GENERAL

circumcision gomco procedure note

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Circumcision GOMCO Procedure Note: A Comprehensive Guide

Circumcision is one of the most common surgical procedures performed worldwide, whether for medical, cultural, or religious reasons. In pediatric and adult urology, the **GOMCO (Gomco clamp) device**is a favored tool due to its simplicity, safety profile, and predictable outcomes. Accurate and detailed procedure notes are essential for patient safety, legal compliance, and quality improvement. This article offers a deep dive into the GOMCO circumcision procedure, focusing on how to document each step in a clear, concise, and compliant manner.

Why Accurate Procedure Notes Matter

Procedure notes serve several critical functions:

- Clinical continuity – They provide a reliable record for future clinicians to understand what was done, why, and how.
- Legal documentation – They protect healthcare providers by demonstrating informed consent, adherence to standards, and appropriate postoperative care.
- Quality improvement – Aggregated data from procedure notes can identify trends, complications, and opportunities for training.
- Billing and coding accuracy – Detailed documentation ensures correct CPT and ICD coding, which directly impacts reimbursement.

When the GOMCO technique is performed, the procedure note must capture the unique aspects of the clamp application, the number of stitches, and any intraoperative findings. Below is a step-by-step guide to writing a robust GOMCO circumcision procedure note.

1. Pre Procedure Documentation

Patient Identification

Begin with the patient's full name, date of birth, medical record number, and the procedure date. Include the surgical team: primary surgeon, assistant, anesthesiologist, and nursing staff.

Indication and Clinical History

Document the medical or cultural indication for circumcision. Common indications include **phimosis, balanitis, recurrent infections, or routine cultural/religious practice**. Note any relevant comorbidities (e.g., diabetes, bleeding disorders) and previous genital surgeries.

Consent

Record that informed consent was obtained. For minors, include guardian consent. Note the discussion points: benefits, risks (bleeding, infection, meatal stenosis), alternatives, and postoperative expectations.

Pre operative Assessment

Include vital signs, baseline hemoglobin, coagulation profile, and any preoperative medications. If the patient is on anticoagulants, document the protocol for perioperative management.

2. Equipment and Setup

List all instruments used, emphasizing the GOMCO clamp:

- GOMCO clamp – specify size (e.g., 4 /mm, 5 /mm). Note the brand and lot number if relevant.
- Surgical blade (e.g., #10 scalpel)
- Hemostatic forceps
- Sutures (e.g., 5 0 absorbable monofilament)
- Antiseptic solution (e.g., chlorhexidine)
- Local anesthetic (e.g., 1% lidocaine with epinephrine)
- Sterile drapes and towels
- Specimen container (if tissue is sent for pathology)

Describe the operating environment: sterile field, patient positioning (supine, dorsal lithotomy), and any adjuncts (e.g., penile traction device).

3. Step by Step Surgical Technique

3.1 Anesthesia and Preparation

Describe the anesthetic approach. For pediatric circumcision, local infiltration with lidocaine and epinephrine is common. Note the volume and depth of injection and any sedation used.

3.2 Skin Preparation

Explain the antiseptic protocol: cleansing with chlorhexidine, allowing adequate drying time, and draping. Ensure that the prepuce and glans are exposed fully.

3.3 GOMCO Clamp Placement

Detail the clamp application:

1. Hold the clamp with the flat side against the prepuce and the serrated side against the glans.
2. Apply gentle, uniform pressure to blanch the tissue, indicating adequate compression.
3. Confirm that the clamp is centered over the frenulum.

Document the clamp size and the number of “clamp applications” if the procedure required repositioning.

3.4 Incision

Describe the incision line:

- Use a #10 scalpel to make a transverse cut along the clamp’s groove.
- Incise through the prepuce and the underlying dermis, ensuring a straight, even cut.
- Continue until the frenulum is fully transected.

3.5 Tissue Removal

Explain how the prepuce is removed:

1. With the clamp still in place, use a scalpel or scissors to excise the prepuce in a single piece.
2. Ensure that the cut is clean and that no residual tissue remains.

3.6 Hemostasis

Detail how bleeding is controlled:

- Apply pressure with hemostatic forceps.

- Use bipolar cautery sparingly if necessary.
- Inspect the wound for any residual bleeding.

3.7 Suturing

Describe the closure technique:

1. Place a single interrupted suture at the midline to approximate the glans edges.
2. Use 5 0 absorbable monofilament sutures.
3. Ensure that the suture is snug but not strangulating the tissue.

Note the total number of stitches and any tension adjustments.

3.8 Dressing

Apply a sterile gauze pad and secure with a light dressing. Indicate whether a topical antibiotic ointment was used.

