

## CIRCUMCISION PROCEDURE

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### Critical Points

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1. The American Academy of Pediatrics does not routinely recommend or oppose circumcision. Circumcision is still considered an elective procedure. However, the Academy's Report of the Task Force on Circumcision (2012) states: "Evaluation of current evidence indicates that the health benefits of newborn male circumcision outweigh the risks and that the procedure's benefits justify access to this procedure for families who choose it." The procedure should be reserved for newborns that are medically stable and healthy enough for hospital discharge.
2. This procedure may be assisted by a Registered Nurse (RN).
3. Informed parental consent for circumcision must be obtained and a signed, witnessed consent form placed in newborn's medical record prior to the procedure.
4. Newborn should be NPO for one hour prior to the procedure.
5. There is a Completed Circumcision order set in the medical record and appropriate medications are available.
  1. Suggested order for Sucrose 24% oral suspension is 0.1 to 1 mL PO every 5 minutes PRN pain to a maximum of 3 mL.
  2. Expressed colostrum may also be used.
6. Newborn must have one spontaneous void prior to circumcision.
  1. If urine toxicology or other urine lab tests are ordered, collection should be completed prior to circumcision.
7. Newborn must remain in the hospital for a minimum of one hour after the circumcision is complete to observe for frank bleeding.

### Supplies

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- Sterile circumcision equipment tray (available through Sterile Processing)
- Appropriate size Gomco clamp (typically 1.1 or 1.3)
- "Circumstraint" newborn restraining board and disposable Velcro restraining straps
- Sterile gloves/gowns
- Antiseptic (e.g., Chloraprep) solution
- Scalpel
- 1 mL syringe with 25g or 27g needle
- Alcohol swabs
- Adhesive steri-drape with opening (fenestration) in the middle of the sheet
- Pacifier and sucrose 24% oral suspension or colostrum with a 3 mL oral syringe
- Tube of white, petroleum jelly, A&D ointment, or other emollient
- Sterile water

**CIRCUMCISION PROCEDURE (continued)**

- Have available (but do not open unless requested): lubricant, sterile gauze 2x2s (2 packs), sterile gauze 4x4s, sterile cotton balls
- Blue absorbent pad, baby blankets, hat

**Procedure**

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**ANESTHESIA**

1. Topical lidocaine 4% (LMX4) cream or equivalent, per provider order, is applied to base and proximal dorsal shaft of the penis by RN with an occlusive dressing, usually a piece of plastic wrap, at least 30-60 min prior to circumcision. (Duration of the effect is 2-3 hours.)
2. LMX is used to desensitize skin prior to the dorsal penile block. Edema of foreskin is a possible side effect of topical anesthetics; avoiding application to the base of the (distal) penis (dorsal surface) is preferable.

**CIRCUMCISION**

1. Gather supplies listed in [Equipment / Supplies](#) section.
2. Confirm consent has been signed and witnessed. Perform "Time Out" with provider and check newborn's ID band against medical record and consent.
3. Place blue absorbent pad under clean restraining board on the radiant warmer which is on to provide warmth throughout the procedure.
4. Provide comfort by offering a pacifier, tight swaddling, and/or administering colostrum or sucrose 24% oral suspension (up to 3 mL) per order.
5. Remove diaper and place newborn on restraining board.
6. Securely swaddle arms with blanket and legs with Velcro straps to restraining board. Use hat on the head to provide warmth and cover eyes from exam light.
7. Assist provider with procedure by opening supplies, as needed, in sterile fashion.
8. Record colostrum on I&O flowsheet and/or sucrose administration amount on medication administration record (MAR).

