



ASPMN Position Statement on Neonatal Circumcision Pain Relief

The American Society of Pain Management Nurses (ASPMN) believes that neonates who are being circumcised should receive an anesthetic for the procedure.

Definition:

Neonatal circumcision involves the amputation of the foreskin. This procedure causes tissue damage and, therefore, is a painful procedure.

Background:

Pain is defined by the International Association for the Study of Pain as “An unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage” (IASP, 1979). Neonates have the anatomic and functional ability to experience pain at birth, even when their birth is premature (Anand & Hickey, 1987). Neonates are equally as sensitive to pain as older children and adults (Anand, 1995). Premature neonates have poorly-developed inhibitory mechanisms for pain, which may make them more sensitive to painful stimuli. While neonates are unable to provide a subjective report of pain intensity, healthcare providers can infer pain from the neonate’s behavioral and physiologic response to noxious stimuli. Unrelieved pain during circumcision can result in adverse physiologic stress responses (such as breath holding, apnea, cyanosis, gagging, and vomiting) which are potentially dangerous to the neonate. Neonates cannot advocate for their own pain relief and are, therefore, a vulnerable population dependent on healthcare providers to recognize and manage their pain.

While scientific evidence demonstrates potential medical benefits of circumcising male neonates, the American Academy of Pediatrics no longer recommends routine neonatal circumcision (AAP, 1999). Yet, parents continue to request the procedure for religious and cultural reasons. Neonatal circumcision is commonly performed without anesthesia. When circumcision is performed after the neonatal period, general anesthesia is often used. This would suggest that an anesthetic is also appropriate for the pain of the procedure in neonates.

Ethical Tenets:

The ethical principle of beneficence – the duty to benefit another – obliges healthcare professionals to manage pain and provide humane care (Agency for Healthcare Policy and Research [AHCPR], 1992). Anaesthetized circumcision violates the ethical principle of non-maleficence which is the duty to do no harm.

Recommendations:

ASPMN recognizes that neonatal circumcision is a painful procedure. The Society recognizes that the neonate has a right to an anesthetic to prevent the pain of the procedure. Therefore, as healthcare providers, we are obligated to provide an appropriate anesthetic for neonatal circumcision.

Summary:

The American Society of Pain Management Nurses opposes the participation of nurses and other healthcare professionals in the performance of male neonatal circumcision without an anesthetic to treat the pain inherent in the procedure.

Research suggests that the following interventions are appropriate:

Anesthetic Techniques:

- A subcutaneous ring block prevents crying and increases in heart rate better than EMLA or a dorsal penile nerve block.
- A dorsal penile nerve block is effective in reducing the behavioral and physiologic indicators of pain throughout all stages of neonatal circumcision.
- EMLA, when applied for 60-90 minutes prior to neonatal circumcision, shortens cry time and results in smaller heart rate increases when compared to placebo. The anesthetic is insufficient in alleviating pain during phases of the procedure that are associated with extensive tissue trauma such as during lysis of adhesions and tightening of the clamp (American Academy of Pediatrics, 1999)

Comfort Techniques:

- In addition to an anesthetic, the awake neonate should be comforted during the procedure.
- Sucrose pacifiers decrease crying during circumcision.
- Positioning the infant in a semi-recumbent position on a padded surface decreases distress during the procedure.

Post-procedural Pain Control:

The neonate will experience post-procedural pain when the anesthetic wears off. Analgesics should be provided to treat this post-procedural discomfort. Ideally, the first dose should be administered before the post-procedural pain begins.

References

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