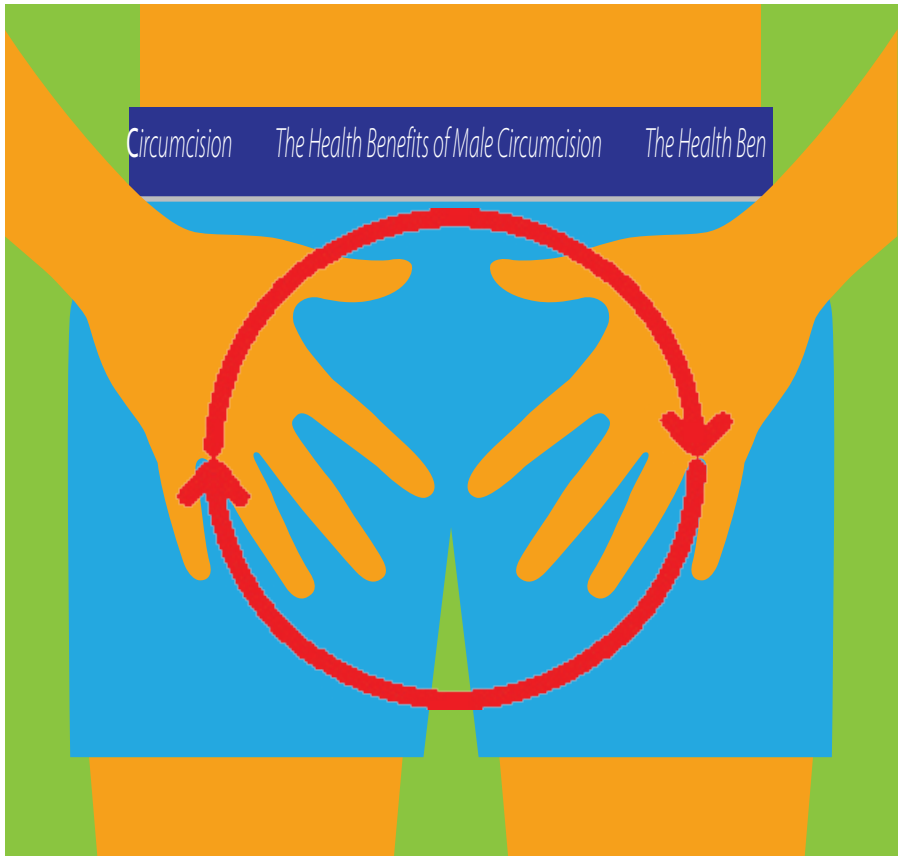




The Health Benefits of Male Circumcision

What all Parents, Teens, Men and Women need to know



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The Health Benefits of Male Circumcision

What all Parents, Teens, Men and Women need to know

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Inter-Circ: The International Circumcision Forum

is a volunteer-run pro-circumcision group. The purpose of the group is to make known the benefits of circumcision, to discuss topical issues related to the subject and to offer advice both pre- and post-circumcision.

The Inter-Circ forum is located at:

<https://groups.io/g/inter-circ>

Disclaimer

Whilst every effort has been made to ensure the accuracy of the information contained within this publication, it is intended as a guide only and not as a source of complete or totally indisputable information. The contents are not 'medical advice', for which you must consult a registered medical practitioner.

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Introduction

Male circumcision is a simple surgical procedure that removes the foreskin – a sleeve of skin covering the tip of the penis. Since the foreskin traps urine, bacteria and other infectious agents, as well as accumulating malodorous smegma, its removal improves genital hygiene and reduces the risk of diseases and other conditions over the lifetime of the male and his sexual partners.

Parents have the legal right to authorize circumcision for their young sons. Although infancy is the ideal time for a circumcision it can be performed at any age if initially missed. Many adult men and teens seek circumcision for medical, health, sexual, cultural, religious or cosmetic reasons. A man does not need a medical reason to have a circumcision; personal preference or social reasons are perfectly valid.

