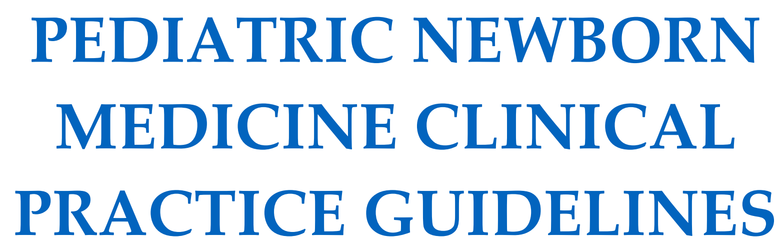

NICU CIRCUMCISIONS DONE BY NEWBORN HOSPITALIST SERVICE- DRAFT 13NOV18

Clinical Guideline Name	Clinical Practice Guideline
Effective Date	
Approved By	Department of Pediatric Newborn Medicine Clinical Practice Council_________ CWN PPG ____CIRCUMCISIONS FOR NICU PATIENTS BY NEWBORN HOSPITALIST SERVICE____ BWH SPP Steering __________ Nurse Executive Board/CNO___________

Purpose: To outline the policies, procedures, and guidelines related to circumcisions for NICU patients that are done by the newborn hospitalist service.

II. All CPGs will relay on the NICU Nursing Standards of Care. All relevant nursing PPGs are listed below.

III. Scope: This CPG addresses ONLY the procedures to be followed when a circumcision is being requested for a NICU patient to be done by a newborn hospitalist.

IV. Points of emphasis/Primary changes in practice: The recommendations for post natal care leave much to the physician discretion based on the recommendations.

V. Rationale for change:

With expectant discharge planning for NICU patients, elective circumcisions can be done in the NICU by a NICU provider on a timely basis prior to discharge. Currently, however, there are times when there is no NICU provider available to perform circumcisions. In these circumstances, the newborn hospitalist on duty for circumcisions will do her best to perform this elective procedure for families before their NICU discharge. The following guidelines will facilitate this service in a way that is medically safe both for the NICU patients and the newborn pediatrician circumcision provider.

VI. Guidelines

1.When an infant needs a circumcision done by a newborn hospitalist, the NICU attending, fellow, NP, or PA will review the medical record, examine the infant, complete the checklist below, and document in a progress note that circumcision is clinically appropriate for the infant:

( ) No penile abnormalities (Appendix 1 with list and diagnostic guidelines attached)
( ) IM Vitamin K given
( ) No clinical or laboratory evidence of thrombocytopenia or bleeding diathesis
( ) No FHx of bleeding disorders (eg. von Willebrand's disease, etc.)
( ) No medical issues (cardiac, hematologic, etc.) that could impact the outcome of the circumcision. Consultation with the appropriate specialist can facilitate this decision-making.

The SmartPhrase .NICUCIRCUMCISIONCLEARANCE can be used for this documentation:
I have reviewed this patient's record and have examined him and determined that he is medically stable for circumcision under local anesthesia based on the following criteria:

No penile abnormalities
IM Vitamin K has been given
No clinical or laboratory evidence of thrombocytopenia or bleeding diathesis
No family history of bleeding disorders (eg. von Willebrand's disease, etc.)
No medical issues (cardiac, hematologic, etc.) that could impact the outcome of the circumcision.

2. The NICU infant's nurse will then contact the Circumcision Room staff to request a circumcision including:
1) infant's name and MRN
2) expected day of discharge
3) a time when the parent(s) will be present so that the procedure can be explained and a consent form signed.
If necessary, phone consent is acceptable according to these BWH guidelines:

> If consent is sought from the patient's representative who cannot be physically present to sign the consent form before the procedure, informed consent by telephone may be obtained. The discussion should be documented on the consent form with a note that the consent was obtained by telephone. In such cases, it is advisable to have the discussion witnessed by a second hospital staff member who signs the form as a witness.

3. The Circumcision Room staff will then contact the newborn hospitalist circumcision provider who will work out the logistics of consent and timing of procedure with the NICU nurse and the Circumcision Room staff.

4. The NICU infant's nurse will bring the baby to the Circumcision Room at an agreed upon time along with a monitor to be used during the procedure.

All efforts will be made by the newborn hospitalist to do this procedure prior to discharge. However, occasionally this is not possible due to newborn hospitalist staff availability and/or the census on the newborn hospitalist service.
Because of this, the NICU staff can help the families in their expectations by leaving open the possibility that an outpatient circumcision may be necessary despite best efforts to do this before NICU discharge.
In this instance, outpatient circumcision information will be provided to the family for this procedure to be done either at BCH or MGH (attached). Both of these sites can perform newborn circumcisions under local anesthesia generally within the 4-6 weeks of life.

Appendix 1 From **Up-To-Date** - **Techniques for neonatal circumcision**

Congenital penile anomalies – Infants with penile anomalies should not be circumcised. Instead, these patients are referred to a specialist for further evaluation.

