

Circumcision: Information for parents



Citations/comments added by Association for Genital Integrity. Web site: <http://www.courtchallenge.com/>

Circumcision of baby boys is a surgical procedure to remove the layer of skin (called the foreskin or the prepuce) that covers the head (glans) of the penis and part of the shaft.

Circumcision ablates junctional mucosa that appears to be an important component of the overall sensory mechanism of the human penis. —Taylor JR, Lockwood AP, Taylor AJ. The prepuce: specialized mucosa of the penis and its loss to circumcision. *Br J Urol* 1996;77:291-295.

Free bundles of smooth muscle fibres arranged in a whorled pattern were observed in all the specimens. —Lakshmanan S., Prakash S. Human prepuce: some aspects of structure and function. *Indian J Surg* 1980;44:134-7.

NHSLS data indicate that circumcision affects sexual behaviour. —Laumann, EO, Masi CM, Zuckerman EW. Circumcision in the United States. *JAMA* 1997;277(13):1052-1057.

Histology of the male circumcision scar shows amputation neuromas, Schwann cell proliferation and the bulbous collection of variably sized neurites. —Cold CJ, Taylor JR. The prepuce. *BJU Int* 1999;83 Suppl. 1:34-44.

In laboratory animals, removal of the prepuce caused marked changes in the mechanics of copulation and the hormonal response of the female partner. —Luria AR, Szcha RB, Meisel RL. Sexual reflexes in male rats: restoration by ejaculation following suppression by penile sheath removal. *Physiol Behav* 1979;23:272-277.

The male prepuce may play an important physiological and psychological role in adult male function. —College of Physicians & Surgeons of Saskatchewan.

It is most often done during the first few days after birth.

A patient's reluctance or refusal to assent should carry considerable weight when the proposed intervention is not essential to his welfare and/or can be deferred without substantial risk. —American Academy of Pediatrics Committee on Bioethics. Informed consent, parental permission, and assent in pediatric practice. *Pediatrics* 1995; 95:314-7.

Circumcision is a “non-therapeutic” procedure, which means it is not medically necessary.

Proxy consent by parents for a non-therapeutic procedure is debatable. —College of Physicians & Surgeons of B.C.

A therapeutic aim is the justification for almost all medical wounding and is an essential justification for those unable to consent to the wounding for themselves. —Dr. Margaret A. Somerville, Founding Director, McGill Centre for Medicine, Ethics and Law.

Parents who decide to circumcise their newborns often do so for religious, social or cultural reasons.

Where there is little evidence of expected benefit from a surgical procedure, but well recognized risk of surgical complications that may cause harm, it would generally be considered imprudent if not improper for a surgeon to perform such a surgical procedure.
—College of Physicians & Surgeons of Saskatchewan.

To help make the decision about circumcision, parents should have information about risks and benefits.

It is difficult to identify any other domain of medicine in which physicians would feel comfortable playing such a passive role in a decision pathway culminating in surgery.
—College of Physicians & Surgeons of Saskatchewan.

It is helpful to speak with your baby's doctor.

...be sure that you accurately and effectively convey the message that this is not a recommended procedure. —College of Physicians & Surgeons of Manitoba.

... discuss the new ethical considerations of infant's rights and proxy consent for a non-therapeutic procedure. —College of Physicians & Surgeons of B.C.

You can, and should, respectfully decline to perform the procedure...
—College of Physicians & Surgeons of Saskatchewan.

After reviewing the scientific evidence for and against circumcision, the CPS does not recommend routine circumcision for newborn boys.

If physicians are aware of the evidence against routine newborn circumcision, why do they continue to practise in a manner that ignores this evidence?
—College of Physicians & Surgeons of Saskatchewan.

Many paediatricians no longer perform circumcisions.

[Risks and benefits of circumcision](#)

[Caring for an uncircumcised penis](#)

[If you decide to have your baby boy circumcised](#)

[Caring for the circumcised penis](#)

Risks and benefits of circumcision

We found no evidence of a prophylactic role for circumcision and a slight tendency in the opposite direction. Indeed, the absence of a foreskin was significantly associated with contraction of bacterial STDs among men who have had many partners in their lifetimes. —Laumann, EO, Masi CM, Zuckerman EW. Circumcision in the United States. *JAMA* 1997;277(13):1052-1057.

Routine infant male circumcision is an unnecessary and irreversible procedure.
—College of Physicians & Surgeons of B.C.

Problems from the surgery are usually minor.

Infant male circumcision is often treated as a very minor procedure with virtually no risk of significant complications. That is frankly not true. —College of Physicians & Surgeons of Saskatchewan.

There was a very high incidence of wound related problems after circumcision. —De la Hunt MN. Paediatric day care surgery: a hidden burden for primary care? *Ann R Coll Surg England* 1999;81:179-182.

