Neonatal Circumcision Is Necessary

by Gerald N. Weiss, M.D.



So you've just given birth to a son! Congratulations! Now you have an important decision to make. Should he be circumcised? Although the father is probably circumcised, are you being told that this act upon your infant son is barbaric, antiquated, unnecessary, painful and so on? No wonder that this decision has become fraught with confusion and fear. It is to the discredit of those who have caused this unjustified concern. As new parents you should be savoring the joy of your new arrival with as few additional worries as possible.

Neonatal circumcision is a prophylactic surgical operation that prevents serious disease. The current state of confusion over what had become a routine procedure in the United States is due in large part to the statements of two medical specialty groups, the American Academy of Pediatrics and the American College of Obstetrics and Gynecology. In both cases, statements against neonatal circumcision were made by small groups within the organizations but never voted upon by the larger memberships of either society. This salient fact has been lost on the American public and on many of their well-meaning advisors. Several astute physicians have recognized that the statement of the pediatricians is based on "equivocal and admittedly inadequate information". The anti-circumcision craze has developed because groups of conservative, sensitive,

medically misinformed individuals, some with fanatical emotionalism, have not seen the consequences of a society where males are not circumcised. While medical prophylactic measures are readily accepted by our society, surgical prophylaxis is in danger of being discarded by an overemphasis on the return to the "natura". The intense pain of natural childbirth is seen as a reward while the minor discomfort, if any, of circumcision is magnified beyond reason.

HOW DID IT BEGIN?

Circumcision is the oldest and safest operation. In a Cairo Museum is a statue showing a circumcised Pharoah while illustrations of the operation itself have been found dating from 3000 B.C. The Egyptian heiroglyphic sign for penis is the circumcised organ. For Orthodox Judaism and Islam and in some tribes of the Orient, Africa and Polynesia the procedure is routine and without question. For over 3800 years Jews have done it as a sign of the covenant with God. It is the only surgical procedure mentioned in the Old Testament and has been called by some "the seal of God". It further represents a prophylactic health undertaking for which the Mosaic Code is well recognized. Jesus of Nazareth, as cited in the Gregorian Calendar, was circumcised on the eighth day after his birth. Some calendars in the recent past have indicated New Year's Day as the "Circumcision Day of Our Lord". Moslems, descendants of Ishmael, who was circumcised when 13 years old by his father Abraham, still adhere to this ritual and timing. The reason for the procedure being performed at this age was that it was then that God commanded Abraham to undertake circumcision of his household. Isaac, Abraham's second son who was born later, was circumcised on the eighth day in accordance with the Hebrews' covenant with God. African tribes reportedly circumcise their males just prior to marriage. It is said that the females demand the procedure of their husbands believing that when the foreskin is removed there is decreased sensitivity of the glans penis and thereby coitus is prolonged more to their satisfaction.

WHAT IS IT ALL ABOUT?

Circumcision in the newborn is a simple procedure in the hands of a trained person. It is the removal of the foreskin (prepuce) with which most, but not all, male infants are born. Unless medically contraindicated because of illness, the operation is best done between the second day and the second week of life. The prepuce covers the head of the penis (glans) and in some animals contains a functional muscle which assists the male in intercourse. There was an evolutionary time when the prepuce had a purpose. Now, even the function as a protective covering in primitive man is unnecessary. The prepuce has thus become a functionless vestigal tissue in the human male.

WHO DOES IT?

Ritual circumcision is usually performed by a specialist in the religious circumcision technique. Basically, the ritual Jewish circumcision has two requirements, a drop of blood and speed. The blood indicates the sacrificial contractual agreement with God. The haste is intended to produce little or no pain for the infant who may be anesthesized by a little wine or a local anesthetic. A physician usually performs the non-ritualistic procedure. Parents should expect the physician to be well trained in the operation and to supply post-operative instructions. The infant must be given a follow-up appointment to assure that care instructions have been followed and all is well. Complete healing usually occurs in two weeks.

WHY DO IT?

At birth there may indeed be "no absolute medical indication for circumcision", as stated by the American Academy of Pediatrics Task Force, if treatment is considered only for an active disease process. The procedure, however, at this early age is performed for three reasons:

- to prevent future disease, suffering and possible death;
- 2) the surgical risk in the infant is minimal with little, if any, pain – since the pain fiber tracts are not yet fully developed; and
- 3) the cost of medically-necessary adult circumcision today is at least ten times greater than in the neonate.

HEALTH REASONS

Cancer of the penis only occurs when a foreskin is present, or has been present for the majority of the patient's lifetime. It has been diagnosed as early as 14 years of age but is more common in the aged. The latest National Institute of Health figures (1986) indicate that between 1978 and 1982 in the United States, there was an average of two cases per day of penile cancer detected and one death every two days. The five year survival rate is 50 percent. A cancer totally prevented by a relatively harmless neonatal operation is a powerful incentive for prophylactic surgery.

