

Nursing Guidelines in Cases of Childhood Fimosis - Descriptive Study

Orientações de Enfermagem em casos de fimose na infância- Estudo descritivo

Orientaciones de Enfermería en Casos de Fimosis Infantil - Estudio Descriptivo

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REVISA

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RESUMO

Objetivo: analisar as orientações que os pais/mães ou responsáveis pela criança recebem sobre o cuidado na fimose infantil por parte dos enfermeiros. **Método:** abordagem qualitativa e método descritivo, seguindo os pressupostos de Minayo, no qual as participantes foram entrevistadas por meio da plataforma digital do Google Forms. **Resultados:** Foram 10 entrevistadas que atenderam aos seguintes critérios de exclusão: ter filhos entre 1 ano à 2 anos de idade, onde responderam todas as categorias propostas referente a fimose. **Conclusão:** os pais/responsáveis precisam de mais orientações a respeito da fimose na infância e as complicações que podem causar se não diagnosticadas ainda na infância. Com isso podemos deixar uma alerta para os profissionais da saúde em especial aqueles que realizam atendimentos nas unidades básicas de saúde, durante as consultas de crescimento e desenvolvimento oriente os pais/responsáveis com clareza sobre essa patologia e suas possíveis complicações.

Descritores: Enfermagem; Fimose; Diagnóstico.

ABSTRACT

Objective: to analyze the guidelines that the fathers/mothers or guardians for the child receive on the care of childhood phimosis. **Method:** qualitative approach and descriptive method, following Minayo's assumptions, no qualifications as participants were interviewed through the digital platform of Google Forms. **Results:** There were 10 interviewees who met the exclusion criteria: having children between 1 year and 2 years old, where they answered all the proposed categories referring to phimosis. **Conclusion:** parents/guardians need more guidance about childhood phimosis and the complications that it can cause if not diagnosed in childhood. With this, we can leave an alert for health professionals, especially those who provide care in basic health units, during the growth and development consultations, guide parents/guardians with clarity about this pathology and its possible complications.

Descriptors: Nursing; Phimosis; Diagnosis.

RESUMEN

Objetivo: analizar las orientaciones que reciben los padres os tutores del niño sobre los cuidados en la fimosis infantil. **Método:** enfoque cualitativo y método descriptivo, siguiendo los supuestos de Minayo, en el cual los participantes fueron entrevistados a través de la plataforma digital de Google Forms. **Resultados:** Fueron 10 entrevistados que cumplieron con los siguientes criterios de exclusión: tener hijos entre 1 año y 2 años, donde respondieron todas las categorías propuestas en cuanto a fimosis. **Conclusión:** los padres / tutores necesitan más orientación sobre la fimosis infantil y las complicaciones que puede causar si no se diagnostica en la infancia. Con esto, podemos dejar una alerta para los profesionales de la salud, especialmente aquellos que brindan atención en las unidades básicas de salud, durante las consultas de crecimiento y desarrollo, orientar a los padres / tutores con claridad sobre esta patología y sus posibles complicaciones.

Descriptores: Enfermería; Fimosis; Diagnóstico.

ORIGINAL

Introduction

Phiosis has as clinical characteristic the excess of foreskin, which prevents partial or total retraction, with this prevents exposure of the glans. Since all male children are submitted to this physiological condition considered benign at birth, over time the foreskin must be retracted so that balanopostitis does not occur.¹

Balanopostitis is inflammation of the glans and foreskin together, recurrent urinary tract infection being common in cases of phihomey complications. When fimosis is to an advanced degree it can cause obstruction of the urine forming a ballooning, that is when the urine gets stuck in the foreskin leaving the urination slow.²

Newborns are already born with phiosis, according to the growth of the child it is expected that by the age of three already has a complete exposure of the glans, i.e. a total retraction of the foreskin. But most children have a slower retraction, and may reach adolescence or even adulthood. Being the most common complication of fimosis, it may also be caused by skin infection.³

The diagnosis of fimosis is performed by physical examination, through clinical evaluation. For this purpose, fimosis was classified into five degrees or types of fimosis as: type I: without retraction of the foreskin; type II: exposure partial retraction of the apex of the external urethra; type III: partial retraction of the glans to the media part; type IV: partial retraction with visible blood pressure only; type V: no retraction. This examination leads the health professional to a more accurate diagnosis.^{1,4}