The incidence [of complications] was rather high...Late complications occurred in 15 (7.5%). —Leitch IOW. Circumcision - a continuing enigma. *Aust Paediatr J* 1970;6:59-65.

...the variety of complications is enormous. The literature abounds with reports of morbidity and even death as a result of circumcision. —Williams N, Kapila L. Complications of circumcision. *Brit J Surg* 1993;80:1231-6.

The exact incidence of complications is unknown...In three series surveyed retrospectively, the incidence of complications ranged from 1.5 per cent to 5 per cent, and some patients required readmission to hospital for treatment of their complications or for repeat operations. —Kaplan GW. Complications of circumcision. *Urol Clin N Amer* 1983;10:543-9.

Although serious complications are rare, they do occur.

‘Totally unexpected’ death of five-week-old baby probed.
Infant died after he was circumcised at Penticton hospital.
—*The Province*, Vancouver, Thursday, August 29, 2002.

Newborn circumcision has been associated with surgical mistakes, such as having too much skin removed.

Sad end to boy/girl life
A Winnipeg man who was born a boy but raised as a girl in a famous nurture-versus-nature experiment has died at the age of 38. David Reimer, who shared his story in the pages of a book and on the TV show Oprah, took his own life last Tuesday. After a botched circumcision as a toddler, David became the subject of an experiment dubbed the John/Joan case in the ‘60s and ‘70s.
—*Winnipeg Sun*, Monday, May 10, 2004.

Of every 1,000 boys who **are** circumcised:

- 20 to 30 will have a surgical complication, such as too much bleeding or infection in the area.

Meatal ulcers were present at one time or another in 31 of the 100 babies, some children had recurrent ulceration. Eight of the 100 babies had a pin-hole meatal orifice. —Patel H. The problem of routine infant circumcision. *Can Med Assoc J* 1966;95:576-581.

Meatal stenosis probably is the most common potentially adverse result of neonatal circumcision. Loss of the covering foreskin predisposes to meatitis. Healing narrows the meatus, sometimes to a pinpoint that may diminish or angulate the urinary stream. —King LR. Neonatal circumcision in the United States in 1982. *J Urol* 1982;128:1135-1136.

In 13 cases (11%) there was a postoperative stricture of the urethral orifice which had to be widened. —Stenram AG, Malmfors G, Okmian L. Circumcision for Phimosis—Indication and Results. *Acta Paediatr Scand* 1986;75:321-323.

Meatal stenosis is an under recognised complication of circumcision done in neonatal and nappy aged boys. Symptomatic presentation from meatal stenosis can be very late. —Upadhyay V, Hammodat HM, Pease PW. Post circumcision meatal stenosis: 12 years' experience. *N Z Med J* 1998;111(1060):57-8.

The association between circumcision and meatal stenosis has long been recognized. An article in *The Annals of Anatomy and Surgery* in 1881 mentions that meatotomy was so prevalent among Jewish males that they referred to it as their “second circumcision.” (Mastin WM. Infantile circumcision: a cause of contraction of the external urethral meatus. *Ann Anat Surg* 1881;4:123-8.)

- 2 to 3 will have a more serious complication that needs more treatment. Examples include having too much skin removed or more serious bleeding.
- 2 will be admitted to hospital for a urinary tract infection (UTI) before they are one year old.
- About 10 babies may need to have the circumcision done again because of a poor result.

In one series of consecutive circumcisions, 9.5 per cent of patients had repeated circumcisions for inadequately performed initial operations. In that same series, 38 per cent of patients sustained complications. —Kaplan GW. Complications of circumcision. *Urol Clin N Amer* 1983;10:543-9.

In rare cases, pain relief methods and medicines can cause side effects and complications. You should talk to your baby's doctor about the possible risks.

Of every 1,000 boys who **are not** circumcised:

- 7 will be admitted to hospital for a UTI before they are one year old.
- 10 will have a circumcision later in life for medical reasons, such as a condition called phimosis. Phimosis is when the opening of the foreskin is scarred and narrow because of infections in the area that keep coming back. Older children who are circumcised may need a general anesthetic, and may have more complications than newborns.

Most cases of phimosis can be effectively treated with topical steroids. Steroid cream is a safe, simple, and inexpensive procedure that avoids surgery and its associated risks.

—Orsola A, Caffaratti J, Garat JM. Conservative treatment of phimosis in children using a topical steroid. *Urology* 2000;56(2):307-10.

—Wright JE. The treatment of childhood phimosis with topical steroid. *Aust N Z J Surg* 1994;64(5):327-8.

—Jørgensen ET, Svensson Å. The treatment of phimosis in boys with a potent topical steroid (clobetasol propionate 0,05%) cream. *Acta Dermato-Venereologica* (Stockholm) 1993;73(1):55-56.

