

Newborn Critical Care Center (NCCC) Clinical Guidelines

Guidelines for Circumcision

NCCC guidelines for circumcisions apply to infants \leq **44 weeks corrected gestational age**, the age cutoff for NCCC providers to perform circumcisions. For circumcisions in older infants contact Pediatric Urology

WHAT IS CIRCUMCISION?

Circumcision is an elective surgical procedure in which the foreskin of the penis is removed.

AAP POLICY STATEMENT ON MALE CIRCUMCISION

The AAP Policy statement of male circumcision is based on systematic evaluation of English-language peer-reviewed literature from 1995 through 2010 indicates that preventive health benefits (see below) of elective circumcision of male newborns outweigh the risks of the procedure.

INDICATIONS/REASONS FOR PROCEDURE

- A. Parenteral request / desire
- B. Medical benefits
 - 1. A markedly lower risk of acquiring HIV
 - 2. Lower risk of acquiring sexually transmitted infections (STIs) including genital herpes (HSV), human papilloma virus (HPV), and syphilis
 - 3. A slightly lower risk of urinary tract infections (UTIs)
 - a. A circumcised infant boy has a 1:1,000 chance of developing a UTI verses an uncircumcised boy at 1:100 chance in the first year of life
 - 4. A lower risk of cancer of the penis (very rare in all males)
 - 5. Prevention of foreskin infection
 - 6. Prevention of phimosis (adhesion of foreskin)
 - 7. Easier genital hygiene
- C. Religious or cultural reasons
- D. Urology recommendation secondary to medical condition

CONTRAINDICATION FOR ROUTINE UNIT BASED CIRCUMCISION

- A. Anatomic Contraindications
 - 1. Hypospadias
 - 2. Chordee
 - 3. Penile torsion
 - 4. Webbed penis
 - 5. Buried penis
 - 6. Urethral hypoplasia
 - 7. Epispadias
 - 8. Ambiguous genitalia (including bilateral cryptorchidism or micropenis)
- B. Medical Contraindications
 - 1. Any current illness or medical condition that requires monitoring

2. Age less than 12 - 24 hours
3. Known bleeding diathesis (e.g. hemophilia or thrombocytopenia)
4. Disorders of the skin or connective tissue that would impair normal healing
5. Premature infant with a glans too small for the Gomco / Plasti-bell apparatus

PRIOR TO CIRCUMCISION

- A. Obtain consent from parents/guardians
- B. Have circumcision checklist available at bedside prior to start of the procedure. Assistant (bedside nurse or a second provider) will record times on the sheet.

METHOD PERFORMED IN NCCC

- A. Gomco Method (performed by the NCCC, OB, or Pediatric service team providers)
- B. Plasti-Bell Method (performed by Pediatric Surgery/Urology service provider)

CIRCUMCISION PAIN CONTROL

- A. During procedure use 1% Lidocaine (PF) WITHOUT epinephrine
 1. Penile ring block (administer approximately 0.5 – 1mL)
 2. Penile nerve block (administer approximately 0.5 – 1mL)
- B. Swaddle the upper body of the infant
- C. Sucrose with a pacifier
- D. Soft music is optional
- E. Acetaminophen post procedure if indicated

CIRCUMCISION RISKS – Rare and usually minor

- A. Bleeding
- B. Infection
- C. Unsatisfactory cosmetic result
- D. Improper healing

POST CIRCUMCISION CARE INSTRUCTIONS ([See Nursing Post Circumcision Care Guidelines](#))

- A. Gomco Post Procedure Care Instructions
- B. Plasti-Bell Post Procedure Care Instructions

WHEN TO NOTIFY PROVIDER

- A. If infant does not urinate within 6 - 8 hours post circumcision
- B. Inability to achieve homeostasis
- C. Redness around the tip of the penis that increases after 24 hours or lasts longer than 3 - 5 days
- D. Yellow discharge that lasts longer than a week
 1. It is normal to have a little yellow discharge or coating around the head of the penis during the first week following circumcision

References

1. American Academy of Pediatrics. 2017. <https://www.healthychildren.org/English/ages-stages/prenatal/decisions-to-make/Pages/Circumcision.aspx>.
2. Geyer, J., Ellsbury, D., Kleiber, C., Litwiller, D., Hinton, A. and Yankowitz, J. (2002), An Evidence-Based Multidisciplinary Protocol for Neonatal Circumcision Pain Management. *Journal of Obstetric, Gynecologic, & Neonatal Nursing*, 31: 403–410. doi:10.1111/j.1552-6909.2002.tb00062.x
3. Stanford Medicine. 2017. <https://med.stanford.edu/newborns/professional-education/circumcision.html>
4. Sugerman DT. Male Infant Circumcision. *JAMA*. 2013;310(7):759. doi:10.1001/jama.2013.75616
5. Wodak, A. D., Ziegler, J. B. and Morris, B. J. (2017), Infant circumcision: Evidence, policy, and practice. *J Paediatr Child Health*, 53: 93. doi:10.1111/jpc.13420