Specific penile anomalies that are contraindications to neonatal circumcision include:
•Hypospadias with foreskin abnormalities
•Chordee or ventral curvature of the penis
•Penile torsion (suggested by a urethral meatus in a position anything other than vertical)
•Penoscrotal webbing (ie, webbed penis)
•Buried penis or large suprapubic fat pad
•Significant penile edema
•Micropenis

- **Evaluate the urethral meatal position** – Evaluation of the meatus (slit-like opening of the urethra at the tip of the penis) is critical to exclude **hypospadias** and **penile torsion**. The normal meatus should be vertical and located in the center of the tip. If the urethra is not at the tip or rotated from vertical, circumcision is not performed.
  One challenge is that tight physiologic phimosis often obscures meatal visualization until the preputial orifice is dilated at the start of circumcision.
- **Evaluate the median raphe** – The median raphe, which normally runs the length of the penis and scrotum in the midline, may deviate to the side. While a deviated median raphe is not itself an absolute contraindication to circumcision, it can represent underlying penile abnormalities, such as **penile curvature** or **torsion**.
- **Evaluate the scrotum for penoscrotal webbing** – The normal scrotum attaches at the base of the penis with a well-defined junction. If the junction is not well defined, it may be attached higher on the shaft of the penis. Circumcision can lead to scrotal attachment very near the glans, which shortens the ventral shaft skin. We apply gentle traction on the scrotum to define the point of attachment with the foreskin and assess the level of **ventral tethering**.
- **Perform bedside erection test** – To evaluate the curvature of the penis, and identify potential **penile chordee** or **ventral curvature**, we perform the bedside erection test by applying pressure with the thumb and index finger at the base of the penis to simulate an erection. The bedside erection test also allows the clinician to evaluate for a **buried penis**

or a **large suprapubic fat pad**. Identification of these findings is important because these infants have a greater chance of the penis retracting below the skin surface post-circumcision, which can result in penile adhesions or circumferential scarring of the incision (cicatrix) that traps the penis below the skin surface. Such scarring can require circumcision revision under general anesthesia at a future date.

- **Assess foreskin edema** – If a circumcision is performed in the setting of **excessive foreskin edema**, there is increased risk of penile retraction with subsequent trapping of the glans below the skin surface as well as scarring that may require revision. This is especially important in patients who have a prolonged stay in the neonatal intensive care unit prior to circumcision, as edema can be present from resuscitative efforts. If the foreskin does not have the normal thin supple appearance and instead appears thickened, then we defer circumcision.

References

Up-To-Date - Techniques for neonatal circumcision
Author:Brian T Caldwell, MD Section Editors:Charles J Lockwood, MD, MHCM, Laurence S Baskin, MD, FAAP Deputy Editor:Kristen Eckler, MD, FACOG
Literature review current through: Dec 2017. | This topic last updated: Jul 31, 2017.

BWH

Appendix A

We were unable to do a circumcision on your son in the hospital at BWH because

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It is important to call within 1-2days of your discharge to arrange your appointment for an outpatient circumcision.

<u>Boston Children's Hospital – Outpatient Circumcisions</u>

Newborn Circumcision Clinic
Boston Children's Hospital Department of Urology
Urodynamics Pavilion 217
300 Longwood Ave. Boston, Ma 02115
(617) 355-7796 – for prescreening by a nurse
(617) 355-6171 – to set up appointment after prescreening

In general:
1. The procedure can be done up until 6-8wks from your baby's due date.
2. Your baby needs to weigh less than 12 pounds at the time of the procedure.
3. A nurse will call you to ask some questions about your baby's history
 and physical to determine if your baby needs a pre-op visit.
 If a pre-op visit is needed, the nurse will help you arrange that.
4. You can feed your baby up to one hour before the procedure.
5. You can go home one hour after the procedure.
Your circumcision provider will want to take a last look before you go.
6. All babies are seen at BCH one week after the procedure for a follow-up visit.
7. Before you go home, you will receive verbal and written post-op instructions in the care of your baby's circumcised penis

Massachusetts General Hospital for Children - Outpatient Circumcisions

55 Fruit Street
Warren Building – 11th Floor
Boston, MA

Daniel Doody, MD
617-726-2913

David Lawlor, MD
617-726-8858

In general:
1. The procedure can be done up until 6wks from your baby's due date.
2. Your baby needs to weigh at least 6 pounds at the time of the procedure.
3. There is no separate pre-op visit.
On the day of the procedure, your baby will have a full history and physical exam done before the procedure.
Rarely, this exam may show some reason that an outpatient circumcision is not safe or advisable. Your surgeon will discuss the options at that time with you.
4. You can feed your baby any time before the procedure.
5. You can go home soon after the procedure once your baby is comfortable; your surgeon may want to take a last look before you go.
6. Usually no post-op visit is necessary.
Rarely, your surgeon will want to arrange one and will discuss this with you.
7. You will receive a written post-op sheet with instructions in the care of your baby's circumcised penis

Appendix B