



Perinatal Manual of Southwestern Ontario

A collaboration between the Regional Perinatal Outreach Program of Southwestern Ontario & the Southwestern Ontario Perinatal Partnership (SWOPP)

Chapter 45

CIRCUMCISION

“Given the overall evidence that the benefits and harms of circumcision are so evenly balanced, the Canadian Paediatric Society decided not to recommend circumcision as a routine procedure for newborns (CPS, 1996).”

Family-Centred Maternity and Newborn Care National Guidelines, 2000.

Appropriate Pain Relief - Mandatory

1. Dorsal penile block with a 30-gauge needle and buffered lidocaine without epinephrine is felt to be the most effective.
 - Many hospitals offer the baby 2 ml of 25% sucrose orally 2 minutes prior to placing the block and during the procedure.
 - Emla cream may be used prior to the dorsal block, but requires 60+ minutes for maximum effect.
 - **REMEMBER TO WAIT AFTER DORSAL BLOCK FOR AT LEAST 5 MINUTES** before starting the circumcision.
 - Brandy is ineffective for pain relief and its use should be abandoned.
 - Swaddling the baby's upper body during the procedure is recommended.
 - Pad the restraint board with blankets.
 - Modify the environment by dimming the lighting and playing soft music.
2. The baby should be provided with adequate pain relief postoperatively.
 - Acetaminophen may be given q4-6h for 24-48 hrs (may be started 1 hour preoperatively). Giving the acetaminophen preoperatively ensures that it will be at a therapeutic level once the local anaesthetic wears off.

Other Considerations

1. The baby should be NPO for 4 hours prior to the procedure.
2. The parent(s) may wish to be present for the procedure. A stool/chair should be provided.
3. General anaesthetic may be required if the child is 4 weeks old at the time of the operation.
4. Petroleum jelly is liberally applied to the site at each diaper change while healing is occurring to minimize adhesion to the diaper surface.
5. The baby is observed for 2-4 hours postop to witness a voiding and to check for bleeding.
6. If bleeding occurs the presence of a bleeding vessel should be sought and sutured off if present. Generalized oozing should be managed with pressure followed by Gelfoam if necessary.
7. Only if pressure and Gelfoam are ineffective in controlling the oozing should topical epinephrine (on MD order) be used. Only a **very** dilute solution should be applied on a gauze (1:10,000 diluted 10 fold to 1:100,000). Beware of using a more concentrated adrenalin as tachycardia and ischemia may ensue.
8. Bathing the baby the day after surgery is acceptable.

Reference:

1. Janet Geyer, et al "An Evidence-Based Multidisciplinary Protocol for Neonatal Circumcision Pain Management," *JOGNN*, 31(4):403-410; 2002.