

- Most research shows no significant reduction in sexual function, sensitivity or satisfaction after circumcision
- In general, sexual function is the same or better.

### 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.
- 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.
- *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 analgaesic medication is often prescribed.
- Delay 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.

### In conclusion

*Circumcision confers a lifetime of medical benefits. Retention of the foreskin leads to 1 in 3 uncircumcised boys developing a condition requiring medical attention. This means various degrees of suffering and, in rare cases, death. In contrast, risk of an easily treatable condition is 1 in 500, and of a true complication is 1 in 5000. A successful circumcision is very unlikely to have any long-term adverse consequences.*

***Thus, benefits exceed moderate risks by over a hundred to one!***

### 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 Foundation of America)  
<http://www.circinfo.net> (Dr Morris)  
<http://www.medicirc.org> (Dr Schoen)  
<http://www.circlist.com>  
<http://www.aboutcirc.info>  
<http://www.circumcision.com.au> (Dr Russell)  
<http://www.samkuninmd.com> (Dr Kunin)

### Prepared by

The text of this brochure has received consensus support from the following experts on circumcision who contributed to its formulation:

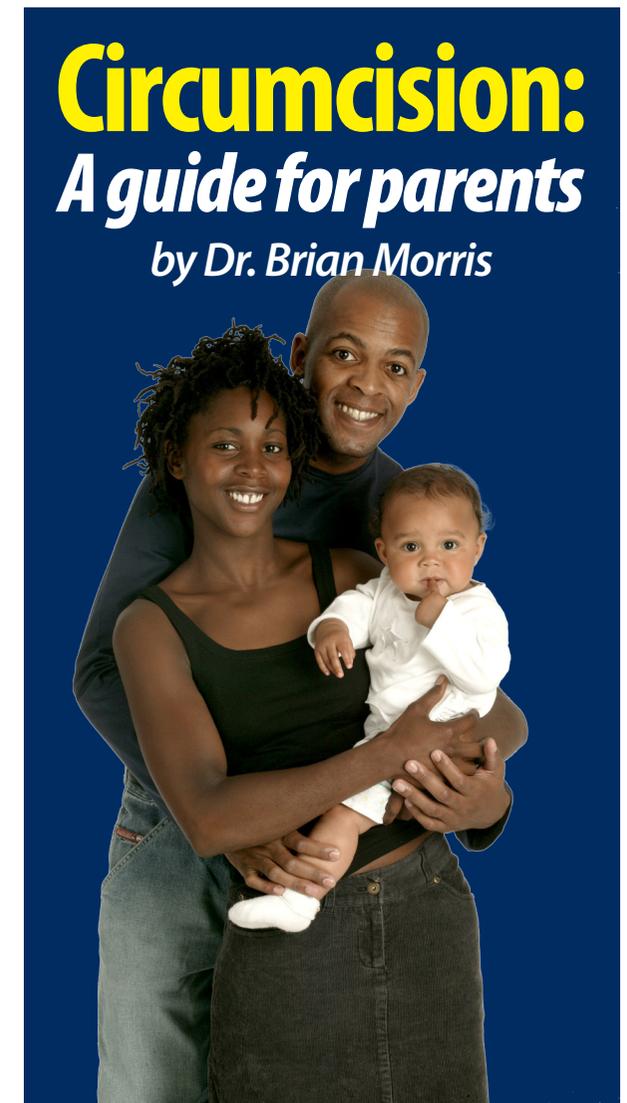
Edgar Schoen,\* MD (Oakland)  
 Tom Wiswell, MD (Florida)  
 Sam Kunin, MD (Los Angeles)  
 Howard Stang, MD (Minnesota)  
 Daniel Halperin, PhD (North Carolina)  
 Stefan Bailis, PsyD LP (Minnesota)  
 Mike Cormier (Canada).

\*Dr Schoen was the Chair of the 1989 American Academy of Pediatrics Task Force on Circumcision.

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

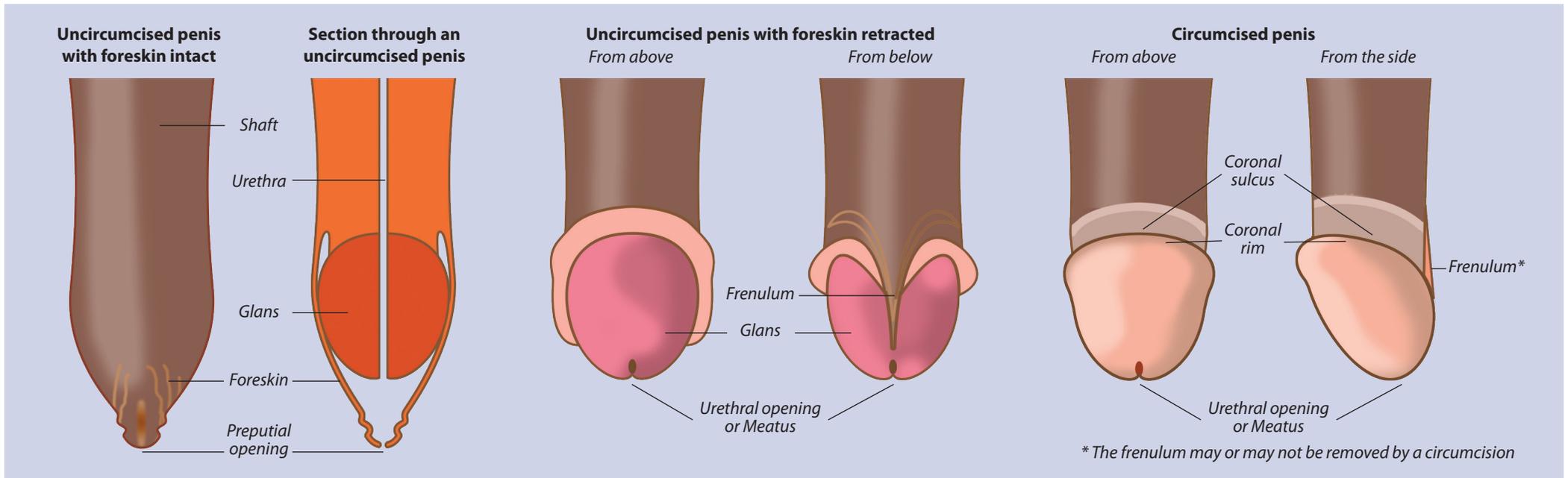
©2006-2012 Brian Morris  
 Copyright clearance is hereby given for this Guide to be reproduced unchanged and in its entirety for free distribution.

Published in Australia by  
 Brian Morris  
 Sydney  
 New South Wales



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 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, Australia, the Pacific Islands, the Middle East, Africa and the Americas. In the USA 80-90% of males, White and Black, are circumcised, mostly soon after birth. Although the rate is low amongst Hispanics this rises as subsequent generations adopt local American practices. 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 rate is around 35%.

## 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 also greatly increases the risk of penile cancer, and is the 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 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 also have other severe 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 5.
- 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 *thrush*.
- 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 high-risk 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.