In order to make an informed decision, the patient or his parents must carefully consider the benefits and risks. This booklet aims to present the facts concerning the benefits as endorsed by main-stream doctors and academics in accordance with the latest international research.

Whilst most considerations apply to everyone and at any age, part 2 of this booklet is divided into sections covering what needs to be known by everyone, and more specific information for parents and women.

Part 1

A Personal contribution by Dr. David Hawker

Dr. Hawker, a retired general practitioner from the UK, discusses an operation that has seemingly become a taboo topic. Prompted by a lifetime of clinical observation, plus personal experience, he provides common sense reasoning together with old and new evidence in favour of this time-honoured procedure.

His contribution pre-dates the sources of information for Part 2 of this booklet and reinforces its message in providing essential information for men, couples, parents and especially single mums with sons.

We live in an age of daring, often unwise, sexual freedom, talking openly about all manner of sexual matters. We know about sexually transmitted infections (STIs) which are rapidly increasing, and the threat of HIV and AIDS. We can talk of gay and straight, lesbian, transsexuals and more. We are used to seeing naked women on TV, in magazines and newspapers – but not naked men! We men are very private, both in pictures and talk. We don't talk about the penis, let alone circumcision. Most of us are ignorant. These are strangely taboo subjects in this sexually enlightened age.

Let's open the book on circumcision...

This is an operation as old as mankind, highlighted today by Jewish and Muslim tradition in which all males are usually circumcised as part of their faith. It is performed worldwide by many tribes and cultures as an initiation rite and, despite

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some aggressive and fanatical opposition, it is routinely done at birth for the majority of boys in the USA; as well as for many in Australia, Canada, New Zealand, South Africa and much of the English speaking world – except, latterly, in the UK itself. Overall it is estimated that 35% of the world's male population is circumcised – over 1000 million males. They cannot all be wrong! Yet in Europe today there is widespread ignorance of its value.

The common view in Britain...

As part of being untaught we take the attitude: *If it isn't broken, don't fix it*, i.e. if there is no immediate problem do nothing. Only circumcise if something goes wrong – often reluctantly as a last resort after painful and prolonged, but failed, alternative treatment. This is in stark contrast to the rest of health care where the motto: *Prevention is better than cure* is stressed. There is a problem with thinking as we do. When does circumcision become necessary?

There are a few situations where it is clear cut: If there is only a small opening at the tip of the foreskin so that passing urine is difficult, or when the foreskin is painful to pull back during an erection or will not return forward again. In the latter case (paraphimosis) it is an emergency situation needing urgent surgery to avoid really serious consequences.

But there are many other situations where circumcision helps prevent future disease or discomfort. We should seek to prevent problems arising, rather than deal with the problems once they occur. Let us look at some of these, in no particular order.

- Where the foreskin cannot comfortably be pulled back over the glans (head) of the penis. Now, up until the age of five or six, many boys cannot retract their foreskins because of adhesions – mums and dads take care, if you try too early you may do some damage. Above the age of six or seven, it is important that boys be taught how to clean under the foreskin, making sure the skin is pulled right back. If your son cannot do that he may need to be circumcised. Boys frequently forget, or deliberately avoid, this routine and may run into difficulties.
- If the foreskin cannot easily be moved when the penis becomes hard, or if that causes pain – this is not only a childhood problem. At puberty, as the penis grows and masturbation begins, problems may emerge. Some men have pain on intercourse, which they then try to avoid for that reason. If so, you (and your partner) will benefit from your circumcision just as many boys do. Some men are afraid to admit to this problem, but it is easily curable by circumcision.
- Where you and your partner keep getting 'thrush' infections. Some call this 'sexual ping-pong': One keeps passing it back to the other. Of course, you may first try creams or tablets from your doctor or pharmacist, but if it keeps coming back, circumcision will cure it. It did for me. The foreskin is a warm and moist incubator under which infections can easily develop.

So as you can see, although things aren't actually broken, they may need fixing to eliminate misery and promote a more comfortable trouble-free life. How long does it take to fix? About 20-30 minutes!

