



Alaska Board of Nursing Advisory Newborn Circumcision

Brief description of the procedure: the removal of the foreskin of the penis in a healthy newborn. Circumcision is to be performed by trained professionals, under sterile conditions, and with adequate pain control.

Any anesthesia (local, acupuncture)

- penile block with Lidocaine 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).
 - 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).
- 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.
- Instruments used
 - **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.
 - **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.
- Minimum requirements for circumcision:
 - 12-24 hours old
 - At least one documented void

- All required urine specimens are collected
- 37 weeks gestation or greater
- 2500 grams or greater
- **Contraindications**
 - Concern for bleeding:
 - did not receive IM Vitamin K
 - bleeding disorders (family history of hemophilia or thrombocytopenia)
 - significant bruising or prolonged bleeding after injections
 - Inadequate age or health of the infant (less than 36 weeks, hypoglycemia, concerns for infection)
 - Congenital malformations (hypospadias, webbed or buried penis, median Raphe torsion greater than 60 degrees, bilateral cryptorchidism or small penis [should be evaluated for endocrine abnormalities such as CAH or disorders of sex differentiation] bilateral hydrocele)
 - Insufficient size
- **Age restrictions**
 - Must be greater than 36 weeks gestation
 - Must be completed within the first two weeks of life

The advisory applies to:

- APRNs who have been properly trained and are certified in a population trained and educated to care for neonates (CNMs, FNP, PNP [both acute and primary care]).
- Setting: hospital, clinic and birthing center if appropriate supplies and personnel are available

Guidelines under which the procedure is done:

- Agency policies and procedure in place
- Hospital privileging required: Yes

Comprehensive and documented evaluation needs to include:

- Consent has been obtained from the parent/legal guardian and is present.
- The infant is at least 12 hours old and less than 14 days old (e.g. NICU babies).
- The infant has voided at least once since birth.
- Infant has received standard vitamin K prophylaxis. (Weismiller, 2012).
- Infant has had an exam by a pediatric provider.

Situations that require referral to a pediatric urologist:

- **Congenital malformations**
 - i. Hypospadias
 - ii. webbed or buried penis
 - iii. median Raphe torsion greater than 60 degrees
 - iv. bilateral cryptorchidism or small penis [should be evaluated for endocrine abnormalities such as CAH or disorders of sex differentiation]
 - v. bilateral hydrocele
 - vi. Insufficient size

- **Provisions for emergent care:**
 - Sterile gauze will be used to apply pressure
 - Gelfoam will be used if sterile gauze inadequate and pediatric urologist who is in house (and supports ARNPs completing circumcision) will be called.

- **Informed consent needs to include:**
 - The name of the procedure in lay terms, alternatives to the procedure, possible complications of the procedure, the provider performing the procedure.

Competency Requirements

- 10 supervised procedures prior to independently providing circumcision. Supervision is to be provided by a trained credential provider.
- Available didactic and skills training
- Completion of Training Program Specified Below

Circumcision Training Program for Nurse Practitioners

Goal:

The nurse practitioner (NP) will learn the indications, contraindications, and techniques of Gomco circumcision, including pain management and appropriate informed consent.

Objectives:

- NP will complete recommended reading.
- Observe 2 Gomco circumcisions, perform 10 Gomco circumcisions with supervision, then perform at least two supervised circumcisions without prompting and or need for additional direction of the supervising provider. The decision of competency versus the

need for further experience for the latter two circumcisions is judged at the discretion of the supervising provider and whose ruling is final.

Curriculum:

- The NP will be given several articles to review.
 - American Academy of Pediatrics, Task Force on Circumcision. Circumcision Policy Statement. *Pediatrics* 2012; 103: 686-93.
 - Hitzeman, N., 2010. Newborn circumcision: the Gomco method. *Consultant for Pediatricians*. 50 (7), 1-8
 - Kraft, N.L. 2003 . A Pictorial and video guide to circumcision without pain. *Adv Neonatal Care* 3(2), p. 50-64.
 - Malone, P., Steinbrecher, H. 2007. Medical aspects of male circumcision. *BMJ* 335; 1206-1290
 - Peleg, D., Steiner, A. 1998. The Gomco circumcision: common problems and solutions. *American Family Physician*. 58(4), p. 6-11.
 - Nayir, A. Circumcision for the prevention of significant bacteriuria in boys. *Pediatric Nephrology*. 2001; 16: 1129-1134
 - The World Health Organization (WHO) (2010). *Manual for Early Infant Male Circumcision Under Local Anesthesia*. Geneva, Switzerland: WHO Document Production Services.

- The NP will be able to discuss the following topics prior to performing a circumcision:
 - Anatomy of the penis
 - Types of circumcision devices (Mogen clamp, Plastibell™, Gomco clamp) and their advantages/disadvantages.
 - Benefits and risks to circumcision
 - Anesthesia (EMLA vs dorsal penile nerve block vs ring block) and ancillary procedures to manage pain (white noise, warmed Betadine, acetaminophen for post-op pain, swaddling of arms, warmed blankets to lie on, low lights).
 - Appropriate elements of informed consent

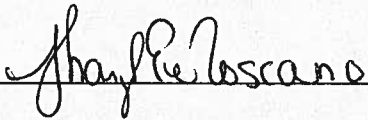
- The NP will observe a circumcision and be given written instructions on bed and tray set up, prior to performing the first circumcision.

- When performing the first procedure, the NP will be asked to:
 - a. Consent the parents
 - b. Perform a time out
 - c. Perform a modified ring block/pain management
 - i. Sucrose and pacifier at bedside
 - ii. 0.2 cc lidocaine injected intradermally at 10, 2, 5, and 7 o'clock (avoid 6 o'clock)
 - iii. Appropriate delay for anesthetic to take effect
 - d. Clamp application at 10 and 2 o'clock
 - e. Lysis of adhesions, respecting the ventral frenulum
 - f. Dorsal clamping with straight hemostat
 - g. Cutting the dorsal slit
 - h. Application of the Gomco clamp
 - i. Application of the appropriate sized bell
 - ii. Places the base plate over the bell, pulling skin through the clamp
 - iii. Completion of clamp assembly by tightening the nut
 - iv. Cuts foreskin
 - v. Waits 10 minutes prior to removal of clamp
 - i. Cleans circumcision site, applies petroleum jelly and gauze.

The Advisory opinion on Circumcision was adopted by the Board on this date

On a motion duly made by Wendy Thon, APRN and seconded by Starla Fox, RN and carried with 5 ayes, 0 nays, and 0 abstentions it was

Moved that the Alaska Board of Nursing approve the Advisory Opinion on Newborn Circumcision



November 2, 2017

Sharyl Toscano PhD, MS, BS, RN-CPN, Chairperson