Treatment for this condition is based on corticosteroid-based ointments that contain anti-inflammatory, analgesic and even antibiotic properties. It is oriented to perform retraction massages of the prepuciais, these movements for retraction of the skin of the foreskin should not be forced to the point of feeling pain. Depending on the nurse's assessment it may be recommended the postectomy treatment also known as circumcision, which consists of a simple and effective surgery for the treatment of fimosis.⁵

According to the Ministry of Health, postectomy or posteoplasty is a surgery that consists of the removal of part of the foreskin that is making it impossible to pass the glans, is an old procedure, and considered simple is one of the procedures most performed by surgeons, most of the surgeries performed do not present a risk of complications. Rememberthat this procedure is only performed for advanced endosis, which is indicated by the health professional.³

In view of the above, this study used the following research question: During cd consultations, what guidance has parents and/or guardians of the child received regarding the care to be taken regarding fimosis?

The circumcision currently known as postectomy is defined by removing excess preputial skin is one of the oldest surgeries in the world. This surgery presents accounts of more than 5,000 years that was performed by religious movements, which can be read in the Old Testament of Genesis chapter 17. At that time the religious had circumcision as an act of obedience and fear to their God, who ordered circumcision in all men including boys with 8 days of birth.⁶

Postectomy is currently recommended only in cases of advanced fimosis, when it has not been successful by clinical treatment. Also recommended for:

Repeat balanitis, balanopostitis, paraphimosis, acute urinary infections in childhood.⁷

Phimosis is defined by a total or partial difficulty of penile glans exposure. May occur in both childhood and adulthood, depending on the fibrotic alteration of the foreskin.⁸

The foreskin appears between the 16th and 20th weeks of gestation. The skin grows distally, covering the back part to the urethra. The primary purpose of the foreskin is to provide protection to the penile glans against small accidents and preserves the sensitivity of the glans, maintaining its adequate humidity.⁵

The difficulty of preputial retraction is a condition that affects boys from the first year of life and can evolve into adolescence. The foreskin covers the glans completely making it impossible to open it. Over time it is normal for the foreskin to be flaking, facilitating the exposure of the glans and little by little this preputial adhesion will fall apart. Manipulation of the foreskin should not be forced beyond the child's pain limit, as it can lead to bleeding and cause the formation of the fibrotic ring which can lead to complications of phimosis.⁹

The etiology of phimosis can be classified during the physical examination to be performed in the child. It can be considered primary, congenital or physiological that affects every newborn child, and that up to four years of age can already expose the penile glans completely. Already the phimosis that is due to trauma strain by attempts to expose the glans of the child dermatitis, injuries and infections (balanitis) we call secondary or pathological phimosis.¹⁰

The phimosis in most cases can be reversed with clinical treatment, performing the use of corticosteroid-based ointments between 6 to 8 weeks, I try to succeed in up to 80% of cases. Remembering that if the penis has balanopostitis, the use of ointments with corticosteroids should be avoided.¹⁰

Surgical treatment is recommended in the latter case, only when phimosis is already advanced and that it was not possible to reverse with the use of ointments with corticosteroids or in cases of complications of paraphimosis, reparable balanitis, balanopostitis and acute urine infections.¹¹

Paraphimosis is considered one of the complications of phimosis, occurs by forcing the foreskin to expose the glans, thus a strangulation of the penile glans, causing edema and pain in the penis. Paraphimosis in many cases occurs at the time of hygiene, where the retraction of the foreskin occurs so that the glans can be sanitized, in addition to these situations can also occur in cases of infections.¹²

As soon as paraphimosis is diagnosed, it becomes an emergency. The main action for the correction of paraphimosis is performed constitutes the replacement of the foreskin in place, i.e., covering the penile glans, for this procedure it is necessary to use anesthesia at the site because the degree of pain is high.^{9,13}

To perform this noninvasive procedure, the foreskin must be pulled until the glans is a manual maneuver where the nurse places his thumbs on the glans and the other fingers behind the foreskin. It is necessary for the nurse to apply a gentle and at the same time firm pressure on the glans, so lightly it is covered by the foreskin.⁹

Balanitis can be accentuated as an inflammation of the penile glans. Balanopostitis is defined when the foreskin and glans are infected. It is a common cause that occurs in children, adolescents and adults.^{6,11}

In children it is more common for balanitis to occur when phimosis is present, because by having a small opening the urine is trapped in the foreskin

forming a balloon during urination. Also becomes common due to allergic reactions and inadequate hygiene.⁶