Are there benefits from circumcision?

Yes, there are several:

- Many older men, who have bladder or prostate gland problems, also develop difficulties with their foreskins due to their surgeon's necessary handling, cleaning, and using instruments. Some of these patients will need circumcising. Afterwards it is often astonishing to find some who have never ever seen their glans exposed before!
- Some older men develop cancer of the penis – about 1 in 1000 – fairly rare, but tragic if you or your son are in that small statistic. Infant circumcision gives almost 100% protection, and teen or young adult circumcision gives a very large degree of protection.
- Cancer of the cervix in women is due to the Human Papilloma Virus (HPV). It thrives under the foreskin from where it can be transmitted during intercourse. An article in the *British Medical Journal* in April 2002 suggested that at least 20% of cancer of the cervix would be avoided if all men were circumcised. Surely that alone makes it worth doing?
- Protection against HIV and AIDS. Another *British Medical Journal* article in May 2000 suggested that circumcised men are 8 times less likely to contract the HIV virus. (It is very important here to say that the risk is still far too high and that condoms and safe sex must be used – this applies also to preventing cancer of the cervix in women who have several partners.)

A BBC television programme in November 2000 showed two Ugandan tribes across the valley from one another. One practised circumcision and had very little AIDS, whereas it was common in the other (uncircumcised) tribe, who then also started circumcising. This programme showed how the infection thrived in the lining of the foreskin, making it much easier to pass on.

- As with HIV, so some protection exists against other sexually transmitted infections. Accordingly, if a condom splits or comes off, there is still some protection for the couple. However, the only safe sex is to stick to one partner or to abstain.
- Lots of men, and their partners, prefer the appearance of their penis after circumcision, It is odour-free, it feels cleaner, and they enjoy better sex. Awareness of a good body image is a very important factor in building self confidence.
- Balanitis is an unpleasant, often recurring, inflammation of the glans. It is quite common and can be prevented by circumcision.

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- Urinary tract infections sometimes occur in babies and can be quite serious. Circumcision in infancy makes it 10 times less likely.

What about my son?

Dads – you are responsible for discussing these matters with your sons as soon as they reach an age when you can communicate with them. And, single mums, so are you, because nobody else will do so. There are virtually no school medical examinations these days and hence few boys ever have their penis medically checked.

Your teenage sons, especially the younger ones, will have almost total ignorance. They may secretly be having problems. Maybe they wish they had been circumcised for either body image or medical reasons. Help them to be informed and aware of their options. Don't cop out – there are booklets available to help you.

You need to check your younger sons (age 6+) and teach them hygiene and be sure all is working properly. Try to cultivate a situation in which they will be comfortable to share any concerns they may have – like soreness. Remind them to pull back their foreskin whenever they pee as it helps to keep the foreskin clean. It also makes it easier to aim and assists them to avoid spraying the toilet – just as circumcision does.

What about infant circumcision?

You need to think about this calmly, because some people are getting irrationally angry about it, especially in the USA, even using inflammatory words like 'genital mutilation'. Make sure you are fully informed because you, as the parent, have the responsibility to make decisions on behalf of your child – like the big decisions about vaccinations, knowing that for long term benefit to the child and others, the small pain of the injections and the fever which sometimes follows are worthwhile.

Having read this booklet, you are in a better position to make decisions. Circumcision can become an emergency, or the foreskin may cause considerable problems, not least when sexual intercourse starts, or in older age. Remember, it may be a taboo subject for most people – but it should not be so for you.

You may feel you could help your son avoid some of these problems once and for all by having him circumcised early in life (the best time in the healthy baby is 7-14 days old). Not only is it a simpler procedure, needing no stitches, but he will not remember the event. He will also grow up never knowing anything different. Boys circumcised later in life may find it a more embarrassing experience and for a while afterwards they will feel the sensitivity of the permanently exposed glans, but will gradually adapt to it.