A recent control study has shown the uncircumcised child has a 20 times greater incidence of urinary tract infection in his first year. Phimosis, the inability to retract the foreskin, according to most urologic texts afflicts 2 to 10 percent of all males with a prepuce. It is stated that successful intercourse requires retraction of the foreskin over the glans. Currently there is no test that will determine in advance which infant male will or will not have a foreskin retraction problem as he grows. Paraphimosis, where the retracted foreskin cannot be again brought forward over the glans, is a very painful condition that can be relieved by slitting the foreskin or circumcision

The foreskin collects under it, smegma, composed of dead cells and secretions of the inner skin layer along with urine and, as the child develops, prostatic and testicular secretions. These excretions and secretions can lead to infections, stone formation and malignancy. Infants in hot climates, heavy clothing or tight, wet diapers are particularly prone to prepuce problems. The Ad Hoc Committee on Circumcision, of the American Academy of Pediatrics, in 1975 reported that "A program of education leading to continuing good personal hygiene would offer all the advantages of routine circumcision without the attendant surgical risks." Anyone attempting to bathe an active toddler can appreciate the difficulty of daily cleansing and care of his penis. How much more difficult to teach these methods to a growing child, a task often left to the mother. The optimum hygiene recommended for children in the 1984 brochure by the American Academy of Pediatrics states "leave it alone. It is unnecessary to retract or clean under the foreskin" and "no need for Q-tips, irrigation or antiseptics; soap and water will suffice". Other practitioners encourage prepuce retraction as a part of cleanliness. Diaper soiling, playing and sitting in dirty areas, antibiotic therapy and the likelihood of yeast and viral infection are all conducive to balanitis (inflammation of the foreskin) and balanoposthitis (inflammation of the foreskin and glans). In the uncircumcised adult, sexual contacts seem to enhance the transmission of herpes and cytomegaloviruses during the reproductive years. Removed prepuces are actually used as culture media in medical laboratories for the study of cytomegalovirus

mononucleosis and hepatitis. The advent of the zipper has further created the possibility of traumatic injury to this redundant appendage. A circumcised child has no foreskin scare or care problems.

The presence or absence of the prepuce may be perceived differently in the aesthetic sense. Culture and customs are determinants in this matter. However, in the uncircumcised, the debris accumulation and offensive odors also affect aesthetic sensibilities. In the adult it may be necessary to clean the area several times a day which leads to excessive penile attention and manipulation. Ease of cleanliness can make life smoother for the mother and the circumcised child rather than the confusion of "leave it alone", "clean under it", "pull it back sometimes" or "irrigate occasionally".

There are many absolute medical indications for circumcision – phimosis, paraphimosis, repeated episodes of balanitis and balanoposthitis, hygienic care considerations, painful intercourse due to foreskin problems. Urologists recognize that the need of an appliance for urinary drainage in the guadraplegic or senile man requires a circumcised penis. Late circumcision exposes the patient to risk of morbidity and mortality far greater than in the neonatal period. Obviously, the psychic damage in the young child or man is avoidable when infant circumcision has already been accomplished.

RISKS

As for the operation of neonatal circumcision, like any surgical procedure, it may carry a risk. But so does living! Many millions of neonatal circumcisions have been performed without a death. The two principal dangers are hemorrhage and infection, both of which when recognized early can be effectively treated. Observation and reporting of the problem of too much bleeding, fever, organ redness or swelling post-operatively is important. Your physician will discuss with you postcircumcision care and ask you to bring your son in for a re-check. Only trained and experienced hands should perform this surgical procedure on your infant, just as in any other necessary therapeutic or prophylactic surgical operation.

COST

It is obvious that the list of potential medical diseases of the penis are not only extensive but could be fatal. as with malignancy. The expenses of treatment for

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foreskin diseases and complications suggest that on a cost containment basis alone neonatal circumcision is the more desirable. Medical authorities in Canada, after extensive studies, have concluded:

"About 10% of males not circumcised at birth will eventually require circumcision ... More important, neonatal circumcision is associated with much lower morbidity and mortality and with lower costs than therapeutic circumcision. Thus prophylactic circumcision is recommended for the male population as a whole."

This approach epitomizes the "ounce of prevention is worth a pound of cure" philosophy. Prophylactic surgery, effective for many millennia, has illustrated in a cost containment society that it meets the criteria of guality medical and surgical care. Unfortunately, in the interest of immediate cost savings some insurance plan contracts restrict payment for this procedure of neonatal circumcision. If such companies were held liable for withholding legitimate prophylactic surgery perhaps they would reverse their decisions

Both you and your son will be pleased that you made a decision favoring prophylactic surgery thereby preventing future problems related to the redundant and obsolete foreskin. One medical writer, almost 100 years ago, said, "Life insurance companies should class wearers of a prepuce under the head of a hazardous risk." Don't handicap your son or yourself anymore than you must in this life. Make a wise decision for him now. It's up to you!

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