



## Title of Position Statement: Male Infant Circumcision Pain Management

### **Issue Addressed**

The challenge of preventing and managing pain in male infants undergoing circumcision.

### **Background of Issue**

According to the American Academy of Pediatrics (AAP, 2016), there is solid evidence that male infants who undergo circumcision without the benefits of analgesia experience physiologic stress and pain. Unrelieved pain during circumcision can result in negative physiologic stress responses such as changes in heart rate and blood pressure, apnea, cyanosis, and decreases in cortisol level and oxygen concentration (AAP, 2012). In addition, male infants who are circumcised without analgesia may exhibit a stronger pain response to routine immunizations (Taddio, et al. 1997).

The ethical tenets are also important to consider. Infants are considered a vulnerable population and under the ethical principle of respect for persons there is a moral duty to protect them (National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research: The Belmont Report, 1979). The ethical principle of autonomy does not apply to an infant, but rather to the parents/guardians in the stead of the infant (Brady, 2016). Autonomy encompasses veracity (telling the truth), respect for preferences, and honoring of values (Jonsen et al. 2015). As part of the process of providing informed consent, provision of complete and

accurate information regarding the risks and benefits of circumcision is essential (Sorokan, et al., 2018). Parental decision regarding circumcision should not be coerced (AAP, 2012). Healthcare professionals are obligated to abide by the ethical principle of beneficence, the duty to benefit another, and in the instance of circumcision to provide optimal analgesia. The principle of nonmaleficence is the duty to do no harm. Thus, it is paramount to prevent the harm of inadequate analgesia before, during, and after circumcision. Justice implies that **every** infant be treated equally and have equal access to optimal analgesia during and following circumcision.

### **Policy or Position Developed, Recommended, or Adopted**

ASPMN first released a position statement on male infant circumcision in 2001 by Manworren & Leahy. In 2011, an expanded position paper was developed and then published (O’Conner-Von & Turner, 2013). This document provides a re-affirmation of the 2011 paper with updated references where available. Of importance to note, oral sucrose alone does not provide effective analgesia during circumcision (Stevens et al., 2016).

The American Society for Pain Management Nursing (ASPMN) holds the position that nurses and other healthcare professionals must provide optimal pain management throughout the circumcision process for male infants. Parents must be prepared for the procedure and educated about infant pain assessment. They must also be informed of pharmacologic and integrative pain management therapies. (See the Appendix for recommendations for practice).

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ASPMN Mission Statement: The American Society for Pain Management Nursing®'s mission is to advance and promote optimal nursing care for people affected by pain by promoting best nursing practices. This is accomplished through education, standards, advocacy and research.

## Appendix

### Recommendations for Practice

The following recommendations may be modified according to institutional policies; however, strong consideration must be given to the evidence supporting multi-modal approaches to circumcision pain management in clinical practice (AAP, 2016; Sorokan et al., 2018).

#### **Nursing Practice:**

Obtain and verify orders as appropriate

At least two hours prior to procedure:

- Verify infant feeding/NPO status per institutional policy
- Administer pre-emptive analgesic (acetaminophen)
- Apply pre-emptive topical anesthetic cream in advance according to product instructions
- Hold and comfort infant (breast feed if possible) while supplies are gathered
- Position infant in semi-recumbent position on a padded surface with arms swaddled
- Maintain thermoregulation of the environment to prevent cold stress

During procedure:

- Analgesic/Comfort Techniques: in addition to at least one anesthetic
  - Administer 24% sucrose or breast milk orally 2 minutes before penile manipulation
  - Pacifier for non-nutritive sucking, if sucrose or breast milk contraindicated

Following procedure:

- Remove infant from restraint immediately, soothe, and return to parent
- Continue oral acetaminophen around the clock for at least 24 hours
- Instruct parents on administration of acetaminophen
- Instruct parents on circumcision care and signs of infection (Sorokan et al., 2018)
- Instruct parents on infant pain assessment and management (Sorokan et al., 2018)

**Prescriber/Provider Practice:**

Prior to Procedure:

- Oral acetaminophen 15mg/kg one hour prior to procedure
- Topical anesthetic cream (applied in advance according to product instructions).

During Procedure:

- Analgesic/Comfort Techniques: in addition to anesthetic options
  - 24% sucrose or breast milk orally 2 minutes before penile manipulation
- Anesthetic Options:
  - Topical anesthetic cream
  - Injectable Anesthetics: Injection techniques should use slow injection speed, small-gauge needle, warmed solution (Hsu, 2020)
    - Subcutaneous ring block (circumferential at base, midshaft or at the level of the corona): OR
    - Dorsal penile nerve block (10 and 2 o'clock positions at the base of the penis)

Choice of anesthetic technique may be at the provider's choice (based on education, skill and experience) as both techniques are supported in the literature (Caldwell, 2019; Sharara-

Chami, et al., 2017). The AAP (2012) and Rosen and Broadman (2017) recommend the subcutaneous ring block. According to Motley et al. (2019), both blocks result in similar analgesia, however the ring block may be more effective while applying the circumcision clamp.

Following Procedure:

- Continue oral acetaminophen (15mg/kg) around the clock every 4-6 hours for at least 24 hours.

**Institutional Recommendations:**

Establish policies or protocols to make certain no infant undergoes circumcision without appropriate comfort measures, analgesia, and anesthetic. This is more likely to occur by involving key stakeholders such as:

- Clinical Practice Committees responsible for the practice of nurses, pharmacists, and any provider who performs circumcision.
- Pharmacy and Therapeutic Committees
- Quality Assurance professionals

Ensure appropriate medications, equipment, environmental factors, and staff are available and prepared to provide safe care for infants undergoing circumcision.