Circumcision Pain Relief Is Taught but Underused

BY JOHN R. BELL Associate Editor

significant portion of neonates still do not receive effective pain relief when undergoing circumcision, according to the findings of a study by Dr. Daniel Yawman and his colleagues.

This is true despite the substantial increase over the last few years in the percentage of residency programs in which effective anesthesia for this procedure is taught. Moreover, the most commonly reported surgical technique taught in these programs is not the method associated in the literature with less pain, reported Dr. Yawman of the University of Rochester (N.Y.) and his colleagues (Ambul. Pediatr. 2006;6:210-4).

Following up on a 1998 study by other researchers, they found that the percentage of all family practice, ob.gyn., and pediatric residency programs in the United States that reported teaching effective (local or topical) anesthesia for the procedure rose from a previously reported 71% for the mid-1990s to 97% in 2003; however, only 84% of programs in 2003 reported actually practicing effective anesthesia in neonatal circumcision always or frequently. Overall, 82% of the programs reported teaching circumcision.

Data were collected via a survey mailed to all directors of family practice, ob.gyn., and pediatric residency programs in the United States. There was an 86% response rate involving 811 programs.

The investigators considered effective anesthesia to be either local methods (subcutaneous or dorsal penile nerve block) or topical anesthesia (a combination of lidocaine and prilocaine [EMLA] or other anesthetic cream). They also collected data on other forms of analgesia taught for and used during circumcision, such as pacifiers or parental comforting. The most commonly taught and most frequently used method was the dorsal penile nerve

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rule issued last October.

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block; this method was taught in 81%, and used frequently in 35%, of the residency programs that teach neonatal circumcision. Overall, local anesthesia was taught in 91% of the residency programs, and topical anesthesia was taught in only 44% of the programs.

The researchers also collected data on the surgical technique used in each program. Despite the fact that the Mogen clamp "may provide a less painful procedure, compared with the Gomco clamp or the Plastibell method," use of the Mogen clamp was taught in only 38% of the programs, vs. 95% for the Gomco clamp and % for the Plastibell technique.

Pediatric residency programs reported teaching circumcision much less often (49%) than did family practice residencies (95%) or ob.gyn. programs (86%).

The authors concluded that although education regarding pain relief in circumcision has improved, "a significant number of newborns may not receive appropriate analgesia, despite the fact that effective analgesic techniques are taught to residents.'

Dr. Yawman and his colleagues noted that since the 1998 study, the professional organizations for each of the included specialties (the American Academy of Family Physicians, the American College of Obstetricians and Gynecologists, and the American Academy of Pediatrics) have issued recommendations for universal use of local or topical anesthetic.

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