

(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 with 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.
- **Anaesthetic** is imperative, preferably a local, since a general anaesthetic 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 anaesthetic 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. 1 in 3 uncircumcised boys will, as a result of having a foreskin, develop at least one condition requiring medical attention. This means various degrees of suffering and occasionally death from genital cancers or HIV. In contrast, risk of an easily treatable condition during a circumcision is very low (1 in 500), 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.

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

Further information

may be obtained from the following web sites.
<http://www.circumcisionaustralia.org> (Circumcision Foundation of Australia: 'Policy Statement' and 'What is the best age to circumcise?')

<http://www.circinfo.net> (Prof Morris, Sydney)
<http://www.medicirc.org> (Dr Schoen*, Oakland, California)
<http://www.circlist.com>
<http://www.aboutcirc.info>
<http://www.circumcision.com.au> (Dr Russell*, Brisbane)
<http://www.samkuninmd.com> (Dr Kunin*, Los Angeles)

The author wishes to thank the various international medical experts who helped in formulation of this Guide. Dr Schoen was Chair of the 1989 American Academy of Pediatrics Task Force on Circumcision. Those denoted by an asterisk* have very extensive surgical experience with performing circumcisions.

Brian Morris is a Professor in the School of Medical Sciences at the University of Sydney, where he has taught medical and science students since 1978.

After graduating from the University of Adelaide, he conducted research for his PhD in the departments of medicine of the University of Melbourne and Monash University, at the Austin and Prince Henry hospitals, respectively, from 1972. This was followed in 1975 by further research as a CJ Martin Fellow of the National Health & Medical Research Council of Australia, in the School of Medicine of the University of Missouri in Columbia, and the University of California, San Francisco. In 1993 he was awarded a DSc based on his published work, which currently extends to over 300 research articles on molecular biology and genetics, hypertension, cervical screening and circumcision. He has won major awards for his research.

He is not aligned with any religious or political group that may have any influence on the topic of circumcision. The views he expresses arise from his evaluation of research published in reputable, peer-reviewed medical journals.

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

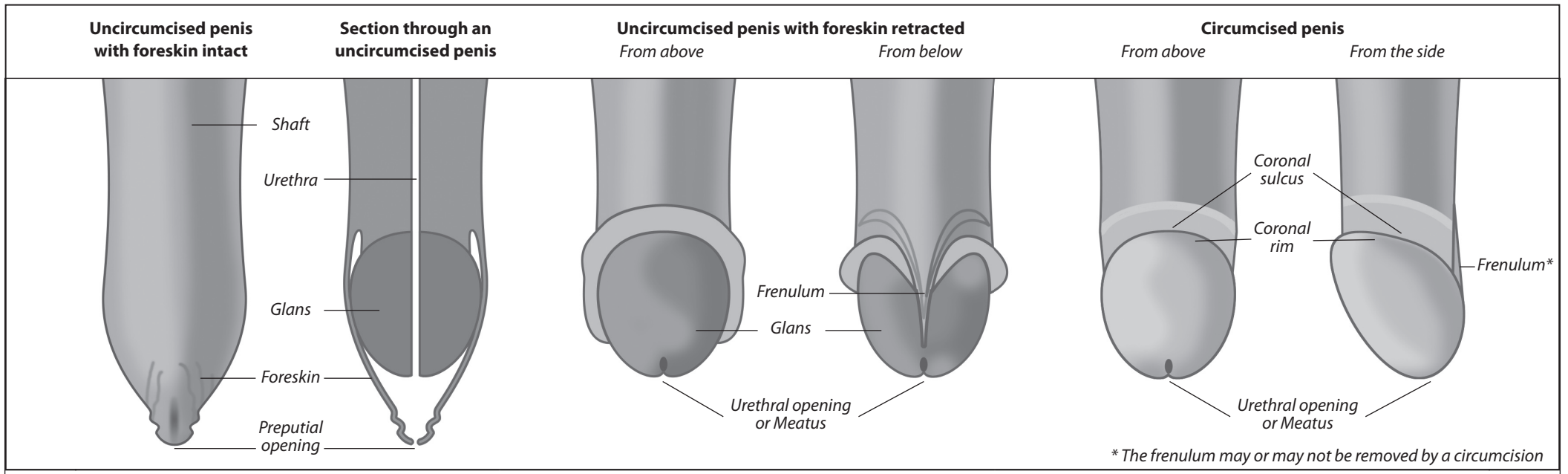
Published in Australia by
Brian Morris
Sydney
New South Wales

Circumcision: A guide for parents by Professor Brian Morris



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 Australia, the Pacific Islands, equatorial countries, the Middle East, Africa and the Americas. In Australia most newborn boys were once circumcised routinely. It then decreased precipitously in the 1970s-80s, but is now rising again, in line with research. Currently 66% of Australian-born and 88% of US-born white men are circumcised.

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 the 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 which is covered by the foreskin. This rises to 1 in 3 if the uncircumcised man is diabetic. (Uncircumcised diabetic men also have other severe penile problems.) In contrast only 2% of circumcised men get this condition.

- Over 10-fold decrease in risk of **urinary tract infection**. Whereas risk is only 1 in 500 for a circumcised boy, 1 in 50 uncircumcised males will get a urinary tract infection in infancy and 1 in 5 over the lifetime. This very painful condition is particularly dangerous in infancy. 40% develop kidney inflammation and disease; sepsis and meningitis can also result.
- 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 usually requires penile amputation or disfiguring surgery leading to impaired penile function.
- Uncircumcised men have elevated risk of prostate cancer, which affects 1 in 9 Australian men over their lifetime.
- Reduces by approximately 3- to 7-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, balanitis or inflammation). In developed countries such as Australia cases of HIV acquired heterosexually are rising. Although still low, his risk, especially if uncircumcised, will be much greater if he engages in unsafe sex with people in countries in which HIV abounds. Condoms reduce risk 80% and should also be used.

- Circumcision halves the risk of **thrush** as well as sexually transmitted infections such as **high-risk papilloma (wart) virus**, **syphilis**, **trichomonas**, **chancroid**, **mycoplasma** and reduces **genital herpes** risk by one-third.
- Circumcision may reduce 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). **Chlamydia** has more than doubled over the past 5 years in Australia and can cause **infertility** (in both sexes), **pelvic inflammatory disease**, and **ectopic pregnancy**.
- 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 of the penis with the vaginal wall, and stimulation, are others.
- In general, sexual function, sensation and satisfaction are the same or better in circumcised men.

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