Thus, circumcision in babyhood can be a very sensible decision – especially for a single mum with a boy and no man around the house. If you do circumcise your son you must explain, as soon as he is old enough to understand, what happened

and why it was done. This helps acceptance and avoids ignorance. (I used to think some of my friends were born with a very different penis from mine until I learned about circumcision at age 13.)

You might equally sensibly decide to wait and see, but do be ready to take action quickly if problems start to arise. Remember also to give your son the necessary information to decide for himself as he grows up.

If you are thinking about infant circumcision, there are booklets describing it in detail. You should discuss it with the midwife or doctor before birth to plan it. You may encounter opposition – there is currently an irrational anti-circumcision culture in the UK medical profession. Remember, it is your choice to do what you think best for your son in the long term. If you have any difficulty arranging circumcision on the NHS, the local Jewish circumciser, (môhel – pronounced 'moil') will often oblige you, as will any of the growing number of specialist circumcision clinics around the country. Some, especially môhelim, may even offer to visit and do it in your home. You can contact the Circumcision HelpDesk™ for a list of circumcising doctors and môhelim. The procedure takes only a few minutes.

Finally what about yourself?

Most men won't talk about their sexual problems, or even their desire to be circumcised. Try discussing it with your partner who may have definite views! Sexual pleasure is not diminished but often enhanced by the slightly reduced glans sensitivity making it easier to control orgasm. If circumcision is the right decision for you, do make arrangements. You will never regret it. It is not true that the glans (and therefore intercourse) becomes less sensitive. It is more sensitive most of the time, though reaching a climax may be a little slower – often a good thing!

The adult procedure takes 30-45 minutes under local anaesthetic. Any embarrassment will quickly pass. Afterwards there can be some discomfort, as with any cut, but it can be managed with Paracetamol. Some of us felt no pain at all. The stitches will dissolve, but if any are left after 2 weeks, the practice nurse should remove them. Sure, it will be swollen at first, but intercourse can usually resume after about 4 weeks, and careful masturbation earlier.

If you have a good medical reason, your doctor may refer you for circumcision under the NHS. Recurring use of creams or pills will only briefly help, so don't be fobbed off with these if you would rather be circumcised. Trying to persuade your GP may be difficult as not all are sympathetic for their own reasons. Though you should listen to his/her advice, you have the right of a direct private approach to a doctor for a second opinion – a doctor known to be sympathetic towards circumcision. If you encounter resistance, contact the Circumcision HelpDesk™ who will try to put you in touch with someone more supportive. It is important to be able to discuss everything with a sympathetic surgeon, and make sure you have a full, not partial, circumcision, which should leave your glans fully exposed at all times to get maximum benefits.

If your circumcision is mainly for aesthetic reasons you will almost certainly have to go and pay privately. Again the Circumcision HelpDesk™ can provide a list of doctors who will circumcise you.

Your penis a very important part of you. Make the most of it!

Part 2

The more academic view

The information in this part comes from a worldwide consortium of academic researchers and practising clinicians. It is newer than Dr. Hawker's contribution, so differences in the rates at which problems, etc. occur may show up as a result of this updating. Overall, though the message is clear and consistent: that circumcision gives significant lifelong health benefits.

Basic history

Circumcision is one of the world's oldest forms of surgery, having been performed worldwide for thousands of years, especially as part of the culture of a wide range of indigenous people who live in hot environments. These include the Middle East, Africa and other Equatorial countries, Australia, the Pacific Islands, and the Americas. It is also an integral part of the religious practices of Jews, Moslems and Coptic Christians. Whatever the stated cultural or religious reasons, the origin for all is rooted in its hygiene and medical benefits. If circumcision conferred no benefits, or had serious disadvantages, it would have died out long ago, whereas it is being practised more widely today than ever before – attesting to its beneficial nature.

As the picture on page 16 shows, circumcision has been practised for over 4 millennia. The biblical account (Genesis, Chapter 17) of God's Covenant with the Jewish people (telling Abraham to circumcise himself, his household and descendents) doesn't make any mention of how this is to be achieved; therefore it must be assumed that Abraham was already well acquainted with the custom and procedure – most probably from the neighbouring Egyptians.

