

Topical eutectic mixture of local anesthetics (EMLA) cream alone is insufficient for neonatal circumcision, although it may be useful for decreasing the pain of needle insertion when used in combination with local anesthesia via subcutaneous ring block of the penis or dorsal penile nerve block ([Paix and Peterson, 2012](#)).

Nurses should use nonpharmacologic interventions that can reduce the pain of this operative procedure (see [Atraumatic Care](#) box). Despite adequate scientific evidence that newborns feel and respond to pain, circumcisions may still be performed with either insufficient analgesia or no analgesia at all.

Atraumatic Care

Guidelines for Pain Management during Neonatal Circumcision*

Pharmacologic Interventions

Use of Dorsal Penile Nerve Block or Ring Block with Topical Analgesia

One hour before the procedure, administer acetaminophen as ordered. One hour before the procedure, apply EMLA.[†]

For the DPNB: Place a thick layer (1 g) of EMLA (lidocaine–prilocaine) cream around the penis where the prepuce (foreskin) attaches to the glans. Avoid placing cream on the tip of the penis where EMLA may come in contact with the urethral opening.

For the ring block: Apply EMLA to the prepuce as described earlier and to the shaft of the penis. A topical anesthetic used in conjunction with the DPNB or ring block decreases the pain of inserting the needle used for injecting the anesthetic.

Cover the penis with a “finger cot” that is cut from a vinyl glove or a piece of plastic wrap and secure the bottom of the covering with tape. Avoid using large amounts of tape on the skin because removing the adhesive causes pain and can irritate or remove the fragile skin.

If the infant urinates during the time EMLA is applied (1 hr) and a significant amount of EMLA is removed, reapply the cream and covering. The total application of EMLA should not exceed a surface area of 10 cm² (1.25 × 1.25 inches).