Therefore, in cases of balanitis and balanopostitis, an evaluation of the health professional is necessary, in order to be determined the treatment, which may be clinical or surgical. Postectomy is generally indicated for cases of recurrent and difficult-to-treat balanopostitis.⁶

One of the objectives of nursing when providing care to postectomy patients is to systematize care, with surveys of diagnoses in order to plan interventions and evaluate the quality of care provided. For nursing diagnoses, according to the patient's history, the theory of basic human needs of nursing Wanda de Aguiar Horta was used.¹²

Nursing care is essential for the patient to feel comfortable performing the necessary procedures. It is important to clarify what a phimosis is, as it is still a little-known pathology. Parents should be explained in detail each clinical finding. Generally, parents may be anxious and need to be calm to understand the procedures.¹³

Guidelines for clinical care: Wash the gently with neutral soap; change the diaper constantly to avoid diaper rash; when it is possible to pull the skin, wash and dry the region thoroughly and return the foreskin to the normal position, covering the top of the glans; Use of ointments based on corticosteroids 3x times a day.

Nursing evaluation, pre-surgery guidelines: Assessed pain status; assessed nutritional status; Verification of the surgical site without edema; instructed to evacuate and empty bladder; Preoperative bath; Administration of anesthetic medication, minimum 1 hour before surgery; evaluate and write down vital signs.

This study is important because it can contribute to the learning of the professional nurse who works directly with patients in the childhood Growth and Development (CD) consultation. Childhood is one of the phases of life where the greatest physical and psychological changes occur, with this it is important that the professional has knowledge to intervene on the factors capable of compromising them.

The aim of this study was to analyze the guidance that parents and/or guardians of the child receive on child care.

Method

This study used the qualitative approach and descriptive method following Minayo's assumptions.¹⁴

Data collection was performed after the authorization of the Ethics and Research Committee, in the Digital Forms digital platform, the interrogative and semi-structured questionnaires were applied with open questions in clear and comprehensive formulation for the interpretation of the participant in order to obtain answers.

The research was conducted in accordance with resolution No. 510 of April 7, 2016, which deals with regulatory guidelines and standards that must be complied with in research projects, the resolution makes it clear that the research implies respect and protection for the dignity of participants.¹⁵

Among the requirements of the resolution is the obligation that the participants, or their representatives, be informed about the procedures adopted throughout the research and about the possible risks and benefits, considering the understanding of the participant, based on their individual, social, economic and cultural characteristics, and due to the methodological approaches applied. All these elements determine whether the clarification can be written, by image or orally, registered or without registration.¹⁵

For this research, the confidentiality, anonymity, confidentiality and reliability of all data obtained from the participants were maintained.

For this study, the participants were invited through one of the individual invitation sums that was delivered through the verbal approach to patients of a Basic Health Unit of the Federal District.

The study included 10 participants, who after accepting the invitation, read and marked the acceptance in the Free and Informed Consent Form (TCLE), began to voluntarily participate in the research.

The research was conducted after approval issued in the opinion embodied of the Ethics and Research Committee of FEPECS-SES/DF in 4,990,997.

The participants of this study met the following inclusion criteria: being a parent, mother, or guardian of the child; be over 18 (eighteen) years old; having a male child; having a child must be between 0 and 2 years of age; be a patient of the UBS chosen for the study and enjoying good mental health.

The following exclusion criteria were used: persons who did not have children under the age of 2 years; people who do not voluntarily agree to participate; persons who have private freedom by court order; people who report not being in a good state of mental health; patients who are not registered in the UBS.

Participants were not excluded from the survey for socioeconomic factors, race, beliefs, sexual choice and cultural aspects, as well as not receiving any benefits or payments be it cash or material goods.

Participants were interviewed through the Google Forms digital platform, where it already automatically provides all the results and information collected. Google forms is easy to access and has sharing capability, and can be used on computers or mobile phones.

To analyze the collected information, we used the technique of thematic analysis, proposed by Minayo (2008), which are formed by three stages: 1) the pre-analysis, where it is necessary to perform an exhaustive reading of the interviews that involves incessant contact with the collected material, organization of material according to the chosen theme and that has a connection of the theme; 2) the categorization where it is necessary to classify the material to reach the core of the subject, that is, reduce the text in sentences, events, focusing on the subject that the researched seek, performing the combination of the collected data; and 3) the treatment of the obtained results and interpretation, where the researcher must validate the information obtained after reading all the important themes, the researcher concludes and interprets according to the objective of the chosen theme, making a connection with the proposed theory.