Worldwide, approx. 38% of males (i.e. well over 1,000 million) are circumcised, with large variations between countries and ethnic groups. As examples, in the USA 91% of white and 76% of black men are circumcised whilst the rate is 66% for Australians. For newborns, the rates in both countries decreased in the 1970s-80s, but are rising again in line with medical research findings that attest to the universal, lifelong benefits. Higher social, economic and educational status is generally associated with higher rates of circumcision.

It is worth noting that nowhere in the world is male circumcision prohibited by law. Some countries have legislation concerning who may perform it, or imposing certain other conditions, but these are solely to ensure the safety of the patient. In December 2012 the German Parliament passed legislation specifically declaring

male circumcision to be legal and upholding the right of parents to have their sons circumcised for any reason.

One should also be aware that no national medical association actively opposes infant circumcision, although all stop short of the type of positive, very strong recommendation used for vaccination. In 2012, the American Academy of Pediatrics issued a statement which is positively favourable to infant circumcision (see <http://pediatrics.aappublications.org/content/130/3/585>). This statement has also been endorsed by the American College of Obstetricians and Gynecologists.

Benefits for all males

Circumcision has been shown to be of benefit to all males since it:

- Substantially reduces the risk of urinary tract infections (UTIs) in men and consequent risk of renal complications. Lifetime UTI risk in uncircumcised males is 1 in 3.
- Eliminates the risk of phimosis, which affects 1 in 10 men and teenage boys. This condition refers to a tight foreskin that cannot be freely and painlessly pulled back fully, so making cleaning under it, and passing urine, difficult and painful. Phimosis also greatly increases the risk of penile cancer and is a cause of foreskin and catheter problems for older patients, especially in nursing homes.
- Reduces by 3-fold the risk of inflammation and infection of the skin of the penis (balanitis). One in 10 uncircumcised men suffer from inflammation of the glans (head) of the penis and foreskin at some time in their lives. This rises to 1 in 3 if the uncircumcised man is diabetic, adding to their other severe problems. In contrast less than 2% of circumcised men experience such inflammation.
- Provides over 20-fold decrease in the 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 or disfiguring surgery leading to impaired penile function.
- Affords substantial protection against thrush (candida), as well as sexually transmitted infections such as papilloma (wart) virus, genital herpes, syphilis, chancroid, trichomonas and mycoplasma.
- Reduces by approximately 3-fold the risk of acquiring HIV (AIDS) during sex with an infected partner. HIV enters via the vulnerable inner lining of the foreskin of a healthy uncircumcised penis, but can also infect via sores anywhere on the penis (caused for example by genital herpes, balanitis or inflammation).

Whilst in most developed countries (such as the USA, Europe and Australasia) the major risk for HIV is from anal sex and shared drug injection needles, cases of HIV acquired heterosexually are rising significantly. Although still low, a man's risk, especially if uncircumcised, will be greater if he engages in unsafe sex with

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individuals at high risk for HIV infection. Condoms reduce risk by 80% and should always be used irrespective of circumcision status.

- Eliminates the risk of paraphimosis (a dangerous condition risking the loss of the glans) in which the foreskin, having been retracted behind the engorged glans of an erect penis, tightens onto the shaft and cannot be replaced to cover the glans when the erection subsides.

It should be noted that:

- Up to 10% of males reaching adulthood uncircumcised will later need circumcision for medical reasons. Many are reluctant to go ahead with this or are incorrectly advised to “put up” with the problem rather than have a circumcision. Early elective circumcision means penile problems are less likely to arise, and thus consequent issues are avoided.
- Good research shows that sexual function and sensation is the same or even better in circumcised men. The problem of over sensitivity of the glans to ordinary, everyday touch that is experienced by many uncircumcised men is virtually eliminated, making daily hygiene easier and more comfortable.
- Significant studies suggest that uncircumcised men have a 15-50% increase in risk of prostate cancer, which affects 1 in 6 men over their lifetimes.

