



وزارة الصحة  
Ministry of Health

# CIRCUMCISION POLICY

وزارة الصحة  
Ministry of Health

## 1. STATEMENT OF PURPOSE

- 1.1. To establish the rules and regulations of all circumcision procedure for all healthcare facilities regulated by ministry of Health.
- 1.2. To establish a standardized clear guideline for care of male baby undergoing circumcision.
- 1.3. To unify the circumcision procedure practice based on best evidence available.

## 2. APPLICABILITY

- 2.1. This policy applies to all Health Care Facilities and staff regulated by the Ministry of Health (MOH).

## 3. DEFINITIONS

- 3.1. **Circumcision** is a surgical removal of a male's foreskin to expose the glans penis.
- 3.2. **Newborn** refers to any baby delivered alive from birth to 28 days old.
- 3.3. **Infant** refers to babies anywhere from birth to 1 year old.
- 3.4. **Child** refers to child age group from delivery to 14 years old.
- 3.5. **Most Responsible Physician (MRP)** refers to the physician who has overall responsibility for the care and management of an individual patient at a specific point in time during the patient's hospital stay
- 3.6. **Credential** :Is the systematic process of gathering, verifying, and evaluation of the qualifications and the health status of applicants for appointment to make sure that they possess the proper education, training, experience, license, and skills to fulfill the requirements of the position.
- 3.7. **Privilege**: Is defined as the process by which a practitioner is granted permission by the facility to provide the psychiatric, medical, dental, or other patient care services, within well-defined limits, based on an individual's clinical competence (as determined by peer).

## 4. POLICY

- 4.1. This policy will provide the general rules that regulate the circumcision procedure.
- 4.2. The circumcision procedure including anesthesia giving is a procedure shall be done by credential and privileged specialist/consultant.
- 4.3. The healthcare facilities mandated to provide the minimum standards for sites performing circumcision (**Appendix A**).
- 4.4. All circumcision procedure needs to be done with comprehensive parent's education pre and post procedure by Most Responsible Physician (MRP) including explanation the nature of the surgery, risks and benefits (short term and longer term).
- 4.5. All circumcision procedure shall be done with following facility patient identification policy
- 4.6. All circumcision procedure shall be done with applying time out policy and procedure inside the facility.
- 4.7. All Documents include Informed consent, Parents education, Full assessment, procedure note shall be recorded in patient file.

- 4.8. All healthcare facilities shall apply the procedure with infection control measures including dealing with medical waste management.
- 4.9. The credential and privileged specialist/consultant shall do comprehensive patient assessment pre procedure and identify contraindication for circumcision procedure.
- 4.9.1 Anatomic contraindication: hypospadias, Epispadias, Webbed Penis, Chordee , Penile Torsion , Buried Penis or Very Small Penis, Urethral Hypoplasia, Ambiguous Genitalia / bilateral undescended testes
- 4.9.2 Any evidence of jaundice (yellow sclera or purpuric skin lesions) should be addressed prior to clinic-based circumcision.
- 4.9.3 Medical contraindication: Known / Family History of Bleeding Diathesis, Current illness or medical condition that requires monitoring, Disorders of skin / Connective tissue that impair healing, Age less than 12 hours, Prematurity (less than 34 weeks' gestation post-conception age), Local infection, Patient who still needs to be catheterized for a procedure, Weight less than 1.8 kg. A pediatric physician should referred case to an appropriate specialty (Pediatric Surgery- Pediatric Urology).
- 4.9.4 General: Family request for no circumcision.
- 4.10. The credential and privileged specialist/consultant shall do comprehensive patient assessment pre, during and post procedure.
- 4.11. All newborn /Infant underwent circumcision procedure need to have 48 h follow up visit with clear parent's instruction about the warning sign when they need to come back to emergency department before 48 h.

