow sheet

6.2. Review infant's chart to ensure:

6.2.1. Consent has been obtained from the parent/legal guardian and is present.

6.2.2. The infant is at least 12 hours old and less than 14 days old (e.g. NICU babies).

6.2.3. The infant has voided at least once since birth.

6.2.4. Infant has received standard vitamin K prophylaxis. (Weismiller, 2012).

6.2.5. Infant has had an exam by a pediatric provider.

6.2.6. Infant is greater than or equal to 2,500 grams.

6.2.7. Early Infant male circumcision is generally recommended for an infant is greater than or equal to 37 weeks gestation. If the newborn male is considered to be premature (defined as being less than 37 weeks gestation), the child may be circumcised up to two (2) weeks post-delivery at the discretion of the surgeon and pediatrician.

6.3. Verify infant's identification band with maternal identification band before taking infant to procedure room. Ensure parent/legal guardian has an opportunity to ask any remaining questions.

6.4. Perform hand hygiene and don gloves.

6.5. Place the neonate on the restraining board and restrain legs with leg straps. Restrain the infant's arms with a warmed blanket folded length wise across the torso and secure the blanket under the restraining board.

6.5.1. After placing the infant on the restraining board the infant should not be left unattended.

6.6. Confirm the infant's identity using at least two patient identifiers (name and medical record number on armband compared to order/MAR), and perform a Time Out to verify correct patient, positioning, and procedure. Document time of Time Out and team members present.

6.7. Comfort the neonate as needed. Use pain relief interventions such as pacifier (if parent/guardian agreeable), but a gloved finger is preferred if breastfeeding, and 24% sucrose solution (Sweet-eze) or expressed colostrum as needed.

6.7.1. Document sucrose administration in patient's eMAR by scanning the infant's identification band and medication barcode.

6.7.2. Document infant's pain level using the "NIPS" scale. A total score of > 3 requires intervention.

| | **0** | **1** | **2** |
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| **Facial Expression** | **Relaxed muscles:** restful face, neutral expression | **Grimace:** Tight facial muscles; furrowed brow, chin, jaw; (nose, mouth, brow with negative expression) | |
| **Cry** | **No Cry**: Quiet, not crying | **Whimper:** Mild moaning, intermittent | **Vigorous Cry**: Loud scream; rising, shrill, continuous (Note: Silent cry may be scored if baby |

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| | | | is intubates as evidenced by obvious mouth and facial movement.) |
| **Breathing Patterns** | **Relaxed**: Usual pattern for this infant | **Change in Breathing**: In-drawing, irregular, faster than usual; gagging; breath holding | |
| **Arms** | **Relaxed/Restrained**: No muscular rigidity; occasional random movements of arms | **Flexed/Extended**: Tense, straight arms; rigid and/or rapid extension, flexion | |
| **Legs** | **Relaxed/Restrained**: No muscular rigidity; occasional random leg movement | **Flexed/Extended**: Tense, straight legs; rigid and/or rapid extension, flexion | |
| **State of Arousal** | **Sleeping/Awake**: Quiet, peaceful sleeping or alert, random leg movement | **Fussy**: Alert, restless, and thrashing | |

6.8. Physician will administer penile block with Lidocaine 1%.

6.8.1. If a nerve block is used, the procedure should be delayed at least 2 minutes until the anesthetic has taken affect (WHO, 2010). If EMLA cream is used the procedure should be delayed 60-80 minutes after application (WHO, 2010).

6.8.2. If anesthesia is used, the procedure should not be started until the first hemostat can be placed without the infant crying or without a change in cry or grimace being noticed. (WHO, 2010).

6.8.1. Document time of medication administration and document in patient's eMAR by scanning the infant's identification band and medication barcode.

6.9. Provider will assess the patient and determine proper clamp size. Open Gomco or Mogen clamp (per provider preference) using sterile technique. Before performing a circumcision procedure, examine the clamp to determine that all parts are available, undamaged, and within the manufacturer's specification (FDA, 2000).

6.10. The physician will clean the infant's penis and scrotum with an antiseptic solution (Betadine), allow it to dry, then drape the neonate.

6.11. Start timer on warmer upon provider's application of clamp.

6.11.1. Recommendation that the clamp remain closed for 5 minutes to reduce the risk of bleeding (WHO, 2010).

6.14. Remove the infant from the restraining board and assess for bleeding, edema, or redness at the incision site and for signs of pain.

6.14.1 Clean betadine off of infant's skin with infant wipe.

6.15. Apply petroleum jelly to the incision site and to the inside of a clean diaper and loosely diaper the infant.

6.15.1. Avoid leaving the infant under the warmer after placing the petroleum jelly as the area might burn (Lippincott, 2013).

6.16. Return infant to parents.

6.16.1. Verify parent's identification band and infant's identification band matching name and number.

6.16.2. Show the incision site to the parents to establish a baseline for swelling, redness, and bleeding. Instruct the parents to notify the nurse if bleeding exceeds the size of a quarter.

6.16.3. Demonstrate petroleum jelly application and diaper change. Give parents educational materials on circumcision care including:

6.16.3.1. Do not to apply any alcohol, soap, or lotions to the incision site.

6.13.3.2. Monitor the site for possible signs of infection including pus or bloody discharge and foul odor.

6.14.3.3. Monitor for decreased or difficulty urinating, persistent redness at the tip of the penis and fever and call physician if any of the symptoms above are noted.

6.16.4. Encourage skin-to-skin contact and/or breastfeeding to reduce pain.

6.17. Assess the infant every 15 minutes for the first hour for drainage, redness, or swelling.

6.17.1. If bleeding occurs, apply pressure with sterile gauze pads coated with petroleum jelly. Notify the physician if bleeding continues.

6.18. Monitor infant intake and output. Educate parent/guardian to notify the infant's provider if infant has not voided within 24 hours if infant is discharged home on the day of the circumcision.

6.18.1 Infants who are admitted to the NICU and have been circumcised must have a physician order to be discharge if there is no documented void post circumcision.