

NEONATAL CIRCUMCISION PRACTICE IN THE COMMUNITY SETTING

Dr. Jorge DeMaria, Associate Professor, McMaster University, Pediatric Urologist

The McMaster Pediatric Surgery Research Collaborative is interested in investigating current non-religious community neonatal circumcision practices. This information will be valuable to understanding the current clinical opinions and decision making processes regarding neonatal circumcision. All survey results will be collected by an independent Research Coordinator and will remain strictly confidential. De-identified, pooled results will be presented to Dr. DeMaria after the study is completed. Your participation would be greatly appreciated, and you will be compensated for your time and efforts. It should take only 5 minutes to complete this survey.

Research Coordinator:

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1. What type of Physician are you?

- | | |
|--|--|
| <input type="checkbox"/> Family Physician | <input type="checkbox"/> General Surgeon |
| <input type="checkbox"/> Pediatrician | <input type="checkbox"/> Urologist |
| <input type="checkbox"/> Other (please specify): _____ | |

2. Where did you learn to perform non-religious neonatal circumcisions?

- | | | |
|---|--|--|
| <input type="checkbox"/> CME course | <input type="checkbox"/> Pediatrician | <input type="checkbox"/> Urologist |
| <input type="checkbox"/> Family Physician | <input type="checkbox"/> General Surgeon | <input type="checkbox"/> Other (please specify): _____ |

3. How many non-religious neonatal circumcisions do you perform in 1 year? _____

4. What method do you prefer to use when performing a routine non-religious neonatal circumcision?

- | |
|--|
| <input type="checkbox"/> Plastibell |
| <input type="checkbox"/> Gomco Clamp |
| <input type="checkbox"/> Other (please specify): _____ |

5. What **early** post-operative complications have you encountered related to non-religious neonatal circumcisions?

(Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Bleeding | <input type="checkbox"/> Dehiscence |
| <input type="checkbox"/> Infection | <input type="checkbox"/> Injury to glans |
| <input type="checkbox"/> Injury to urethra | <input type="checkbox"/> Too much skin removed |
| <input type="checkbox"/> Too little skin removed | <input type="checkbox"/> Other (please specify): _____ |

6. What **late** post-operative complications have you encountered related to non-religious neonatal circumcisions?

(Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Adhesions | <input type="checkbox"/> Meatal Stenosis |
| <input type="checkbox"/> Concealed or trapped penis | <input type="checkbox"/> Secondary Phimosis |
| <input type="checkbox"/> Urinary Retention | <input type="checkbox"/> Too little skin removed |
| <input type="checkbox"/> Too much skin removed | <input type="checkbox"/> Other (please specify): _____ |

7. How comfortable are you dealing with the following neonatal circumcision complications:

	Very Uncomfortable	Slightly uncomfortable	Unsure	Comfortable	Very Comfortable
Bleeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dehiscence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adhesions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meatal Stenosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urinary Retention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trapped/Hidden Penis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Would you perform a circumcision on this child?

- ☐ Yes
☐ No
☐ Sometimes
☐ Unsure



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9. Please rank your interest in the following:
(1=1st choice, 2=2nd choice, 3=3rd choice)

- ☐ Attending a CME course on neonatal circumcision
- ☐ A web site to review neonatal circumcision techniques
- ☐ Receiving a DVD focused on neonatal circumcision techniques

10a. Would you be interested in participating in a clinical research study investigating neonatal circumcision?

- ☐ Yes If yes, please complete Q10b
- ☐ No If no, please go to Q11

10b. Your preferred method of contact is:

- ☐ Phone
- ☐ Fax
- ☐ Email

Phone #: _____ Fax #: _____ Email: _____

11. Would you be willing to see all your non-religious neonatal circumcision patients 6 weeks after the procedure?

- ☐ Yes
- ☐ No

12. Any additional comments are welcome: _____

THANK-YOU!