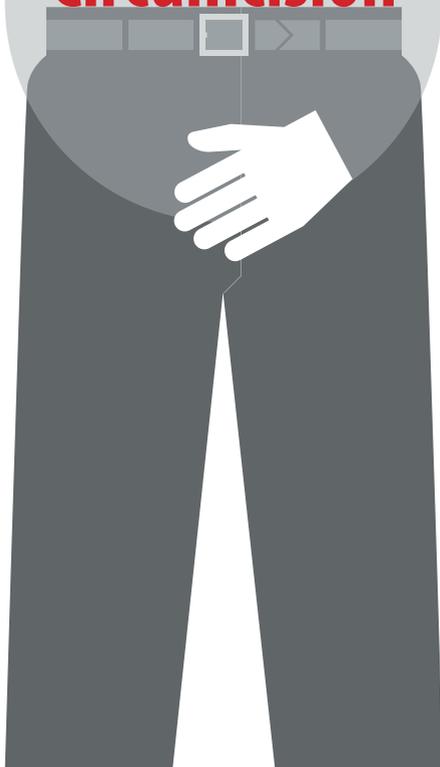


Circumcision HelpDesk™



Pain Relief
for
Circumcision



Pain Relief for Circumcision

General

Circumcision, like any surgery, is intrinsically painful. However, the use of appropriate modern anaesthetics and analgesics ensures that the patient feels no pain during the operation and can easily control the minor discomfort during healing.

There is normally no justification these days for circumcision to be performed without appropriate pain relief. The Victorian notion that babies don't feel pain is medically outdated and no longer acceptable.

The sole exception to the general rule is for circumcision during a traditional, culturally accepted 'coming of age' or 'manhood' ceremony in which it has always been used as a test of courage for the initiate. The initiate should be at least 16 years old and undergoing the initiation of his own free will.

It should be noted, however, that those Jewish mohelim who are not also doctors cannot administer most anaesthetics. They do usually give the baby a drop or two of wine and may also use a sugar-coated pacifier, both of which encourage the production of endorphines which block the feeling of pain. Some may also use a topical anaesthetic cream such as EMLA™ or LXM4. The Bris procedure is also over in a few seconds (compared with 5 minutes or more for surgical forms of infant circumcision) and this is therefore perfectly acceptable.

Anaesthetics

There are four possible types of anaesthetic for use in circumcision:

1. A general anaesthetic, which affects the entire body, brain, heart and lungs.
2. An epidural (spinal) block, affecting the the whole lower part of the body.
3. A local anaesthetic injected at the base of the penis to numb only the penis.
4. A topical anaesthetic (eg EMLA™ Cream or LXM4) coated onto the penis.

Each type of anaesthesia has advantages and disadvantages, although many of the advantages are often only for the surgical team!

1. A general anaesthetic is really 'overkill' for a simple, quick, external procedure such as circumcision, although its use is often regarded as mandatory by many hospitals. It also requires the use of a full operating theatre with resuscitation equipment and a large, costly staff.

Even modern general anaesthetics impose a risk which is up to 10 times that of the surgery itself and so are really hard to justify for a simple, quick external procedure.

Except for urgent serious surgery, it cannot normally be used on patients under 6 months old and so insisting on its use delays infant circumcisions unnecessarily, increasing the overall trauma for the baby.

However, if an infant or young boy needs other surgery for which a general anaesthetic is required then serious consideration should be given to getting him circumcised at the same time to avoid future surgery and further anaesthesia.

Patients need several hours of recovery time (often necessitating an overnight hospital stay) and adults cannot usually drive or work machinery for at least 48 hours. A general anaesthetic upsets the entire system and the patient often feels nauseous for some while afterwards.

It is not possible for the doctor to consult the patient if he finds any problems during the procedure, nor for the patient to see what is being done and advise the doctor if he wants any changes to the original plan – some doctors see this as an advantage!

The only obvious advantage is that an infant or unwilling boy does not have to be restrained during the operation.

2. An epidural is very rarely used and offers no real advantages over the other forms of anaesthetic whilst posing a minor extra risk as it is injected close to the spine, which can be easily damaged if the injection is given too deep or inexpertly.

