



Circumcision Decision

CIRCUMCISION OVERVIEW

Circumcision in the male is the removal of the foreskin of the penis. The practice of circumcision dates to ancient times. Currently, the United States is the only country in the developed world where the majority of male infants are circumcised for non-religious reasons. Circumcision rates in the United States vary according to geographic area, socioeconomic status, religious affiliation, insurance coverage, hospital type, and racial and ethnic group. In the United States, it is estimated that between 80 and 85 percent of males are circumcised. Up to 20 percent of men who are not circumcised during the newborn periods will be circumcised sometime later in life.

MAKING A DECISION ABOUT CIRCUMCISION

Making the decision to circumcise an infant can be difficult for some parents. A father may be concerned that his son's penis appear similar to himself or to other men. Parents may be concerned about the risks versus the benefits of the procedure. Other parents have no difficulty making a decision because of cultural or religious rules that require circumcision.

A decision is best made before the baby is born, although a parent should feel comfortable discussing their questions or concerns with their healthcare provider after the child's birth. The procedure can be performed at the hospital before the mother and baby are discharged, or can be performed as an outpatient procedure with local anesthesia as late as 12 months after birth. After 12 months, the procedure usually requires general anesthesia.

It is our belief that risks of the procedure are minimized if performed within the **first 10 days of life**. Circumcisions are generally not performed in our office in infants older than 28 days. For this reason, it is optimal to make the decision to circumcise before your son is born. We will be happy to answer any questions you have.

BENEFITS OF CIRCUMCISION

There are several benefits to newborn circumcision. However, lifestyle choices (eg, number of sexual partners or smoking) are probably much more important risk factors for sexually transmitted disease, penile problems, and cancer than not being circumcised.

Reduction in urinary tract infection — Urinary tract infections (UTIs) are uncommon in males; the greatest risk is in male infants less than one year old. All studies have shown that uncircumcised boys have an increased risk of UTI. Although uncircumcised males appear to be at a higher risk, UTI is uncommon in both circumcised and uncircumcised male infants.

Cancer — Cancer of the penis is rare, but uncircumcised men appear to be at an increased risk for developing the disease. Good hygiene may reduce or negate this risk. In addition, several other variables are associated with an increased risk of penile cancer, including: smoking; genital warts; penile rash or tear; and multiple sexual partners.

Cervical cancer is more common in women whose male sexual partners are not circumcised.

Penile problems — Uncircumcised males may be at increased risk for swelling of the opening at the tip of the penis or of the glans itself, although these problems can rarely occur in circumcised men. Uncircumcised boys who retract the foreskin while bathing are less likely to experience problems with swelling.

Infection — Studies suggest that circumcision helps decrease the risk of acquiring some sexually transmitted diseases (STDs), such as trichomonas, human papillomavirus, and HIV. It is important to note, however, that many circumcised men acquire these diseases. Circumcision may lower the risk of acquiring a STD, but it does not eliminate it.

Hygiene — In the uncircumcised male, the space between the foreskin and the glans must be cleaned regularly. Proponents of circumcision argue that it is difficult for uncircumcised boys and men to maintain proper hygiene, although this theory has not been well studied.

ADVERSE EFFECTS OF CIRCUMCISION

Procedural risks — The rate of complications related to circumcision is about 2 to 5 per 1000 cases. Most problems are minor. The most common complications of male circumcision are bleeding and local infection. Infection is usually mild and resolves with local treatment. In very rare cases, more serious complications occur, such as accidental amputation of the glans or life threatening infection. If insufficient foreskin is removed, the penis may appear to be uncircumcised. This can be treated by reoperation.

Other considerations — The prepuce contains specialized sensory tissue that is removed during circumcision. Some experts feel that the end of the penis becomes less sensitive when the foreskin is removed and that sexual sensation may be decreased. However, most circumcised males do not describe psychological trauma or decreased sexual function or desire as a result of the procedure.

