Circumcision: A guide for parents

Circumcision is a simple procedure that removes the foreskin – a sleeve of skin covering the tip of the penis. Parents have the legal right to authorize circumcision. In order to make an informed decision, they must carefully consider the benefits and risks. Since the foreskin traps bacteria and other infectious agents, as well as accumulating malodorous smegma, its removal improves genital hygiene and reduces risk of diseases and other conditions over the lifetime of the boy and his future sexual partners.

History
Circumcision has been performed for thousands of years as part of the culture of indigenous people who live in hot environments such as in Australia, the Pacific Islands, equatorial countries, the Middle East, Africa and the Americas. Worldwide, approx 38% of males are circumcised, with large variations between countries and ethnic groups. Higher socio-economic-educational ranking is associated with higher rates of circumcision. In two western countries where circumcision is common, rates today for men are 91% (US-born whites) and 66% (Australian-born). For newborns, rates in the US stayed high but in Australia decreased in the 1970s-80s, then rose again in line with medical research findings that attested to the benefits.

Benefits of circumcision
- Eliminates the risk of phimosis, which affects 1 in 10 older boys and men. This condition refers to a tight foreskin that cannot be pulled back fully, so making cleaning under it, and passing urine, difficult and painful. Phimosis also greatly increases the risk of penile cancer and is a cause of foreskin and catheter problems in nursing homes.
- Reduces by 3-fold the risk of inflammation and infection of the skin of the penis. One in 10 uncircumcised men suffer from inflammation of the head of the penis and foreskin at some time in their lives. This rises to 1 in 3 if the uncircumcised man is diabetic. (Diabetic men also have other severe problems when uncircumcised.) In contrast less than 2% of circumcised men experience such inflammation.
- Over 10-fold decrease in risk of urinary tract infection. Whereas risk is only 1 in 500 for a circumcised boy, 1 in 50 uncircumcised males will get a urinary tract infection in infancy and 1 in 3 over their lifetime. This very painful condition is particularly dangerous in infancy. 40% develop kidney inflammation and disease; sepsis and meningitis can also result.
- Over 20-fold decrease in risk of invasive penile cancer, which has a high fatality rate. One in 1,000 uncircumcised men get penile cancer, which often requires penile amputation or disfiguring surgery leading to impaired penile function.
- Significant studies suggest that uncircumcised men have a 15-50% increase in risk of prostate cancer, which affects 1 in 6 men.
- Reduces by approximately 3-fold the risk of getting HIV (AIDS), during sex with an infected woman. HIV enters via the vulnerable inner lining of the foreskin of a healthy penis, but can also infect via sores anywhere on the penis (caused for example by genital herpes, balanitis or inflammation). In developed countries, such as the UK and Europe, cases of HIV acquired heterosexually are rising. Although still low, his risk, especially if uncircumcised, will be much greater if he engages in unsafe sex with people in countries in which HIV abounds. Condoms reduce risk 80% and should also be used irrespective of circumcision status.
- Circumcision halves the risk of thrush as well as sexually transmitted infections such as high-risk papilloma (wart) virus, syphilis, trichomonas, chancroid, mycoplasma and reduces genital herpes risk by one-third.
- Circumcision may reduce by up to 5 times the risk of the man’s female partner being infected by chlamydia or getting cervical cancer (which is caused by high-risk human papillomavirus). Chlamydia can cause infertility (in both sexes), pelvic inflammatory disease, and ectopic pregnancy.
- If not circumcised soon after birth, up to 10% of males will later require circumcision anyway for medical reasons.
- Credible research shows that most women prefer the appearance of the circumcised penis. They also prefer it for sexual activity. Hygiene is one reason; increased contact of the penis with the vaginal wall, and thus greater stimulation, are others.
- Sexual function, sensation and satisfaction are the same or better in circumcised men.

Risks of circumcision
- For 1 in 500 circumcisions there may be either a little bleeding – easily stopped by pressure or, less commonly, requiring stitches (1 in 1000), the need to repeat surgery (1 in 1000), or a generalized infection that will require antibiotics (1 in 4000). Although there can be a local infection, often what seems like a local infection is actually part of the normal healing process. Risk is considerably reduced when circumcision is performed in early infancy (1 week to 3 months old).
- Serious complications (requiring hospitalization) are rare – approximately 1 in 5000.
- Mutilation or loss of the penis, and death, are virtually unheard of with circumcisions performed by a competent medical practitioner. Ensure your doctor is experienced.
- If a bleeding disorder such as haemophilia runs in the family, then the doctor needs to be advised as circumcision may require special preoperative treatment.
Anaesthetic is imperative, preferably a local, since a general anaesthetic carries risks, and is unnecessary. For age 0-4 months a local, not a general, and for older children or teenagers a mild sedative might be considered in addition to the local. Young children who wriggle can be gently restrained. For pain after the anaesthetic wears off, an oral analgesic medication is often prescribed.

Delay often means stitches being used for circumcision of older children, teenagers and men.

So if circumcision is delayed past 4 months, total cost will become increasingly greater.

Further Information

may be obtained from the following web sites:
(Circumcision Academy of Australia)
http://www.circumcisionamerica.org
(Circumcision Academy of America)
http://www.circinfo.net (Dr Morris, Sydney)
http://www.circilist.com
http://www.eurocirc.org (EURO CIRC, Germany)

Authors

The following international medical experts (listed alphabetically) helped in the formulation of this Guide:
Bertran Auvert, MD PhD (France)
Robert Bailey, PhD (University of Illinois)
Stefan Bailis, PsyD LP (Minnesota, USA)
Xavier Castellsague, MD MPH PhD (Barcelona, Spain)
Mike Cormier (New Brunswick, Canada)
Guy Cox, DPhil (University of Sydney, Australia)
Daniel Halperin, PhD (University of North Carolina, USA)
Sam Kunin, MD (Los Angeles, USA)
Howard Stang, MD (Minnesota, USA)
Jake Waskett (Manchester, UK)
Robin Willcourt, MD (Queen Elizabeth Hospital, Australia)
Tom Wiswell, MD (Orlando, Florida, USA)
John Ziegler, AM MD FRACP, (Professor of Paediatrics, UNSW, Sydney, Australia)

Edgar Schoen, MD (Oakland, USA), former Chair of the American Academy of Pediatrics Task Force on Circumcision, kindly served as a consultant.

Lead author: Brian Morris, DSc PhD FAHA
Professor Emeritus, School of Medical Sciences, University of Sydney, Australia.

In conclusion

Circumcision confers a lifetime of medical benefits. Over their lifetime, 1 in 2 uncircumcised boys will develop a medical condition caused by their foreskin. These will mean various degrees of suffering and will necessitate medical attention. Genital cancers and HIV can result in death.

In contrast, risk of an easily treatable condition during a circumcision is very low (1 in 500), and of a true complication is 1 in 5000. A successful circumcision is extremely unlikely to have any long-term adverse consequences and cosmetic outcome is generally excellent.

Benefits exceed minor risks by over a hundred to one!

Published in Australia by Circumcision Academy of Australia Inc PO Box 1776, Bondi Junction, NSW 2022


Copyright clearance is hereby given for this Guide to be reproduced unchanged and in its entirety for free distribution.