## 5 –Procedure

- 5.1 **Pre-Operative Preparation and Ensure that you complete the necessary parts of the patient's chart.**
- 5.1.1 **History-taking phase of the assessment, the male infant should be screened for:**
- 5.1.1.1 History of uncomplicated delivery including gestation age and birth weight
- 5.1.1.2 Maternal HIV status to assess infant's risk
- 5.1.1.3 Stability with review of hospital course up to that time including vital signs.
- 5.1.1.4 Family history of coagulopathies/bleeding disorders
- 5.1.2 **If procedure is being done after hospital stay – history-taking phase should also include:**
- 5.1.2.1 Any history of illness since leaving hospital
- 5.1.2.2 Any difficulty with urination since leaving hospital
- 5.2.1 **Physical Examination: The physical examination should be tailored to look for conditions that may contraindicate male circumcision. However, a focused general examination to be performed complete with the vital signs and the patient's weight.**
- 5.2.1.1 **A basic newborn/infant physical exam should include but is not limited to:**
- 5.2.1.1.1 Review vital signs – Temperature, Pulse, Respiration Rate
- 5.2.1.1.2 Check the current weight, length, head circumference
- 5.2.1.1.3 Inspection of general appearance including activity of infant, quality of cry, color of skin, muscle tone, dysmorphic appearance.
- 5.2.1.1.4 Inspection of skin to include color, milia, Mongolian spots, hemangiomas, petechial/bruising
- 5.2.1.1.5 Exam of HEENT to include head for moulding, sutures, fontanel, caput; Eyes for symmetry, shape, discharge, red reflexes; ENT for ear shape, nasal patency, intact palate.

- 5.2.1.1.6 Exam of Chest to include inspection for asymmetry, breast hypertrophy and auscultation of lungs and heart sounds.
- 5.2.1.1.7 Exam of Abdomen to include inspection of appearance, evidence of distention, cord, number of vessels; palpation for abnormalities such as hepatosplenomegaly; and auscultation of bowel sounds.
- 5.2.1.1.8 Exam of Musculoskeletal system for deformity, movements of limbs especially hips, potential for extra digits, spinal intactness, sacral dimples
- 5.2.1.1.9 Exam of Neurological system including reflexes such as suckling, moro, rooting, grasp, and stepping
- 5.2.1.2 **Performing a genital examination:**
  - 5.2.1.2.1. Wash hands with soap and water and dry with a clean, dry towel
  - 5.2.1.2.2. Put on examination gloves on both hands
  - 5.2.1.2.3. Examine the penis and look for any abnormalities
  - 5.2.1.2.4. Examine the scrotum and check for any abnormalities. Palpation of the testicles should be done and document its presence
- 5.2.1.3 **Informed consent: Informed consent is required from all parent/legal guardians. The consent form should be explained to the parent/legal guardians and signed as part of the pre-operative procedure.**
  - 5.2.1.3.1 Health-care providers should give all the information needed to make a fully informed decision and should assess whether the parent or legal guardian understands the information provided and their capacity to make the necessary decisions.
  - 5.2.1.3.2 Consent form should be signed and filed in infant's record.
- 5.3.1 **Getting ready: Pre-operative tasks: To help improve outcomes and avoid complications, providers should follow a standard procedure. As part of the pre-operative assessment the following steps should be done:**
  - 5.3.1.1 Do CBC, PT, PTT and INR and check result before procedure
  - 5.3.1.2 Check that the infant has received vitamin K
  - 5.3.1.3 Ensure availability of appropriate equipment and supplies
  - 5.3.1.4 Provide information to parents/legal guardians
  - 5.3.1.5 Ensure that informed consent was obtained and filed in chart
  - 5.3.1.6 Thoroughly wash/clean hands
  - 5.3.1.7 Screen patient – ensure proper documentation in patient's chart
  - 5.3.1.8 Safety check - ensure that the correct patient is brought to the procedure room and that he remains a suitable candidate for male circumcision
    - 5.3.1.9 Assess by anesthesia specialist/consultant for appropriate anesthesia modality and agent.
    - 5.3.1.10 Feeding restrictions: the infant may not be fed for 2 - 4 hours before the procedure
- 5.4 **During Operation**
  - 5.4.1 After patient verification of identity (2 identifiers), place the infant on the circumcision board, when the physician and equipment are ready and after the surgeon has assessed the penis size.
  - 5.4.2 The assisting nurse will assess restrained extremities for warmth and capillary refill, pre-, during and post-procedure.
  - 5.4.3 Put cap and mask on before doing the surgery.
  - 5.4.4 The physician will undertake surgical scrub as for the surgical procedure.



- 5.4.5 Put in gown and gloves, maintaining sterility.
- 5.4.6 The surgeon performs circumcision under aseptic conditions.
- 5.4.7 PPE should be changed for each patient.
- 5.4.8 Due to potential complication and high morbidity of cutting the glans in short or micropenis , Expert recommendation is to abandoned using bone cutter for circumcision and who ever use and followed by complication , he/ she should be held liable.

