



WHOLE PEDIATRICS GROUP

NEWBORN CIRCUMCISION - INFORMED CONSENT

This form explains the circumcision procedure, including risks, benefits, and alternatives. Please read carefully and ask questions before signing.

Patient Information

Child's Name: _____ Date of Birth: _____

Parent/Guardian Name: _____

Today's Date: _____ Child's Age: _____ days/weeks

What is Circumcision?

Circumcision is the surgical removal of the foreskin (the skin covering the tip of the penis). This is an elective procedure—it's not medically necessary, but many families choose it for medical, cultural, or religious reasons.

Circumcision Methods

I will use one of three methods, depending on your baby's anatomy and what I determine is most appropriate:

☐ Gomco Clamp Method

- Most common technique
- Uses a metal clamp to crush tissue before removal
- Excellent bleeding control
- Healing time: 7-10 days

☐ Mogen Clamp Method

- Faster technique, typically used for smaller infants
- Uses a different clamp design
- Excellent bleeding control
- Healing time: 7-10 days

☐ Plastibell Device Method

- Uses a plastic ring that remains in place
- Ring falls off naturally in 5-7 days
- Good bleeding control through ligature
- Healing time: 5-7 days (until ring falls off)

The final choice of method will be based on your baby's anatomy and my clinical judgment.

Location of Procedure

This circumcision will be performed:

- ☐ In my office
- ☐ At your home (house call)

Location: _____

Medical Benefits (According to the American Academy of Pediatrics)

The AAP states that the health benefits of newborn male circumcision outweigh the risks, but the benefits are not great enough to recommend universal circumcision. Benefits include:

- ✓ Reduced risk of urinary tract infections (UTIs) in the first year of life
- ✓ Decreased risk of sexually transmitted infections in adulthood
- ✓ Lower risk of penile cancer (though this cancer is rare)
- ✓ Prevention of foreskin-related problems (phimosis, paraphimosis, balanitis)
- ✓ Easier genital hygiene

Risks & Potential Complications

Like any surgical procedure, circumcision carries risks. I will discuss these with you, and you should ask any questions you have.

COMMON (Minor) Risks:

- • Minor bleeding (usually controlled with pressure)
- • Mild swelling or bruising
- • Temporary redness
- • Mild discomfort during healing

UNCOMMON Risks:

- • Infection (occurs in <1% when performed in sterile conditions)
- • Excessive bleeding requiring intervention (rare)
- • Need for additional treatment or revision

RARE BUT SERIOUS Risks:

- • Injury to the penis
- • Removal of too much or too little skin
- • Improper healing requiring surgical revision
- • Complications from anesthesia
- • Urinary retention

Overall complication rate when performed by experienced physicians: Less than 0.5% (fewer than 1 in 200)

Serious complications are very rare (fewer than 1 in 500) when proper technique is used.

I have performed over 1,000 circumcisions with excellent outcomes.

Pain Management

I take pain management seriously. Your baby will receive:

- ☐ Dorsal penile nerve block (local anesthetic injection to numb the area)
- ☐ Ring block (local anesthetic around the base of the penis)
- ☐ Topical anesthetic cream (applied before procedure)
- ☐ Oral pain medication (acetaminophen or sugar solution during procedure)
- ☐ Post-procedure comfort measures (swaddling, skin-to-skin contact)

The local anesthetic will significantly reduce pain during the procedure. Your baby may still cry due to being restrained, but the area will be numb.

Alternatives to Circumcision

Your alternatives include:

1. NOT circumcising - This is a valid choice. Uncircumcised boys can be perfectly healthy with proper hygiene.

2. Delaying the procedure - You can choose to wait until your child is older and can make his own decision (though the procedure is more complex and risky in older children/adults).

If you choose not to circumcise, I'll teach you proper foreskin care and hygiene.