Extra benefits of circumcision in infancy

Circumcision in infancy (preferably between 1 week and 3 months old) has been shown to:

- Reduce by over 10-fold the risk of urinary tract infections (UTIs) in infants. The risk of this is only 1 in 500 for a circumcised boy, whereas 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.
- Eliminate the risk of phimosis, which makes passing urine difficult and painful for the infant who often cries in severe pain each time he urinates, with the foreskin ballooning out alarmingly. This then puts a back pressure on the immature bladder and kidneys which can be permanently damaged. If a kidney is damaged in this way it will not recover and the male will suffer from its problems for life.

It should also be noted that:

- Circumcision does not interrupt the infant’s usual routine as this is mainly sleeping and does not involve school, work or hobbies, which it would if left until the boy is older.
- Infants do not anticipate pain and so there is no possibility of pre-operation nervousness as is common with older children.

- If not circumcised soon after birth, up to 10% of males will later require one anyway for medical reasons. This will result in additional cost, longer healing time and greater anxiety as well as time off school or work.
- Delay often means stitches being used for circumcision of older children, teenagers and men. So if circumcision is delayed past about 4 months, total cost and possible discomfort will become increasingly greater.

Benefits to women of male circumcision

Women are at much lower risk of disease if their male partner is circumcised. By encouraging circumcision in lovers, brothers, friends or their own male offspring, women can help protect themselves, other women, and men.

Infectious bacteria and viruses that accumulate under the foreskin are delivered into the female genital tract during sex. Thus when the male partner is circumcised there is:

- A lower risk of cervical cancer (which is caused by human papillomavirus). At least 20% of cervical cancers would be avoided if all men were circumcised.

If her male partner is uncircumcised and has had no more than 2 previous partners she is at twice the risk. If he has had 6 or more sexual partners her risk is 5-times higher.

- A 2-fold reduction in her risk of genital herpes and bacterial vaginosis.
- A 5-fold reduction in the risk of the woman being infected by chlamydia, thus reducing her risk of infertility, pelvic inflammatory disease, and ectopic pregnancy.
- A reduced risk of other sexually transmitted infections such as HIV (the virus that causes AIDS), syphilis, trichomonas and chancroid, since it is far less likely that the male partner has any of these.
- No need for concern that the man has phimosis or frenulum breve. These conditions make it difficult to have sexual intercourse, because the 1 in 10 uncircumcised men with phimosis or frenulum breve experience difficulties and pain; or cannot even get an erection.
- A lack of malodorous smegma and associated bacteria on the penis during sex, thus making oral sex more pleasant.
- Improved sexual pleasure, since women tend to prefer the circumcised penis for appearance, hygiene, increased contact of the penis with the vagina which leads to greater stimulation, and marginally better staying power during sex. Any of these factors can increase the likelihood of the woman reaching her orgasm.

Circumcision of the male partner confers substantial sexual and medical benefits to a woman. A circumcised male partner reduces her risk of disease, suffering, medical treatment and premature death.

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If she is the care giver, as wife or mother, a woman will quite likely need to deal with problems in the uncircumcised male, 1 in 2 of whom will, at some time during their life, develop a medical condition as a result of their foreskin; leading to suffering and, in some cases, death. In contrast, circumcision can prevent most of these.

Single mothers

Single mothers have no father figure around to teach their sons about their penis, foreskin and genital hygiene. They are very often highly reluctant to touch their son's penis and show him how to retract his foreskin and wash properly. The boys often therefore grow up even more ignorant of the need to retract their foreskin to urinate and for daily thorough cleaning than most of their peers.

Teenage boys who suffer from phimosis and other genital problems are often reluctant to talk about them to their father, let alone their mother, and thus fail to get the prompt treatment they need.

By having their sons circumcised as infants, single mothers do both themselves and their boys a great favour as teaching penile cleanliness is then nothing special since it is the same as for the rest of their body, with no hidden parts.