4. Post Procedure Observations

Record immediate postoperative findings:

- Hemostasis achieved?
- Any intraoperative complications (e.g., excessive bleeding, tissue loss, injury to the urethra).
- Estimated blood loss.
- Patient's vital signs and pain level.

Include the final specimen description if the excised tissue was sent for pathology: weight, dimensions, and any macroscopic findings.

5. Postoperative Care Instructions

Summarize the care plan for the patient and caregiver:

- Wound care – Clean with saline, avoid harsh soaps.
- Pain management – Provide acetaminophen or ibuprofen, specify dosing.
- Activity restrictions – Limit strenuous activity for 24–48 /hours.
- Follow up schedule – Schedule a wound check in 7–10 /days.
- Signs of complications – Redness, swelling, fever, discharge, or urinary difficulties.

6. Complications and Management

Common Complications

- Bleeding – managed with pressure or cautery.
- Infection – treat with oral antibiotics if indicated.
- Meatal stenosis – may require dilation.
- Scarring or cosmetic concerns – addressed with topical steroids or surgical revision.

Documenting Complications

When a complication occurs, detail the event, time of onset, interventions performed, and the patient's response. This ensures accurate tracking for future quality improvement.

7. Coding and Billing Considerations

For the GOMCO circumcision, the most common CPT code is 11970 (circumcision, partial or total, infant or child,

with or without anesthesia). For adult circumcision, 11971 is used. Ensure that the documentation supports the selected code, particularly the mention of anesthesia and the use of a clamp device.

8. Sample Procedure Note

Below is an anonymized example of a well structured GOMCO circumcision procedure note:

Patient: John Doe, DOB: 01/15/2015
MRN: 123456
Procedure Date: 08/01/2024
Surgeon: Dr. Jane Smith
Assistant: RN Maria Lee
Anesthesiologist: Dr. Alan Kim

Indication: Cultural circumcision
History: No significant comorbidities. No bleeding disorders.

Consent: Obtained from parent/guardian. Discussed benefits, risks, alternatives, and postoperative care.

Pre op: BP 110/70, HR 80, SpO2 99%. Hemoglobin 13.5 g/dL. INR 1.0.

Equipment: GOMCO clamp 4 mm, #10 scalpel, 5 0 absorbable monofilament, 1% lidocaine with epinephrine, chlorhexidine, sterile drapes.

Anesthesia: 1% lidocaine with epinephrine, 0.5 /mL infiltrated into prepuce.

Technique:
1. Clamp placed over frenulum, pressure applied until blanching.
2. Transverse incision made with #10 scalpel along clamp groove.
3. Prepuce excised in one piece.
4. Hemostasis achieved with bipolar cautery.
5. One interrupted 5 0 suture placed at midline.
6. Sterile dressing applied.

Observations: No bleeding, wound edges clean. Estimated blood loss 5 /mL.

Post op: Pain managed with acetaminophen 325 mg q6h PRN. Follow up scheduled for 09/05/2024. Educated parent on wound care and signs of infection.

Complications: None.

Disposition: Discharged home with instructions.

CPT: 11970

ICD 10: Z46.0 (Circumcision)

9. Frequently Asked Questions (FAQs)

What makes the GOMCO clamp preferable over other techniques?

The GOMCO clamp offers a standardized, reproducible method that reduces operative time, minimizes bleeding, and yields consistent cosmetic results. Its design allows for a single incision and immediate clamping, simplifying the procedure for both experienced and novice surgeons.

How do I document the clamp size accurately?

Include the exact millimeter measurement (e.g., 4 mm) and reference the manufacturer's sizing chart if available. This precision is vital for billing and for tracking outcomes across different clamp sizes.

Can I use the GOMCO procedure for adult patients?

Yes, the GOMCO technique is applicable to adults, though adjustments may be necessary for thicker preputial tissue. The procedure note should reflect any modifications, such as additional sutures or use of a different clamp size.

What is the recommended postoperative follow up interval?

Typically, a wound check within 7–10 days is advised to assess healing, remove sutures if necessary, and identify early complications.

10. Conclusion

Accurate, thorough documentation of the GOMCO circumcision procedure is essential for patient safety, legal protection, and quality improvement. By systematically recording patient identifiers, indications, consent, equipment, step by step surgical details, and postoperative instructions, clinicians can ensure that each case is captured comprehensively. This not only facilitates optimal care but also supports billing accuracy and contributes to broader data collection for research and best practice development. Armed with a clear procedure note template, healthcare providers can confidently perform GOMCO circumcisions while maintaining the highest standards of documentation.

Tags: #circumcision #gomco #procedure #note