



To Circumcise or Not to Circumcise ... Many Parents Are Asking the Question

Column by Medem's Editor-in-Chief Nancy W. Dickey, M.D.

Circumcision has become a hot topic for expecting parents in the United States. What was once considered a routine medical procedure for all infant boys in this country is being questioned. Over the last five decades, recommendations from the medical community, as well as practice trends, have been all over the map. Sentiments have been on both ends of the extreme, swinging from a push in the '50s for all boys to be circumcised to an outcry in the '70s against what was perceived as an unnatural procedure and an emphasis on good hygiene rather than a surgical procedure.

Until the last 50 years, there was not really any scientific evidence to defend or dispute the practice. In the past few decades a good deal of research has been done, and many earlier studies have been re-evaluated. The end result: There may be some health benefits from circumcision, but there are also known risks. Do the potential benefits outweigh the risks? Not necessarily. Research is not conclusive enough to make routine circumcision a medical recommendation of any medical society in the United States.

The bottom line; Circumcision is an elective procedure. While there are religious and social reasons that parents may decide to have their child circumcised, there are very few overwhelming medical reasons that would indicate a circumcision should be done. Approximately 60 percent of newborns are circumcised in this country, while circumcision is uncommon in Asia, South America, Central America and most of Europe.

Medical Considerations

The belief that circumcisions could reduce penile cancer, urinary tract infection and sexually transmitted diseases has been the basis of many people's decision to circumcise. The following is a summary of where the research stands on these topics today:

Urinary Tract Infections — Urinary tract infections seem to be slightly less

Reasons Parents Choose to Circumcise

- Religious ritual
- Belief that circumcision makes hygiene easier
- Potential health benefits
- Because other men in the family are circumcised

Reasons Parents Choose Not to Circumcise

- Absence of medical reason for procedure
- Risks of surgical procedure/Pain
- Want for the child to be intact as he was born
- Personal belief that procedure is a form of genital mutilation

common in circumcised boys. However, rates of urinary tract infection are low in both groups and are easily treated.

Penile Cancer — Penile cancer is extremely rare, affecting 0.9 to 1 males in every 100,000 in the United States. There appears to be a slightly lower rate of penile cancer in circumcised male. However, risk factors such as genital warts, HPV, multiple sex partners and cigarette smoking seem to play a much larger role in causing penile cancer than circumcision status.

Sexually Transmitted Diseases — Behavioral factors have been found to be far more important than circumcision status when it comes to the risk of STD infection.

Questions to Ask Your Doctor if You Decide to Circumcise Your Son:

- Who will be performing the procedure?
- Do you use anesthesia. If not, why? If so, what kind? What are the potential side effects of the anesthesia?
- How many circumcisions have you preformed? What has the complication rate been?

If your child is diagnosed with hypospadias, a somewhat common birth defect where the urinary tract opening is mispositioned along the underside of the penis rather than at its tip, you will need to discuss treatment options with the doctor before circumcision, as some repairs of this condition use the extra foreskin to repair the defect.

Many parents want to know how much pain circumcision causes. It certainly would take more than a shot of whiskey for a grown man to make it through, so as you can imagine, without pain medication, circumcision does hurt in infancy, too. The pain causes temporary physiological changes such as an increased heart rate and raised blood pressure. The American Academy of Pediatrics (AAP)

recommends that some form of pain medication be used for all circumcisions. A local anesthetic can be injected into the penis (a dorsal penile nerve block or subcutaneous ring block) or a topical cream can be applied. Complications with pain medicines are usually rare and not serious, but be sure you discuss possible side effects with your child's doctor before the procedure.

Circumcision History

Circumcision is hardly a new idea. Foreskins have been removed for more than 6,000 years. In the United States, circumcision first began to be used as a medical procedure in the 19th century. Several diseases and conditions existed for which there was not a known cause, and a misunderstanding of sexuality led doctors to believe that masturbation may be the problem and circumcision the cure. Interestingly, circumcision also marked a social class-distinction. As cleanliness became associated with wealth, circumcision rates rose. By the previous turn of the century, approximately 25 percent of the American population was circumcised.

Military circumcisions in WWI and WWII brought the procedure to its full popularity in the United States. Research during the 40s and 50s, which has since been questioned, concluded that circumcision reduced the risk of cancer of the penis as well as cancer of the cervix in the wives of circumcised men. This was the driving factor in the recommendation that virtually every boy be circumcised. Because of cost and complications associated with circumcision, this research was re-examined, and it was concluded that the results had much more to do with hygiene than with circumcision. Soldiers in a foxhole didn't always have the opportunity to clean themselves.

During the '70s, the medical community began to re-examine whether circumcision should be routine. It is during this decade that legal documentation became part of the process and parental consent was needed for a circumcision to be performed. Which brings us to today, where circumcision is a parent's decision ... not a doctor's.

Circumcision Checklist

- Talk about whether or not you want to circumcise your son before you deliver. Make your wishes clear to your doctor.
- Understand the risks. As with any surgical procedure, there are possible risks. The most common are pain, bleeding, infection and cosmetic issues (appearance of circumcised penis is irregular, or too much or too little foreskin is taken). Although uncommon, the risk of major complications also exists. These include substantial blood loss, serious infection, amputation of the tip of the penis, hospitalization and, in very rare cases, death.
- Determine what type of pain relief will be provided. Be sure some form of pain medication will be used during the procedure.
- If you decide to have your child circumcised, you will have to sign a consent form. Look for this at check in. Make sure you understand what you are signing and that all of your questions have been answered before your name appears on the dotted line.
- Some insurance companies don't pay for circumcision because it is considered an elective procedure. Check with your insurance plan about specific coverage.

Whatever your decision, the importance lies in just that ... that it is *your decision*. There is no hospital policy or law that requires boys to be circumcised. Having access to unbiased information, which does not overrepresent the benefits or the risks, is important. Do research, examine your beliefs, discuss them with the other parent, and be ready with a decision if the stork happens to bring you a bundle wrapped in blue.

The following articles offer additional information regarding circumcision:

- [Circumcision Information for Parents](#)
- [Circumcision Policy Statement from the AAP](#)
- [Report 10 of the Council on Scientific Affairs \(I-99\): Neonatal Circumcision](#)

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