

ircumcision 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 for 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 equatorial countries, the Americas, Australia, the Pacific Islands, the Middle East, and Africa. In the USA 91% of white and 76% of black men are circumcised, mostly soon after birth. The rate is low amongst Hispanics, although as subsequent generations adopt local American practices the rate has risen to 44%. The overall rate of newborn circumcision in the USA has been increasing steadily every year since the late 80s. This is seen in all racial/ethnic groups. In Canada the newborn rate is 32%.

# **Benefits of circumcision**

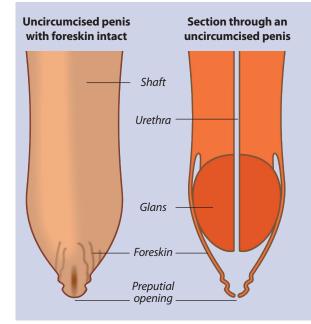
- Eliminates the risk of *phimosis*, which affects 1 in 10 older boys and men. This condition refers to a tight foreskin that cannot be pulled back fully, so making cleaning under it, and passing urine, difficult. Phimosis increases risk of penile cancer 12-fold, and is a cause of catheter problems in nursing homes.
- Reduces by 3-fold the risk of inflammation and infection of the skin of the penis. One in 10 uncircumcised men get inflammation of the head of the penis and the foreskin. This rises to 1 in 3 if the uncircumcised man is diabetic. Diabetic men have other penile problems. In contrast only 2% of circumcised men get this condition.
- Over 10-fold decrease in risk of urinary tract infection in infants. Whereas risk of this is only 1 in 500 for a circumcised boy, 1 in 50 uncircumcised male infants will get a urinary tract infection. This very painful condition is particularly dangerous in infancy, and in 40% of cases can lead to kidney inflammation and disease; blood poisoning and meningitis can also result. Lifetime UTI risk in uncircumcised males is 1 in 3.
- 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.
- Uncircumcised men have a 15-60% increased risk of prostate cancer, which affects 1 in 6.
- Reduces by over 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). In

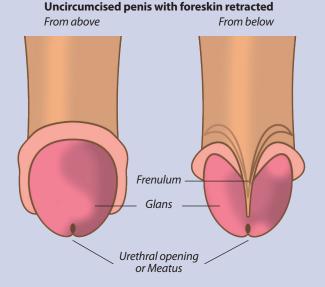
- countries such as the USA that have a low prevalence of HIV the risk of a heterosexual man being infected with HIV sexually is generally low. HIV is, however, rising in US heterosexuals. His risk, especially if uncircumcised, will be much greater if he engages in unsafe sex with people of countries in which HIV abounds.
- Circumcision also affords substantial protection against sexually transmitted infections such as high-risk papilloma (wart) virus, syphilis, trichomonas, mycoplasma and chancroid, as well as candida.
- Circumcision reduces 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 highrisk human papillomavirus). The load of infectious bacteria and viruses that accumulate under the foreskin is delivered into the female genital tract during sex. *Chlamydia* is rising in incidence and can cause *infertility* (in both sexes), *pelvic inflammatory disease*, and *ectopic pregnancy*. A woman's risk of bacterial vaginosis as well as genital herpes and other STIs, including HIV, is also lower if her male partner is circumcised.
- If not circumcised soon after birth, up to 10% of males will later require one 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 with the vaginal wall, and thus greater stimulation, and more pleasure are others.
- Most research shows sexual function, sensitivity and satisfaction are the same or better after circumcision.

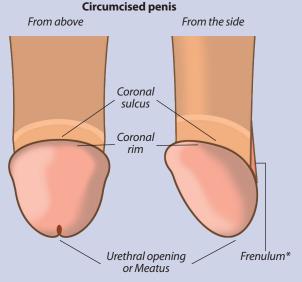
#### Risks of circumcision

- 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.
- Serious complications (requiring hospitalization) are rare – approximately 1 in 5000.
- Mutilation or loss of the penis, and death, are virtually unheard of for circumcisions performed by a competent medical practitioner. Ensure your doctor is experienced.

2







\* The frenulum may or may not be removed by a circumcision

- If a bleeding disorder such as hemophilia runs in the family, then the doctor needs to be advised as circumcision may require special preoperative treatment.
- Anesthetic is imperative, preferably a local, since a general anesthetic 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 anesthetic 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: http://www.ncbi.nlm.nih.gov/pubmed/22926180 (American Academy of Pediatrics policy) http://www.circumcisionamerica.org (Circumcision Academy of America) http://www.circinfo.net (Prof Morris) http://www.circlist.com http://www.circumcisionhelpdesk.org (The Circumcision Helpdesk)

# **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)

Pierre Lacock, PhD (USA)

Brian Morris, AM DSc PhD FAHA (Sydney, Australia)

Howard Stang, MD (Minnesota, USA)

Jake Waskett (Manchester, UK)

Robin Willcourt, MD

(Queen Elizabeth Hospital, Australia)

Tom Wiswell, MD (Orlando, Florida, USA)

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

### 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 250), 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 the United States of America by the Circumcision Academy of America http://www.circumcisionamerica.org

©2006-2019 Circumcision Academy of Australia. Copyright clearance is hereby given for this Guide to be reproduced unchanged and in its entirety for free distribution.