Results and Discussion

The results for this are presented primarily in table form with a brief profile of the participants, where their registration names were exchanged for biblical names, in order to preserve the anonymity of each participant, as described in the following table.

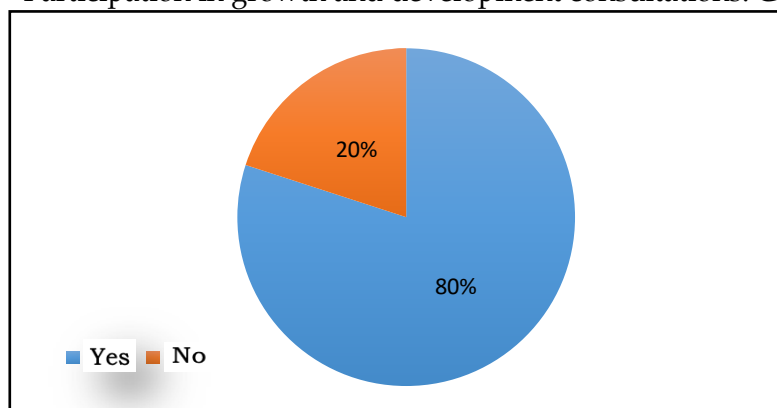
Table 1 - Fictitious names of participants. Goiás, 2021.

Identification	Education	Child's Age
Maria	Complete high school	1 year and 10 months
Rebeca	Complete high school	2 years and 2 months
Sarah	Incomplete basic school	2 years and 3 months
Débora	Complete basic school	2 years and 1 month
Raquel	Complete basic school	1 year and 4 months
Yarin	Incomplete high school	1 year and 9 months
Hadassa	Incomplete basic school	1 year and 4 months
Raabe	Complete undergraduate course	1 year and 6 months
Noemi	Complete high school	2 years and 2 months
Jezabel	Incomplete basic school	2 years and 2 months

Growth and Development Consultations (CD)

In this category, the participants of this study were free to report their opinions. Most said they usually take their children to CD consultations and a minority stated that due to the COVID-19 pandemic they did not go to CD consultations.

Figure 1 - Participation in growth and development consultations. Goiás, 2021.



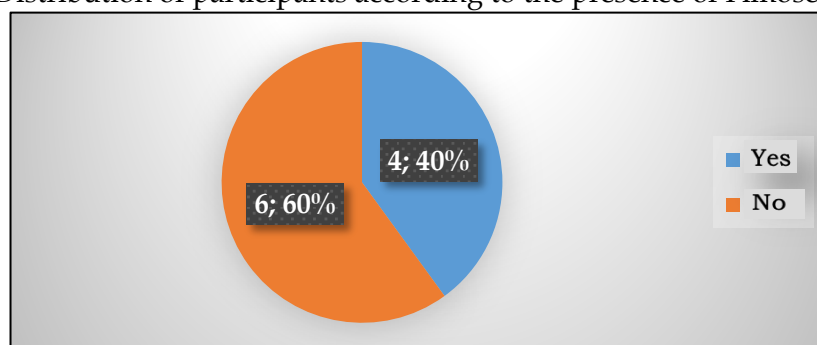
In the first years of life, visits to basic health units will be frequent, as it is essential to regularly evaluate the health, growth and development of your child. Consultations are important to guide parents and anticipate the care and incentives necessary for the child to achieve its full growth and development.¹⁶

Monitoring the growth and development of the child is the main strategy for integrated child health care. It is performed by the nurse in nursing consultations. The nurse uses the child's booklet to write down, the development, weight gain and height, makes surveys of the child's health status, in addition to the needs and concerns of the parents. It shares with the child and the family the information and knowledge of nursing, the situation of the child related to food, immunization, sleep and rest, leisure, family relationship. With this information, nurses will be able to plan a care that is favorable to the growth and development of the child.¹⁶

Knowledge about Fimose

In this category, participants were asked to report on their knowledge about fimosis, most of them who did not know what it is, and that they were also unaware of the causes.