What to Expect During the Procedure

- • The procedure typically takes 10-20 minutes depending on the method
- • Your baby will be placed on a padded restraint board
- • The area will be cleaned with antiseptic
- • Local anesthetic will be administered (injection or cream)
- • I'll wait a few minutes for the anesthetic to take effect
- • The circumcision will be performed using the chosen method
- • The area will be dressed with petroleum jelly gauze
- • Your baby will be returned to you immediately after

You may choose to:

- ☐ Be present in the room during the procedure
- ☐ Wait outside and I'll bring your baby to you when finished

Aftercare Instructions

I will provide detailed written aftercare instructions, including:

- • How to keep the area clean
- • When to apply petroleum jelly
- • What normal healing looks like vs. signs of problems
- • When to call me
- • When to go to the emergency room

Generally:

- • Keep the area clean and dry
- • Apply petroleum jelly with each diaper change for 5-7 days
- • Expect some oozing, slight swelling, and yellow coating (this is normal)
- • Give pain medication as directed

When to Call Me Immediately

- • Bleeding that doesn't stop with gentle pressure
- • Signs of infection (increasing redness, swelling, pus, foul odor, fever)
- • Your baby not urinating within 12 hours after the procedure
- • Excessive crying or signs of severe pain
- • The Plastibell ring (if used) not falling off within 10 days

When to Go to the Emergency Room

- • Heavy bleeding that won't stop
- • Signs of severe infection
- • Your baby is lethargic, not feeding, or has a fever over 100.4°F

Follow-Up Care

I will check your baby's healing:

- ☐ At your next scheduled well-child visit
- ☐ Via telehealth/photos in 3-5 days
- ☐ At a scheduled follow-up appointment in _____ days
- ☐ During a house call (if procedure was done at home)

No Guarantees

While I will use excellent technique and have extensive experience (1,000+ procedures), I cannot guarantee:

- • Perfect cosmetic results
- • That no complications will occur
- • That you will be satisfied with the appearance
- • That revision surgery won't be needed

Every baby heals differently, and individual anatomy varies.

Cost & Payment

The cost for this circumcision is:

- ☐ Office-based: \$ _____ (varies by membership tier)
- ☐ Home-based: \$ _____ (varies by membership tier)

This fee includes:

- • The procedure itself
- • Local anesthesia
- • Aftercare instructions

- • One follow-up check/evaluation

Payment is due at time of service unless other arrangements have been made.

This fee is NOT covered by insurance and is your responsibility regardless of your insurance status.

Over 1,000 Circumcisions Performed
Board-Certified Pediatrician
25+ Years of Experience

Your Decision

This is YOUR decision as parents. Circumcision is:

- • NOT medically required
- • An elective procedure
- • A personal choice based on your family's values, culture, and beliefs

I'm here to provide accurate medical information and perform the procedure safely if you choose to proceed. There is no medical "right" or "wrong" answer—only what's right for your family.

Questions & Discussion

I have discussed the following with the parent/guardian (initial each):

- ___ The circumcision procedure and methods available
- ___ Risks and potential complications
- ___ Benefits according to current medical evidence
- ___ Alternatives, including not circumcising
- ___ Pain management plan
- ___ Aftercare requirements and follow-up
- ___ When to call for concerns
- ___ Costs and payment
- ___ That this is elective and not medically necessary

I have had the opportunity to ask questions, and my questions have been answered to my satisfaction.

Parent/Guardian Consent

I acknowledge and confirm:

- ☐ I have read and understand this consent form
- ☐ I have had the opportunity to ask questions
- ☐ My questions have been answered satisfactorily
- ☐ I understand the risks, benefits, and alternatives
- ☐ I understand this is an elective procedure
- ☐ I understand there are no guarantees of outcome
- ☐ I understand the cost and my payment responsibility
- ☐ I consent to circumcision of my son
- ☐ I understand I can change my mind before the procedure begins

Method I prefer (if you have a preference):

☐ Gomco ☐ Mogen ☐ Plastibell ☐ Doctor's choice

Location:

☐ Office ☐ Home

Parent/Guardian Name (print):

Relationship to child:

☐ Mother ☐ Father ☐ Legal Guardian

Signature:

Date:

Second Parent/Guardian (if available)

Name (print):

Relationship to child:

☐ Mother ☐ Father ☐ Legal Guardian

Signature:

Date:

Physician Attestation

I have discussed the circumcision procedure, risks, benefits, alternatives, and aftercare with the above parent(s)/guardian(s). I have answered their questions to the best of my ability. I believe they understand the information provided and are making an informed decision.

Physician Signature:

Date:

Dr. Connell Bost, Whole Pediatrics Group

Emergency Contact Information

After the procedure, if you have concerns, contact:

Dr. Bost: 909-553-5279 (call or text)

For life-threatening emergencies, call 911 immediately.

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