**POST-PROCEDURE CARE**

1. After the circumcision, an emollient will be applied until the glans is no longer red and "wet" looking, which may take up to 5 days.
  - a. Apply a moderate amount directly to glans of penis or to diaper area where glans will be.
  - b. The ointment is not medicinal, but is used to prevent the healing penis from "sticking" to the diaper. Reapply with each diaper change.
2. Return newborn to parent for comforting and feeding.
3. Record circumcision on nursing flowsheets.
4. Assess newborn for pain (using the NIPS or NPASS scoring system as appropriate) and bleeding every 15 minutes x 2 and at 1 hour. Document findings and bleeding.
  - a. Document comfort measures for NIPS score greater than 4 or NPASS score greater than 3.
5. Newborn may be discharged home one hour after circumcision if no abnormal bleeding is noted and parent(s) have been educated on how to care for the circumcision (see Parent Education section).
6. Newborn does not need to urinate before discharge after circumcision as long as they have urinated at least once prior to circumcision.

## CIRCUMCISION PROCEDURE (*continued*)

### PARENT EDUCATION

1. Provide education, which includes the following points. (Consider using the teach-back method if appropriate.)  
Assess learner’s comprehension of content taught.
  - a. 24-48 hours after circumcision, there may be a patchy yellowish exudate on the glans of the penis. This exudate is part of the normal healing response and should be left alone and should not be removed with a tissue or gauze.
  - b. Circumcisions usually heal in 7 to 10 days. Until that time, sponge baths recommended instead of immersion baths.
  - c. Apply an emollient to penis (e.g., petroleum jelly, A&D ointment) with each diaper change until penis begins to heal (less red, swollen, and “wet” looking) which will take 3 to 5 days.
  - d. Contact your pediatrician if the following signs/symptoms occur:
    - i. Excessive swelling
    - ii. Frank bleeding (a quarter sized amount or more)
    - iii. Excessive drainage
    - iv. Foul odor
    - v. No urine output 12-24 hours after circumcision.
7. Parents should receive the BCH Your Child’s Health/Your Health Matters educational handout “[Caring for Your Circumcised Son](#)” to go home.

### Troubleshooting

Problem	Suspected issue	Action
Excessive Bleeding (greater than quarter sized spot on diaper)	<ul style="list-style-type: none"> <li>• Possible bleeding disorder.</li> </ul>	<ul style="list-style-type: none"> <li>• Notify provider.</li> </ul>
Pain uncontrolled by comfort measures	<ul style="list-style-type: none"> <li>• Order for acetaminophen may be indicated.</li> </ul>	<ul style="list-style-type: none"> <li>• Notify provider.</li> </ul>

### References

Level of Evidence (FAME*)	Level*	Reference
	E4	American Academy of Pediatrics, Taskforce on Circumcision. (2012). Circumcision policy statement. <i>Pediatrics</i> , 130(3), 585-586.
	E4	American Academy of Pediatrics. (2016). Prevention and Management of Procedural Pain in the Neonate. <i>Pediatrics</i> , 137(2),e 20154271
	A4	Hockenberry, M. & Wilson, D. (2013). Wong’s Essentials of Pediatric Nursing. St. Louis, MO: Elsevier/Mosby, 211-214.

\* FAME Scale details: See nursing policy [Policy, Procedure, & Competency Development, Review, & Approval](#)

## CIRCUMCISION PROCEDURE (*continued*)

### Procedure History

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Author:	S Ottaway, RN, MS, PNP; P Wright, RN, MS, PNP; M Killion, RN, MS, CNS; M Cabana, MD	
Originated:	March 1993 (as a unit-based procedure) April 2014 (converted to a standardized nursing procedure)	
Resources:	Molly Killion, RN, MS, CNS; Marichele Punla, RN-C; Michael Cabana, MD; T. Newman, MD	
Reviewed	12/17	Marichele Punla, RNC-OB; Molly Killion, RN, MS, CNS; Pamela Wright, RN, MS, NP; Valerie Flaherman, MD
Reviewed / Revised:	4/14	Molly Killion, RN, MS, CNS
	10/15	Marichele Punla, RN-C; Molly Killion, RN, MS, CNS
	9/21	Nina Manke, RNC-OB, Meghan Duck, CNS, Jeannie Chan, CNS, Ilse Larson, MD, Valerie Flaherman, MD

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Inquiries to Center for Nursing Excellence and Innovation at [CenterforNursingExcellenceandInnovation@ucsf.edu](mailto:CenterforNursingExcellenceandInnovation@ucsf.edu)