Figure 2 - Distribution of participants according to the presence of Fimose. Goias, 2021

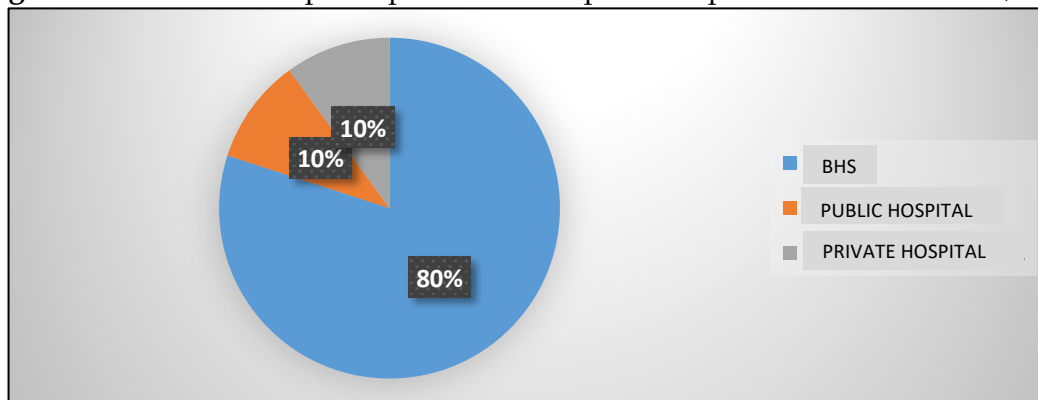


Phiosis has as clinical characteristic the excess foreskin, which prevents the exposure of the penile glans. Since all male children are submitted to this physiological condition considered benign at birth, after the second year of the boy's life the foreskin should be retractable. Fimosis can be diagnosed from the second year of life.¹⁹ The etiology of fimosis can be classified during the physical examination to be performed in the child. It can be considered primary, congenital or physiological that affects every newborn child, and that up to four years of age can already expose the penile glans completely. Already the phiosis that is due to trauma strain by attempts to expose the glans of the child dermatitis, injuries and infections we call secondary or pathological phiosis.⁷

First CD Consultation

In this category, the participants were asked to tell where the first consultation of their children was held. It was observed that 80% of the consultations were in the basic health unit, 10% public hospital and 10% in a private hospital.

Figure 3–Distribution of participants between public or private network. Goiás, 2021

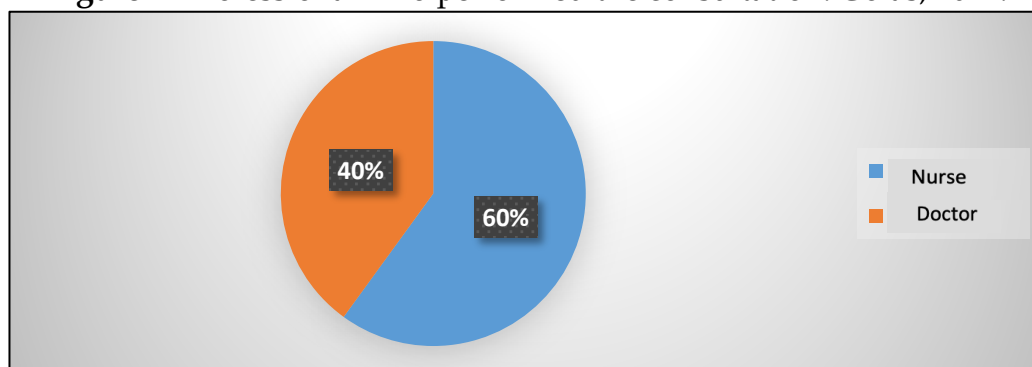


Consultations are important in childhood because it is one of the phases of life where the greatest physical and psychological changes occur. These changes characterize the growth and development (CD) of the child, and need to be closely monitored. The follow-up of CD in childhood should be ugly on a regular basis, for greater control in the early detection of diseases. The consultations aim to provide the child with opportunities for proper development throughout childhood.^{17,18}

Professional who performed the first CD consultation

In this category, participants were asked to tell which health professional had their child's first CD consultation. Most participants answered that the first CD consultation was with a nurse.

Figure 4- Professional who performed the consultation. Goiás, 2021.



