

Remove the cream with a clean cloth or tissue. Blanching of the skin is an expected reaction to EMLA's application under an occlusive dressing; erythema and some edema may also occur.

Nonpharmacologic Interventions (To Accompany the Preceding Pharmacologic Interventions)

If a Circumstraint board is used, pad it with blankets.

Provide the parents, caregiver, or another staff member with the option of being present during the circumcision.

Swaddle the upper body and legs to provide warmth and containment and to reduce movement (see Fig. 7-11).

If the patient is not swaddled and is unclothed, use a radiant warmer to prevent hypothermia. Shield the infant's eyes from overhead lights.

Prewarm any topical solutions to be used in sterile preparation of the surgical site by placing them in a warm blanket or towel.

Play infant relaxation music before, during, and after the procedure; allow the parents or other caregiver the option of providing the music of choice.

After the procedure, remove restraints and swaddle. Immediately have the parent, other caregiver, or nursing staff hold the infant. Continue to have the infant suck on the pacifier or offer feeding.

Combination analgesia is recommended: oral sucrose, acetaminophen, topical anesthetic, and DPNB or ring block in addition to nonpharmacologic comfort measures, such as containment, positioning, nonnutritive sucking, and breastfeeding.

DPNB, Dorsal penile nerve block; *EMLA*, eutectic mixture of local anesthetics.

References

Cyna AM, Middleton P. Caudal epidural block versus other methods of postoperative pain relief for circumcision in boys. *Cochrane Database Syst Rev*. 2008;8(4) [CD003005].

Joint United Nations Programme on HIV/AIDS. *Neonatal and child male circumcision: a global review*.

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