—Klyver H, Mortensen SO, Klarskov OP, Christiansen P. Treatment of phimosis with a steroid creme in boys. *Ugeskr Laeger* 2001;163(7):922-4.

—Chu CC, Chen KC, Diau GY. Topical steroid treatment of phimosis in boys. *J Urol* 1999 Sep;162(3 Pt 1):861-3.

—Dewan PA, Tieu HC, and Chieng BS. Phimosis: is circumcision necessary? *J Paediatr Child Health* 1996;32:285-289.

Circumcision slightly lowers the risk of developing cancer of the penis in later life.

| Circumcision is not of value in preventing cancer of the penis. —American Cancer Society.

However, this form of cancer is very rare. One of every one million men who **are** circumcised will develop cancer of the penis each year. By comparison, 3 of every one million men who are **not** circumcised will develop penile cancer each year.

Caring for an uncircumcised penis

The foreskin covers the shaft and head (glans) of a boy's penis. During the early years of a boy's life, the foreskin separates from the glans. This is a natural process that occurs over time. You do not need to do anything to make it happen.

When the foreskin separates, it is said to be "retractable," meaning it can be pulled back. An uncircumcised penis is easy to keep clean and requires no special care:

- Keep your baby's penis clean by gently washing the area during his bath. Do not try to pull back the foreskin. Usually, it is not fully retractable until a boy is 3 to 5 years old, or even until after puberty. Never force it.
- When your son is old enough, teach him to keep his penis clean as you're teaching him how to keep the rest of his body clean.
- When the foreskin separates, skin cells will be shed and new ones will develop to replace them. These dead skin cells will work their way down the penis through the tip of the foreskin and may look like white, cheesy lumps. These are called smegma. If you see them under the skin, you don't need to force them out. Just wipe them away once they come out.

- When the foreskin is fully retractable, teach your son to wash underneath it each day.

If you decide to have your baby boy circumcised

It is helpful to talk to your baby's doctor about the issues involved in circumcision:

- The matter of infant male circumcision is particularly difficult in regards to human rights. —College of Physicians & Surgeons of B.C.
- **Cost:** Circumcisions for non-medical reasons are not covered by all provincial and territorial health plans. Circumcision for non-medical reasons has been de-insured in all provinces and territories except Manitoba.
- Possible **complications**, such as the ones described above.
- **Pain relief:**
 - Newborn babies do feel pain. Without pain relief, circumcision is painful. Acetaminophen (such as Tempra or Tylenol) or EMLA cream, which numbs the skin, won't be enough.
 - There is more than one way to do a circumcision. Studies show that the amount of pain depends on what method is used. The Mogen clamp seems to cause less pain than the Plastibell or Gomco technique.
 - Your baby will need a local anesthetic (dorsal penile nerve block or subpubic block technique), given by a needle in the area where the circumcision is done. EMLA cream should also be used to reduce the pain of giving the needle for the anesthetic.
 - Anesthetics do carry risks, and the needle can cause bruising or swelling.
 - Sucking on a pacifier or gauze soaked with a sugar solution may help relieve the pain.
 - Your baby should receive acetaminophen when the local anesthetic wears off. It should be given for 48 hours, or longer if he is still uncomfortable.

Caring for the circumcised penis

- After the circumcision, you can help comfort your baby by holding him and nursing him often.

- The penis will take 7 to 10 days to heal. The area may be red for a few days and you may see some yellow discharge, which should decrease as it heals. Talk to your baby's doctor about what to expect.
- Keep the area as clean as possible. Wash gently with mild soap and water, and be sure to clean away any bits of stool. If there is a bandage, change it each time you change your baby's diaper. Use petroleum jelly (Vaseline) to keep the bandage from sticking.
- Call your doctor if:
 - You see more than a few drops of blood at any time during the healing process.
 - The redness and swelling around the circumcision do not start to go down in 48 hours.
 - Your baby develops a fever (rectal temperature of 38.0° C or higher).
 - Your baby seems to be sick.

For more information

- "Neonatal circumcision revisited" (Canadian Paediatric Society) at www.cps.ca/english/statements/FN/fn96-01.htm

Source: Developed with the Fetus and Newborn Committee of the CPS. Reviewed by the Public Education Subcommittee and the Community Paediatrics Committee.

Posted November 2004

This information should not be used as a substitute for the medical care and advice of your physician. There may be variations in treatment that your physician may recommend based on individual facts and circumstances.

[Canadian Paediatric Society](http://www.cps.ca), 2204 Walkley Road, Suite 100, Ottawa, Ontario K1G 4G8
Phone: 613-526-9397, fax: 613-526-3332