The professional responsible for performing the physical examination, diagnoses and nursing prescriptions is the nurse. The nursing consultation has the practice of performing the physical examination to the newborn performing the evaluation of deviations and abnormalities, assigning nursing diagnoses, nursing prescriptions and adequate and specific care of the NB. Nurses should understand the most relevant aspects of development and be prepared to intervene, if necessary, to clearly identify complications and, if necessary, refer them for special treatment, as the lack of identification or late detection of development disorders leads to the delayed onset of rehabilitation.¹⁸

About the guidelines received

In this category, the participants were asked to say what orientations they had regarding fimosis. 50% of them reported that they had some type of orientation and the other half did not receive any type of guidance.

No - (REBECA)
No - (SARAH)
No (RAQUEL)
No (NOEMI)
Never (JEZABEL)

Parents or guardians should be instructed that fimosis does not become a complication in the child's future. During the consultations of growth and development of the child, health professionals should explain to parents or guardians the procedure of intimate hygiene of their child, perform cleaning with cotton damper in warm water, in the anteroposterior sense, observing the scrotum and perineum region. Retract the foreskin delicately and without forcing, returning it to the initial position after cleaning; observe the integrity of the skin and use ointments or creams, when indicated and prescribed by the healthcare professional.¹⁹

About the complications of fimosis

In this category, participants were asked to report on the knowledge about the complications that fimosis can cause. Most participants reported not knowing the complications of fimosis, as follows:

No - (MARIA)
No - (REBECA)
No (SARAH)
No (RAQUEL)
No (NOEMI)
Don't know - (RAABE)
No (JEZABEL)

Complications of phiosis are considered: paraphigosis that occurs by forging the foreskin to expose the glans¹¹; balanitis which is inflammation of the penile glans; balanopostitis that is defined when the foreskin and glans are infected and acute urinary infections. It is necessary an evaluation of the health professional to diagnose and define the best treatment for the patient, with planning and nursing interventions.^{5,12}

Child hygiene care

In this category, participants were asked to express their feelings when they are doing the hygiene of their children, it was clear that they all feel very good and safe in relation to these cares, as follows:

I feel protective - (MARIA)
I feel calm - (REBECA)
A good mother- (SARAH)
Satisfied - (DEBORA)
A super mom (RAQUEL)
Well (YARIN)
Duty fulfilled (HADASSA)
Normal (NOEMI)
Well (RAABE)
Very well (JEZABEL)

Parents are instructed regarding the care of the hygiene of their children, still newborns (NB) such as: performing the bath gently if they care for the NB, sanitizing the face, including the eyes and ears, following to the scalp and thus drying the head gently with the towel. Then immerse the body of the NB in the water and proceed with the bath, sanitize the neck, the upper limbs, the anterior thorax, the abdomen, including the umbilical stump if any, the lower limbs being able to use the neutral soap the whole process of the bath should be carried out with gentle manual movements.²⁰

The hygiene of the child must start from the guardians, thus making a daily habit, being performed at least once a day in children who no longer use diapers in the case of babies should be limos every time they change the diaper.²⁰

Final Considerations

This study met the objectives proposed for the research, evidencing that parents/guardians need more guidance regarding fimosis in childhood and the complications it can cause if not diagnosed even in childhood. It is important to leave this alert to health professionals and especially those who provide care in basic health units, during prenatal and CD consultations, with guidance to parents/guardians, on fimosis, because this study showed evidence that many of them with children aged 1 (one) to 2 (two) years, they still do not know what fimosis is and its risks to the child's health.

Male parents/children should be well oriented about this disease, should be guided even in the first year of life of the child, so that the reversal of the fimosis picture is performed only with topical treatments, which most of the time already resolves.

Another fact elucidated in this study, that due to the COVID-19 pandemic, some families interrupted routine consultations, some because they did not want to be exposed to the virus (COVID-19) and also because health services reduced care to the detriment of safety standards. With this aggravating factor, the study showed the importance of CD consultations, and alerted those responsible to return with routine consultations.

This study leaves this contribution to health professionals in the prevention of fimosis in childhood, evidencing the main complications of fimosis, describing the nursing care developed in the prevention and treatment of fimosis, noting that there is still much to be researched in relation to care and care to be developed in the prevention and treatment of fimosis.

It is concluded that it is of paramount importance that the health professional understands the risk factors for a quick and safe diagnosis, with this may pass the appropriate guidance to those responsible, performing the necessary intervention for the child and obtaining the greatest success in the diagnosis.

This study reveals that a few studies on fimosis in childhood and its possible complications in its different approaches are fundamental to stimulate new studies.

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