**5.5 Post-Operative: After the procedure is complete use the following steps should be taken**

- 5.5.1 Dispose of contaminated needles and syringes in a puncture-proof
- 5.5.2 Dispose of waste materials in covered leak-proof container or plastic bag
- 5.5.3 Wash hands thoroughly and dry them with clean, dry towel.
- 5.5.4 Post-Operative Care After the procedure is complete the patient should remain at the facility and the following care should be provided:
  - 5.5.4.1 Monitor the patient for at least 2 hours after surgery., this can be done with infant in mother's room during hospital stay.
  - 5.5.4.2 Check the patient's vital signs and for bleeding 15 minutes after surgery and record findings.
  - 5.5.4.3 Answer the parent/legal guardian's questions and concerns.
  - 5.5.4.4 Advise the parent/legal guardian on postoperative care of the penis (**Appendix B**) 5.3.4.5. When stable, discharge the patient home.
  - 5.5.4.5 Inform the patient to come back for follow-up after 48 hours or anytime earlier should there be any complications
  - 5.5.4.6 Complete operation notes and other patient record forms.
  - 5.5.4.7 If bleeding/oozing is noted:
    - 5.5.4.7.1 Apply pressure as needed and immediately inform the charge nurse and MRP
    - 5.5.4.7.2 If bleeding/oozing persists, the MRP must consult Pediatric surgeon. Do not use circumferential dressing.
    - 5.5.4.7.3 If bleeding/oozing stops with the above measures, observe as before.
    - 5.5.4.7.4 Notify physician and charge nurse of any unusual bleeding, discoloration or urinary retention.
    - 5.5.4.7.5 If the infant is to be discharged after the circumcision, he should be observed for 2 hours before release.

**5.6 48-Hour Post-operative follow-up visit:** Follow this basic checklist to ensure the follow up care is complete (**Appendix C**)

## 6-RESPONSIBILITIES

6.1 Leader's responsibility of each health care facility to ensure full implementation.

## 7-ATTACHMENTS:

7.1 All appendix's names that mentioned in the policy.

## 8-PERFORMANCE MEASUREMENT

8.1 The formula of the related KPI to monitor the compliance of the policy.

## 9-RELATED REFERENCES

- 9.1 MacDonald, M. G., & Ramasethu, J. Atlas of Procedures in Neonatology. Lippincott Williams & Wilkins. 2007
- 9.2 Murray. McKinney. Gorrie. 34 editions. Foundation of Maternal Newborn Nursing. Saunders. 2002.
- 9.3 Minimum Standards for Sites Performing Early Infant Male Circumcision, August 2013
- 9.4 National Hospitals Standards, third edition 2015.

### List of Appendixes

Appendix	Title
Appendix A	Equipment Standards
Appendix B	Post Operation discharge instruction
Appendix C	48 Hour Visit Check list



## Appendix A - Equipment Standards

The following items must be immediately available and routinely checked before beginning any case in order to optimize safety during standard early infant male circumcision.

### Crash Cart with appropriate newborn/infant equipment size

#### Equipment

- Secure work surface (table or infant warmer) – height should be such that the provider does not have to stoop or bend
- Assistant or mechanism to restrain/position infant
- Hand-washing/cleaning facilities
- Light source

#### Supplies

- Infant padding, blankets and towels
- Clean nappies/diapers and wipes
- Sterile gloves
- Sterile drape with small opening in the center (fenestrated)
- Betadine or other skin-sterilizing preparation
- Sterile marking pen or gentian violet
- Sterile 2 x 2 or 4 x 4 gauze pads
- White petrolatum (Vaseline) or white petrolatum gauze

#### Instruments

- Instrument tray wrapped with sterile drape
- One 7.5 cm to 12.5 cm (3 in to 5 in) flexible probe
- Three small mosquito hemostats - two curved and one straight or three straight
- Small straight scissors
- Desired male circumcision device (Mogen) and all appropriate parts
- Scalpel – no. 10 blade or similar

#### Anesthesia administration

- 1% lidocaine (WITHOUT EPINEPHRINE)
- 1-ml sterile syringe with small 27-gauge or similar needle
- Alcohol wipes

