

Circumcision

What Parents Should Know

Urology Care
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 American Urological Association*

Circumcision is the removal of the skin that covers the tip of a baby's penis. In recent years, newborn circumcision has been a hot topic of debate. Differing opinions and advice may leave many new parents with more questions than answers.

Your choice of whether to circumcise your son may be a question of religion or custom. For instance, circumcision is part of Jewish and Muslim traditions. In other cases, parents may simply want their son to look like his father or other male family members.

But the trend in the United States is clearly changing. The rate of circumcision is falling. In the 1970s and 1980s, about 8 of every 10 boys born in the US were circumcised. Today, 5 or 6 of every 10 boys are circumcised. Circumcision rates in the US vary by region. Fewer boys in Western states are circumcised. The north central region has the highest rates of circumcision.

Only about one in three males are circumcised worldwide. Around the world, the highest rates for circumcision are in the Middle East, South Korea and the US. In Latin America, most of Asia and in Europe, circumcision is rare. It is on the rise in Africa, where studies have shown that circumcision lowers the risk of getting HIV. This is because the foreskin is different from skin on other parts of your body. It's not like the skin on your arm, for instance. The foreskin has a type of cell called Langerhans cells, which are more likely to attach to HIV cells. Based on these findings, in 2007 the World Health Organization endorsed circumcision as a way to help stop the spread of HIV. Still, this thinking has not

taken hold in parts of the world where HIV is not as wide spread. In fact, the Royal Dutch Medical Association in the Netherlands called for a ban on circumcision in 2010. They stated that the procedure is "medically unnecessary and violates children's rights."

In the US, the American Urological Association (AUA) and the American Academy of Pediatrics (AAP) each have policy statements on circumcision. Both groups recommend the procedure be offered as a choice to parents. The AUA "believes that neonatal circumcision has potential medical benefits and advantages as well as disadvantages and risks." The AAP states that "health benefits [from circumcision] are not great enough to recommend routine circumcision for all male newborns... [But are enough] to justify access for families choosing it." Parents should talk with their child's doctor about the health risks and benefits. With those facts, parents should then think over what will work for their family. They should keep in mind their own religious, ethical, and cultural beliefs and practices.

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So what should parents know about the health risks and benefits of circumcision? Of course, circumcision can cause pain and stress for the patient. To lessen pain for newborns,

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an anesthetic (pain killer) may be used. With newborns, there is some evidence that babies may be less likely to feel discomfort 7 to 10 days after birth. This is because newborns have a high level of endorphins (substances made by the body that reduce pain). Also, as with any surgery—even a minor one—there is also a risk of bad side effects. When circumcision is not done properly, the urethra (the tube that carries urine out of the body) or penis may be hurt. In rare cases, death has even occurred. Still, circumcisions done by skilled doctors rarely have bad side effects. And the problems that result are often not serious. The most common side effect is bleeding or infection. To help avoid problems, parents choosing to circumcise should make sure that whoever is doing it is skilled and practiced. Parents should also feel free to ask any questions they may have.

After circumcision, caring for the penis is simple but important. Wash the area gently with warm water. Pat dry and put on a new bandage with antibiotic ointment each time you change the diaper. The healing process should take about a week. It is normal for there to be a little swelling, redness and maybe blood at first. Still, it is important to have your baby seen by his doctor if these problems last several days or get worse. Also talk to a doctor if the baby gets a fever or does not have a wet diaper within 12 hours of circumcision. Almost all side effects are easily treated.

On the plus side, circumcised boys are less likely to have a urinary tract infection (UTI) in their first six months. As they grow older, circumcised males are also less likely to get penile cancer. Still, this type of cancer is rare in the US. And uncircumcised males can prevent penile cancer with good hygiene and keeping the area under the foreskin clean.

Parents who opt out of circumcision should wash their baby's penis with soap and water with each bath. Parents should also be sure to teach their son good hygiene and care for his penis as he grows older. Treat the foreskin gently and make sure not to pull it back forcibly. Once it starts to retract, often around age five, it is important to clean under the foreskin with soap and water often. See a doctor if there is any swelling, pain or if the foreskin is itchy.

In the end, circumcision is a family decision. And different choices work for different families. "When parents ask me

whether to have their son circumcised, I tell them whatever they feel is best for their son is the right decision," said Dr. Anthony Atala, AUA member and Director of the Wake Forest Institute for Regenerative Medicine. "In the end, if he is kept safe, clean and well cared for, then the parents are doing the right thing."

RESOURCES

FamilyDoctor.org

In English: <http://familydoctor.org/familydoctor/en/pregnancy-newborns/caring-for-newborns/infant-care/circumcision.html>

In Spanish: <http://familydoctor.org/familydoctor/es/pregnancy-newborns/caring-for-newborns/infant-care/circumcision.html>

MedlinePlus, U.S. National Library of Medicine, National Institutes of Health

In English: <http://www.nlm.nih.gov/medlineplus/ency/article/002998.htm>

In Spanish: <http://www.nlm.nih.gov/medlineplus/spanish/ency/article/002998.htm>

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