

# PAEDIATRIC PLAN A BLOCKS **Dorsal Penile**

**INDICATIONS:** Circumcision, distal hypospadias repair.

**TARGET:** Bilateral Dorsal Nerves of the penis (DNP) lying deep to Buck's fascia (BF)  
DNP often not visible hence aim to surround the dorsal penile artery (DPA) with LA

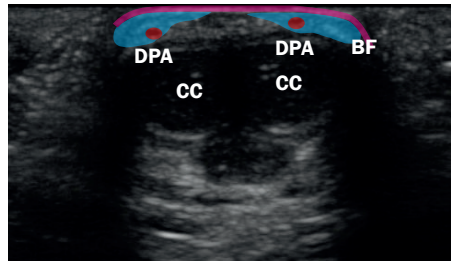
**LOCAL:** 0.5% levobupivacaine up to 5 ml each side  
0.1 – 0.2 ml/kg total

## KIT

- PPE (droplet precautions)
- Gloves
- Linear US probe and cover
- Sterile gel
- 0.5% chlorhexidine
- 50mm 22G NRfit block needle
- Syringe for LA

## PRE-PROCEDURE

- Assistant, monitoring (ECG, SpO2, BP) & IV access
- Usually under general anaesthesia in a paediatric patient
- Operator on right side of patient if right hand dominant
- US machine on contralateral side
- Patient supine
- Aseptic skin prep (allow to dry)



## EXAMPLE TIMINGS

- Intra-operative analgesia usually achieved in 10 min
- Analgesia for 12-24 hours post block

## SCANNING

- Initial scan with US probe transverse at base of penis below pubic symphysis
- Increase gain and tilt toward abdomen to optimise image
- Identify dorsal arteries, BF and Corpus Cavernosum (CC) below pubic symphysis

## CAUTION

- Avoid LA containing vasopressors
- Risk of haematoma
- Risk of IV injection and local anaesthetic systemic toxicity

## STOP BEFORE YOU BLOCK

(Follow Prep, Stop, Block)

- Introduce needle in plane, through Buck's fascia and superficial to CC
- Low pressure injection (<15cm H2O) of LA after negative aspiration
- Ensure bilateral spread, advance needle if not, taking care to avoid dorsal penile vein (midline)
- Perform superficial infiltration of ~2ml LA (ring block) on the ventral aspect of the base of the penis



## REFERENCES

Aldridge et al (2023) RA-UK Plan A Paeds Blocks Poster – Upper Limb & Trunk and Lower Limb  
Haslam et al (2021) Prep, stop, block: refreshing 'stop before you block' with new national guidance.  
<https://www.ra-uk.org/index.php/prep-stop-block>

## Authors

Nick Record, Su Ying Ong, Karen Pearson, Annabel Pearson, James Bowness, Alasdair Taylor.

## Contact

✉ [suying.ong2@nhslothian.scot.nhs.uk](mailto:suying.ong2@nhslothian.scot.nhs.uk) [suying87](https://www.linkedin.com/company/suying87) & [bowness\\_james](https://www.linkedin.com/company/bowness_james)



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