#### Post-circumcision bleeding

- Use Absorbable Gelatin Sponge
- Adson forceps
- 5-0 or 6-0 absorbable suture (chromic or catgut) on a needle (6-0 chromic on PC-1 needle or equivalent)
- Needle-holder
- Petrolatum-coated gauze

#### Postoperative processing

- Check sterilizing and reprocessing equipment
- Check that means are available to handle and dispose of contaminated sharps
- Check that means are available to handle and dispose of contaminated supplies



## Appendix B - Post Operation discharge instruction

تعليمات الرعاية بعد الخروج بعد عملية الطهارة

Post-Circumcision Instructions	تعليمات بعد الطهارة
<b>Post- Circumcision Instructions</b>	<b>تعليمات بعد الطهارة</b>
<ol style="list-style-type: none"><li>1. Feed the baby normally.</li><li>2. Sponge bath baby until circumcision is held. (3-5 days)</li><li>3. Vaseline may be used for the first 24 hrs., to prevent it from sticking to the diaper.</li><li>4. Do not use Vaseline on plastic bell.</li><li>5. Do not use any other creams or dressings.</li><li>6. Watch for voiding. If baby does not void in 12 hours, come to the Emergency Room.</li><li>7. Watch for excessive bleeding, swelling, redness or discharge. If any of these occur, come to the Emergency Room.</li><li>8. Apply diaper loosely, to prevent pressure.</li><li>9. Do not lay, baby on his stomach. It should always on his side.</li><li>10. plastic bell will fall off in about 5 days. This means that the circumcision has healed. Hence, do not put it back on.</li><li>11. If the round plastic device used for circumcision does not fall after 5 days, visit Emergency Room or the treated physician.</li></ol>	<ol style="list-style-type: none"><li>1. يتم ارضاع الطفل بصورة طبيعية.</li><li>2. يحمم الطفل بالمسح على جسده فقط حتى تلتئم الطهارة وذلك من ٣ الى ٥ أيام.</li><li>3. يمكن استخدام الفازلين بعد أربع وعشرون ساعة الأولى لمنع الالتصاق بالحفاضة.</li><li>4. عدم وضع الفازلين على مكان الطهارة _ الجزء البلاستيكي).</li><li>5. لا يستخدم أي كريمات او غيارات أو ضمادات.</li><li>6. يتم مراقبة تبول الطفل، إذا لم يتبول خلال ١٢ ساعة يجب الحضور إلى الطوارئ.</li><li>7. يجب ملاحظة حدوث أي نزيف او تورم او احمرار او إفرازات لدى الطفل- إذا لوحظ حدوث شيء من هذا القبيل يجب التوجه الى الطوارئ فوراً</li><li>8. يفضل استخدام حفاضة واسعة لمنع الاحتكاك بالجرح</li><li>9. لا ينصح بالنوم او الاستلقاء على البطن ويفضل على أحد جانبيه</li><li>10. الجزء البلاستيكي المستخدم سيسقط من نفسه خلال خمسة أيام تقريباً فلا ينصح بإعادته مرة أخرى فهذه يعني التئام الجرح (الطهارة).</li><li>11. في حال عدم سقوط الجزء البلاستيكي بعد خمسة أيام، الرجوع الى الطوارئ او الطبيب المعالج.</li></ol>



### Appendix C - 48 Hour Visit Check list

The following items must be immediately available and routinely checked before beginning any case in order to optimize safety during standard early infant male circumcision.

Items	Done(Yes or No)
1. Gather all necessary items	
2. Greet the parents and patient respectfully	
3. Review the patient's records	
4. Ask the parents if he has had any problems since leaving the hospital/since procedure was done.	
5. Ask the parents if the dressing on the penis is still intact	
6. Lie the infant down on the examination table or across the parent's lap.	
7. Wash hands with soap and water and dry them with a clean, dry towel.	
8. Put examination gloves on both hands	
9. Open nappy and gently remove gauze dressing.	
To remove the dressing, it should be moistened and gently unwrapped. Some minor bleeding may occur and should be managed with simple direct pressure.	
10. Examine the penis for bleeding, wound discharge, evidence of healing, evidence of infection, and wound disruption	
11. Dispose of contaminated wastes and gloves in designated container	
12. Wash your hands with soap and water and dry them	
13. Inform parents about examination findings and repeat postoperative care instructions and expected steps in healing.	
14. Ask if parents have any questions or concerns. Answer them.	
15. Give the parents the date for the next appointment as needed	
16. Complete patient record forms	