General risks of circumcision

- All surgery involves some risk, but in developed countries the risks from medical circumcision in men and teens are very low, and are lower still for infant circumcisions (including religious ones). Mutilation or loss of the penis, and death, are virtually unheard of when circumcision is performed by a competent and experienced medical practitioner or Jewish mohel.
- For 1 in 500 circumcisions there may be 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 sometimes be a local infection, often what seems like a local infection is actually part of the normal healing process. Natural and beneficial lymph can often be mistaken for puss from an infection.

Serious complications (requiring hospitalization) are rare – approx. 1 in 5000.

- Circumcision is not advised for men or boys with a bleeding disorder such as haemophilia. If it is medically necessary, it will require a specialized team of physicians and careful pre-operative preparation.
- An anaesthetic is imperative, as for all surgery. A local anaesthetic (possibly with the addition of a mild sedative) is usually preferable for a circumcision. Some surgeons will insist on a general anaesthetic – depending in part on the circumcision technique they use – but it carries a much greater risk and is normally unnecessary at any age.

An oral analgesic medication (e.g. paracetamol) is often prescribed for pain relief after the anaesthetic wears off, but many men find it unnecessary. Usually there is very little post-operative discomfort and normal activities can be resumed after 24 hours.

Specific precautions for circumcision of infants and children

- An anaesthetic is imperative, preferably always a local since a general anaesthetic carries risks and is unnecessary. For age 0-6 months a local, not a general, *must* be used. For older children or teenagers a mild sedative might be considered in addition to the local. Young children who wriggle can be gently restrained during the procedure. For pain after the anaesthetic wears off, an oral analgesic medication can be prescribed.
- Parents must very carefully monitor a newly circumcised infant for the first 24-48 hours and closely follow any post-operative care guidance given by the doctor. Practically every case of a serious problem (or death) following circumcision has been the result of parents not taking sensible precautions or not following instructions.

Older boys must be advised to immediately tell their parents if they see anything unusual or of concern to them.

- If a bleeding disorder such as haemophilia runs in the family, then the doctor needs to be advised as circumcision may be contra-indicated or require special pre-operative treatment. Excessive bleeding can be very serious for an infant who has a smaller total amount of blood than an adult or older child.
- Unless immediately medically essential, circumcision should not be performed on an infant with hypospadias or other congenital malformation of the penis since the foreskin may be required for use in any reconstruction. The advice of an experienced paediatric urologist should be sought at the earliest opportunity.

Preparation, after-care and healing

- It is important to ensure that the doctor is experienced in performing circumcisions for patients in the relevant age group. Some have only limited experience outside of a narrow age band.
- Useful advice on preparing for a circumcision can be obtained from the Files area of the Inter-Circ web site and from the Circumcision HelpDesk™ website. (See Recommended links on page 15.)
- As previously stated, parents must very carefully monitor a newly circumcised infant or young child for the first 24-48 hours (especially looking out for any bleeding) and closely follow any post-operative care guidance given by the doctor.

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- Useful advice on the post-operative care of a new circumcision can be obtained from the Files area of the Inter-Circ web site and from the Circumcision HelpDesk™ website. (See Recommended links on page 15.)
- An infant circumcision usually heals within a week or two with excellent cosmetic results. If the circumcision was not performed using a 'fit and wear' device, such as a Plastibell™, it is imperative that parents gently push back the remnant of foreskin away from the glans and apply a barrier cream to prevent possible adhesions and skin bridges from forming. This needs to be done at every bath time and diaper change. Older boys must be taught to do this for themselves.
- When circumcision is performed after infancy there is always some swelling, which will resolve within a few weeks. Healing is not complete until all the sutures dissolve (or are removed) and the wound fully scabs over. This usually occurs within four weeks, after which sexual activity may be resumed. Final cosmetic appearance takes longer (6-8 weeks).

Part 3

In conclusion

Circumcision confers a lifetime of medical benefits. 1 in 2 uncircumcised males will develop a medical condition caused by their foreskin, leading to suffering.

