

Pain Management in Neonatal Circumcision: Is it effective?

“The baby started shaking his head back and forth—the only part of his body free to move—as the doctor used another clamp to crush the foreskin lengthwise, which he then cut. This made the opening of the foreskin large enough to insert a circumcision instrument, the device used to protect the glans from being severed during the surgery. **The baby began to gasp and choke**, breathless from his shrill continuous screams. . . . During the next stage of the surgery, the doctor crushed the foreskin against the circumcision instrument and then, finally, amputated it. **The baby was limp, exhausted, spent**”. Marilyn Milos personal recount from her book *Infant Circumcision: What I Wish I Had Known, The Truth Seeker*.



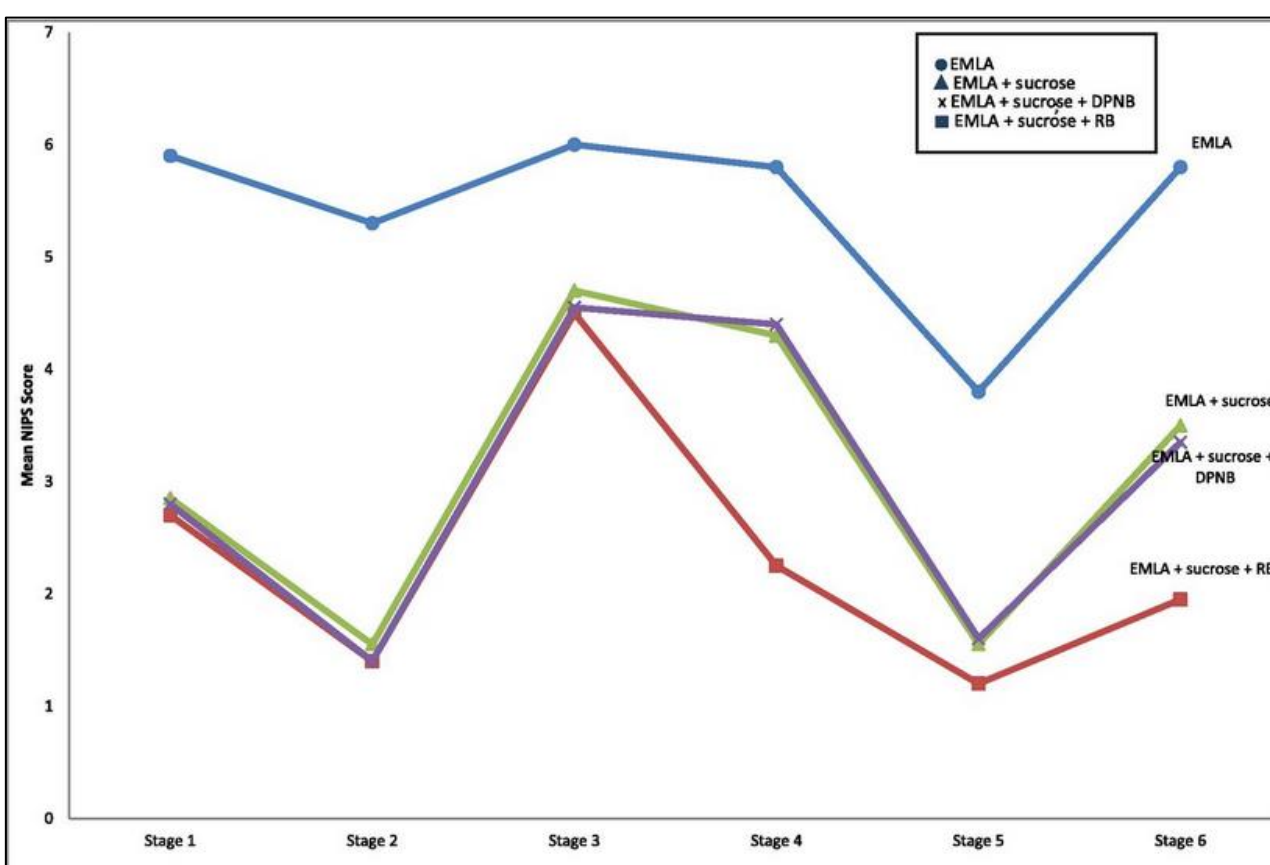
Parameters	0 point	1 point	2 point
Facial expression	Relaxed	Grimace	-
Cry	No cry	Whimper	Vigorous crying
Breathing pattern	Relaxed	Change in breathing	-
Arms	Relaxed	Flexed/extended	-
Legs	Relaxed	Flexed/extended	-
State of Arousal	Sleeping/ Awake	Fussy	-

Pain level: 0–2 points = No pain, 3–4 points = Moderate pain, >4 points = Severe pain

Assessing pain in Newborns:

- NIPS Pain scale (Behavioral)
- CRIES Pain scale (Behavioral + Physiologic)

The limited ability to verbally communicate should not influence the level of pain management given to a patient. Nurses who are caring for newborns prior and post circumcision must determine pain level. This information can help further properly manage pain during circumcision.



How to help decrease pain?

- **Advocate** and spread knowledge supported by evidence-based practice on pain management during neonatal circumcision
- Proper pre-op and post-op pain assessments
- Allow enough time per procedure, for medications to have full analgesic effect
- Providing parent education on post op-care