Basic Skills Qualification
Circumcision

Evaluation Process
Prior to seeking BSQ certification, a resident should be confident in their skills. The “Basic Skills Qualification” is printed and given to the supervising physician, where after, the resident performs the procedure under direct observation of the supervising physician. The competency assessment is completed by the supervising physician with their signature and given back to the resident. The resident then returns the competency assessment to the Academic Coordinator.

Resident: ____________________________________________

<table>
<thead>
<tr>
<th></th>
<th>Competent</th>
<th>Needs Work</th>
</tr>
</thead>
<tbody>
<tr>
<td>Informed consent: can state contraindications and describe risks, benefits, alternatives and procedure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dorsal penile nerve block</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Selects and draws appropriate anesthetic, typically 1% lidocaine without epinephrine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Injects 0.5 ml at the 2 and 10 o’clock positions at the base of the penis, with slight medial angulation and approximately 0.5 cm beneath the skin surface, or ring block by injecting circumferentially around the base of the penis, completing a 180 degree half circle.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gomco clamp</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Makes dorsal crush and slit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breaks adhesions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inserts bell over the glans</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grasps the edges of the dorsal slit and inserts the arms of the bell through the hole of the plate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pulls the foreskin upward and adjusts the bell and base</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assembles and tightens clamp</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Excises the foreskin</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Removes clamp, inspects, applies gauze</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can state how to manage bleeding and other complications</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Faculty: ____________________________________________

Date: ____________________________________________
Consent:
Indications:
Parental desire

Contraindications:
Hypospadias, episadias, megaurethra
Ambiguous Genitalia
Age less than 12 hours or more than 6 weeks
Severe illness
Prematurity

Relative Contraindications:
Short penile shaft (less than 1 cm)
Family history of bleeding disorder
Age over 1 month

Other considerations:
Financial obligations

Risks – Serious (1:500)
Infections, bleeding, gangrene, scarring, surgical accidents

You will be expected to demonstrate the following:
1. Confirm the following prior to performing the procedure:
   - The infant is at least 12 hours old (preferably 24 hours old)
   - The infant has voided at least once since birth
   - Written parental consent has been obtained
   - The correct infant has been brought to the procedure room
2. Explain procedure to the parent/guardian (risks, benefits, alternatives)
3. Prepare equipment/field; prepare the patient, light the area
4. Identify the anatomy
5. Perform dorsal penile nerve block or ring block under sterile conditions
6. Procedure:
   - Apply two hemostats at the three and nine o'clock positions on the foreskin (fig 1)
   - Use third hemostat and sweep around the glans to break adhesions
   - Clamp the foreskin at the 12 o'clock position so that the hemostat tip is 0.5 cm from the coronal sulcus (fig 2)
   - Retract the foreskin and remove any remaining adhesions
   - Replace the foreskin over the glans
   - Place the bell inside the foreskin and over the glans with the apex of the crush injury/incision visible above the rim of the bell (fig 3)
   - Slip the handle of the bell through the circular opening of the base plate
   - Inspect to insure that equal amounts of foreskin and mucosa are present circumferentially and judge the amount of the shaft skin left below the corona
   - Confirm the crossbar at the top of the bell sits squarely in the yoke of the clamp and tighten (fig 4)
   - Carefully remove any remaining tissue in and around the groove that connects the clamp and bell
   - Leave clamp secured for a total of five minutes then loosen the thumbscrew and gently remove the clamp and bell
   - Inspect the penis for bleeding, especially in the area of the frenulum
   - Place a small nonstick bandage or petroleum gauze around the cut edge of the foreskin
7. Provide parent/guardian with information about post-circumcision care

Resources:
1. Up-To-Date
2. Procedures for Primary Care
4. Basic Skill Qualification tool from Tufts University Family Medicine Residency program