Because the entire lower body is affected, several hours are required afterwards before the patient can walk freely and thus be able to go home.

3. A local anaesthetic is the ideal for circumcision at any age, as it poses minimal risk and allows the patient to go home immediately with no ill effects.

Marcaine or bupivacaine are the most commonly used local anaesthetics; often with the addition of epinephrine. Epinephrine is often welcome in local surgery because it is a vasoconstrictor which reduces bleeding. It also slows down systemic absorption and thus causes the anaesthetic to stay longer in the tissues for extended pain relief.

Using epinephrine for paediatric circumcisions is, however, contra-indicated because the already small blood vessels are further constricted leading to dangerously reduced blood flow and possible loss of the penis through

necrosis secondary to lack of blood flow. However, in older boys and adults it is safe use an anaesthetic containing epinephrine because the blood supply to the penis is not as fragile.

The anaesthetic is usually injected in the form of a ring block all around the base of the penis, but in infants it is again desirable to limit the injections to just block the two dorsal nerves on either side close to the base of the penis (a DNPB).

Infants and boys over about 6 months and nervous older patients can usefully also be given a oral sedative some time prior to the operation so that they are relaxed and more co-operative.

Using a local anaesthetic allows an older patient to continue to discuss the desired outcome as the surgery proceeds and for the doctor to consult on alternative actions should any problems become apparent during the surgery.

4. Topical creams may be used by mohelim, and to eliminate the small discomfort of the prick of the needle to inject local anaesthetic. They do not, however, provide reliable and deep relief and should therefore normally only be considered as preliminary adjuncts to local anaesthesia. Most require an hour or more to take effect and so prolong the total procedure time.

See also the note in the General section regarding use by Jewish Mohelim.

Post-Operative Pain Relief

The doctor may prescribe a strong painkiller such as one based on codeine. If you wish to 'mix and match' with other painkillers then check with him first as some must not be used together.

It is a good idea to take a dose of painkillers immediately before the operation so as to prevent any pain during the journey home as the local anaesthetic wears off.

If you have not been prescribed anything stronger, or the doctor agrees, you can take both Ibuprofen and Acetaminophen (Paracetamol). If used together, these are best taken alternately halfway between doses of the other product, but both can be taken at the same time as one another. Be careful to follow their instructions precisely. Do not take more than the recommended maximum dose of each, nor too frequently.

It is worth noting that many people do not take a sufficient dose of Acetaminophen each time, the Extra Strength works well every 4 to 6 hours. Over the counter Ibuprofen pills are not very strong; it might be advisable to

take 400 mg every 8 hours rather than waiting for pain to occur before taking them.

Do not take Aspirin (acetylsalicylic acid) based product since these thin the blood and have an anti-clotting action which can increase bleeding from a wound. Products based on Paracetamol or Ibuprofen are to be preferred as they also have an anti-inflammatory action.

Discomfort during healing can also be eased by a few precautions such as:

- Wearing comfortably tight brief-style underwear to keep the penis still and supported. Boxer shorts should be avoided as they do not support the penis nor keep it still.
- Wearing loose jogging bottoms, pyjama bottoms or shorts so that you can move more easily.

General Post-Operative Care

Pain or discomfort after the operation can be reduced by following any instructions on after-care given by your doctor and the additional medically approved advice to be found in the booklets at http://www.circinfo.com/post-op_care/care.php

Alternative Names for Common Painkillers

Painkillers available over the counter have a generic chemical name, but are usually better known by a common name or a Trade Name. In the table below, the column is headed by the chemical name and below that a number of common or Trade names are listed so that you can easily tell which actual painkiller is in any given packet. Note that this list is not exhaustive and other commonly found names would be welcomed by the editor.

| <i>Acetylsalicylic Acid</i> | <i>Acetaminophen</i> | <i>Isobutylphenylpropionic Acid</i> |
|------------------------------------|-----------------------------|--|
| Aspirin | Paracetamol | Ibuprofen |
| Disprin | Calpol | Advil |
| | Tylenol | Motrin |
| | Panadol | Nurofen |
| | Co-Tipol (Includes Codeine) | Nurofen Plus (Includes Codeine) |
| | | Ibugel or Ibuleve |
| | | |
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