



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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The Inter-Circ International Circumcision Forum

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

The Inter-Circ forum is located at:

<http://groups.yahoo.com/neo/groups/inter-circ/info>

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.

Acknowledgment

The authors wish to acknowledge the invaluable work towards the advancement of knowledge of the medical benefits of male circumcision made by the Circumcision Academies of Australia and America (<http://www.circumcisionaustralia.org> and <http://www.circumcisionamerica.org>) and the contribution of its worldwide group of expert practicing doctors and academic researchers, whose publications have been widely consulted in the preparation of this booklet.

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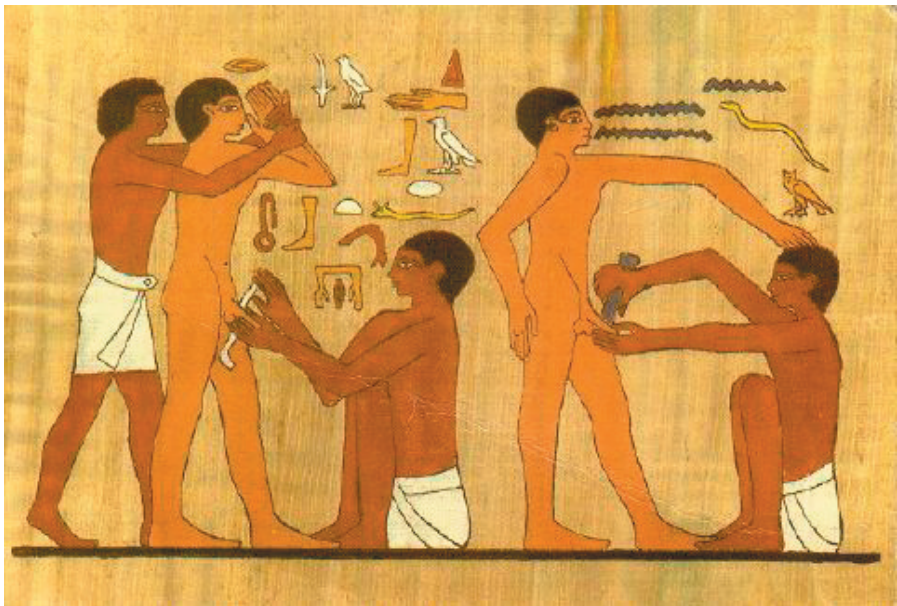
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Introduction

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, this booklet is divided into sections covering what needs to be known by everyone, and more specific information for parents and women.

Please note that this booklet is concerned solely with male circumcision.

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 practiced more widely today than ever before – attesting to its beneficial nature.

The picture on page 2 (taken from a wall painting in the tomb of Ankhmahor at Saqqara dating back to circa 2350 BC) shows that circumcision was widely practiced in Ancient Egypt. 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 (ie 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.

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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 in nursing homes.
- Reduces by 3-fold the risk of inflammation and infection of the skin of the penis. One in 10 uncircumcised men suffer from inflammation of the 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.
- Reduces by approximately 3-fold the risk of acquiring HIV (AIDS) during sex with an infected woman. 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 individuals at high risk for HIV infection. Condoms reduce risk by 80% and should always be used irrespective of circumcision status.

- Affords substantial protection against thrush (candida), as well as sexually transmitted infections such as papilloma (wart) virus, genital herpes, syphilis, chancroid, trichomonas and mycoplasma.
- 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 require 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 (the head of the penis) 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.

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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 later.
- 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).
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.
At least 20% of cervical cancers would be avoided if all men were circumcised.
- 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 reduces her risk of disease, suffering, medical treatment and premature death.

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.

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

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- Circumcision is not advised for men 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, but some surgeons will insist on a general – depending in part on the circumcision technique they use.

An oral analgesic medication 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 10.)
- As previously stated, parents must very carefully monitor a newly circumcised infant or young child for the first 24-48 hours and closely follow any post-operative care guidance given by the doctor.
- 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 10.)
- 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).

Voices against

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 great discomfort.

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.

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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!

Recommended links

Inter-Circ is not the only publisher of reliable information regarding circumcision. The Links section of the web site includes links to the following recommended sites and other sources of information. Inter-Circ has no control over the content of external sites and does not vouch for their accuracy.

The Inter-Circ International Circumcision Forum
<http://groups.yahoo.com/neo/groups/inter-circ/info>

The Circumcision Helpdesk™ Web Sites
<http://www.circumcisionhelpdesk.org>
<http://www.circinfo.org>

The Circlist Web Site
<http://www.circlist.com>

The Circ-Info Web Site
<http://www.circinfo.net>

American Academy of Pediatrics policy statement on infant circumcision
<http://pediatrics.aappublications.org/content/130/3/585>



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