Genital cancers and HIV can result in death. In contrast, circumcision can prevent most of these.

The surgical risk from medical circumcision in a modern setting is extremely low, while the long-term functional and cosmetic outcomes are generally excellent.

Male circumcision provides a substantial benefit to public health and the individual well-being of both men and women.

Overall benefits exceed minor risks by over a hundred to one!

Voices against circumcision

There are many misconceptions about male circumcision, some deliberately put about by a tiny, but very vocal, minority of anti-circumcision activists, many of whom have a hidden anti-Semitic or anti-religion agenda. Parents need to be careful not to be swayed by these to the exclusion of proper medical evidence.

Regrettably, many doctors, midwives, nurses and health visitors have not yet caught up with the substantial research findings in recent years attesting to the wisdom of circumcision as a highly beneficial and safe prophylactic procedure which benefits not only the man himself but also his future sexual partners.

The old adage of “prevention is better than cure” applies equally to circumcision as it does to vaccination (for example). An attitude of “if it isn’t broken, don’t fix it”, or “wait and see” simply leads to increased risk of serious problems and greater discomfort.

Recommended links

Inter-Circ is not the only publisher of reliable information regarding circumcision. The following sites are recommended as they are based on medically correct information. Inter-Circ has no control over the content of external sites and does not vouch for their accuracy or continued availability.

Inter-Circ: The International Circumcision Forum

<https://groups.io/g/inter-circ>

The Circumcision HelpDesk™ Web Sites

<http://www.circumcisionhelpdesk.org>

<http://www.circinfo.com>

Professor Dr. Morris's Web Site

<http://www.circinfo.net>

The Circumcision Facts Web Site

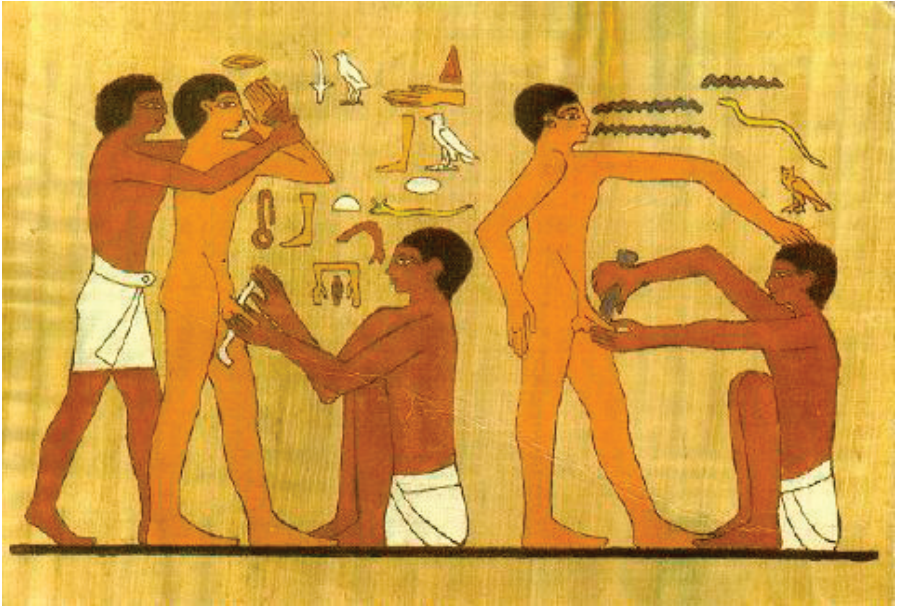
<http://www.circfacts.org>

The Circlist Web Site

<http://www.circlist.com>

American Academy of Pediatrics policy statement on infant circumcision

<http://pediatrics.aappublications.org/content/130/3/585>



Circumcision in Ancient Egypt (ca 2350 BC)
Coloured copy from a bas relief in the tomb of Ankhmahor at Saqqura



Essential information for men, couples, parents and especially single mums with sons...

The Health Benefits of Male Circumcision



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