Children who are circumcised are at slight risk for scarring of the urethral opening, which is called meatal stenosis. This manifests itself after toilet training and is characterized by an upward deflection of the urinary stream and the child having to push his penis between his legs to aim properly. This can be easily repaired by surgically excising the small amount of scar tissue. In uncircumcised children, the foreskin protects the urethral opening, so they are not at risk of developing meatal stenosis.

Parents should be aware that some health plans do not cover the cost of circumcision because they consider it to be a cosmetic procedure without a proven health benefit. Parents should call their health plan directly to find out if the procedure is covered.

PAIN CONTROL DURING CIRCUMCISION

Studies in newborns have shown that signs of stress occur during the circumcision procedure. These include crying, increased heart rate, and increased blood pressure. Although these responses may be related in part to the infant being restrained, it is reasonable to assume that they are also an indication that the newborn is experiencing pain. We strive to make the procedure as pain free as possible and ensure the comfort of your son.

The American Academy of Pediatrics recommends that all infants undergoing circumcision have adequate pain control during and after the procedure. An injectable local anesthetic is used prior to the procedure. Your child will be swaddled in a blanket on a molded restraint. We may also use an oral sugar solution or acetaminophen for pain relief.

CIRCUMCISION PREPARATION AND PROCEDURE

On the day of the procedure:

- **Make sure your son has not eaten in the 30 minutes prior to the circumcision**
- **Bring 2 blankets (swaddling size). These will be used to keep your son warm and swaddled**
- **A pacifier if desired**

Technique — The infant is placed in a restraint and swaddled. The penis and an area of skin around the base of the penis are thoroughly cleaned. A standard GOMCO clamp will be used to perform the procedure. This usually takes 15-30 minutes.

Post-procedure care — After the circumcision is completed, petroleum jelly will be applied. The circumcision site should be cleaned with warm water and a cotton ball once or twice a day. The infant should urinate within

12 hours of the procedure. **Do not pull the foreskin back to clean the penis.** This can cause separation of the two layers of skin.

After the first 24 hours, a generous amount of petroleum jelly (Vaseline®) should be applied directly to the penis for three to five days. This helps keep the area clean and keeps the wound site from adhering to the diaper. At first, the penis will appear red. In a few days, a soft yellow scab will develop. This is normal and will go away in a few days. During this process, parents should watch for worsening redness, swelling, bleeding (larger than a quarter-size on the diaper) or drainage that does not go away. Any of these signs requires an immediate call to the infant's healthcare provider.

PUBLIC AND PROFESSIONAL OPINIONS ON CIRCUMCISION

There are many opinions about the risks and benefits of circumcision. Feelings and beliefs are strong on both sides of the argument. Opponents claim that the procedure causes psychological damage, reduces sexual pleasure, and they object to the infant's lack of choice in the matter. Those favoring the procedure cite health benefits such as those noted above.

In general, expert groups acknowledge the benefits of circumcision but do not recommend the procedure for all newborns.

- The Canadian Paediatric Society issued a clinical practice guideline in 1996, which stated, "The overall evidence of the benefits and harms of circumcision is so evenly balanced that it does not support recommending circumcision as a routine procedure for newborns."
- In 1999, the American Academy of Pediatrics established a task force to evaluate the medical research, ethics, and other issues related to male infant circumcision and concluded that "existing scientific evidence demonstrates potential medical benefits of newborn male circumcision, but the data was not sufficient to recommend routine neonatal circumcision. To make an informed choice, parents of all male infants should be given accurate and unbiased information and be provided the opportunity to discuss this decision."

This conclusion has been endorsed by the AAP every year since 1999, and officially reaffirmed in 2005. The full text of this report is available at www.aap.org/policy/re9850.html. Because of new scientific evidence, the AAP has appointed another task force to evaluate the medical implications of circumcision. The new statement is currently being drafted.

- The American College of Obstetricians and Gynecologists supports the conclusions of the AAP and also states that pain control (eg, anesthetic cream or injectable local anesthetic) should be provided. Swaddling, oral sugar solutions, or acetaminophen may be given as well, but should not be used as the primary method of pain relief.