

Considering Circumcision for Your Son?

Circumcising your infant boy is a serious and risky decision with lifelong consequences. Before you proceed, it is important to research these points.

Why are some male infants in the United States circumcised?

Male circumcision has its roots in ritual sacrifice and subjugation. Historical evidence of the practice dates as far back as ancient Egypt; some cultures have circumcised males as a rite of passage or a religious marking. In the late 1800s, some doctors in English-speaking countries began touting circumcision as medically beneficial, claiming it could prevent masturbation and overactive sex drive (these were believed to be harmful), as well as epilepsy, paralysis, irritability, various cancers, and sexually transmitted infections. Alongside the medicalization of childbirth in the early to mid-1900s, circumcision became a routine hospital surgery performed on most infant boys. Since that time, all other English-speaking nations have largely abandoned the practice, and U.S. rates have dropped significantly since the 1990s.¹

Most other countries do not routinely circumcise infant boys. Approximately 70% of the world's men have intact (not circumcised) penises. In countries where the intact penis is considered normal, and correct (non-invasive) care is practiced, medically indicated circumcisions are rare.²

How is circumcision performed?

Typically, an infant in the U.S. is circumcised using one of these three devices: the Plastibell, the Gomco clamp, or the Mogen clamp.³

An infant usually is restrained using a Circumstraint, a plastic molded board with Velcro straps that tie down his limbs. With each method, the person performing the circumcision inserts a probe in the baby's genital opening to break the fused membrane that adheres the foreskin to the glans (head of the penis), then cuts away the healthy foreskin penis tissue. Injections or topical cream may be used to reduce pain, but there is no legal requirement to provide any form of pain relief during circumcision. Research has demonstrated circumcision is among the most painful procedures an infant can experience; no available anesthetic options completely eliminate circumcision pain, and local anesthetics have unacceptably high failure rates.⁴⁻⁷





What are the harms and risks of circumcision?

Every circumcision results in the loss of the foreskin and its specific functions. The foreskin:

- is densely populated with nerve endings designed for pleasure
- keeps the glans healthy, clean, moist, and sensitive
- protects the urethra from contaminants^{8,9}

Risks of circumcision (beyond the inevitable loss of part of the penis) include infection of the surgical wound, excessive blood loss, removal of too much tissue resulting in tight/painful/bleeding erections, adhesions, skin bridges, meatal stenosis, accidental amputation or mutilation of the glans, and death from hemorrhage or infection.^{10,11}

To continue your research, please visit YourWholeBaby.org, watch Georgetown University Professor Dr. Ryan McAllister's "Circumcision: An Elephant in the Hospital" on YouTube, and ask your healthcare professional why she or he recommends keeping babies intact.

¹ Guest, C. (2013). Circumcision: The whole story (video file). Children's Health and Human Rights Partnership. Retrieved from <http://chhrp.org/index.php/resources/videos/>

² McAllister, R. (2011). Circumcision: an elephant in the hospital (video file). Georgetown University Library Gelardin New Media Center. Retrieved from <http://www.library.georgetown.edu/gelardin/showcase/entries/circumcision-elephant-hospital>

³ Types of circumcision. Your Whole Baby. Retrieved from <https://www.yourwholebaby.org/types-of-circumcision/>

⁴ Brady-Fryer, B., Wiebe, N., & Lander, J.A. (2004). Pain relief for neonatal circumcision. *Cochrane Database of Systematic Reviews*, Issue 4. Art. No.: CD004217. DOI: 10.1002/14651858.CD004217.pub2.

⁵ Serour, F., Mori, J., & Barr, J. (1994). Optimal regional anesthesia for circumcision. *Anesthesia & Analgesia*, 79(1), 129-31. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/8010422>

⁶ Irwin, M.G., & Cheng, W. (1996). Comparison of subcutaneous ring block of the penis with caudal epidural block for post-circumcision analgesia in children. *Anaesthesia and Intensive Care Journal*, 24(3), 365-7. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/8805893>

⁷ Sharara-Chami, R., Lakissian, Z., Charafeddine, L., Milad, N., El-Hout, Y. (2017, December). Combination analgesia for neonatal circumcision: a randomized controlled trial. *Pediatrics*, 140(6). DOI: 10.1542/peds.2017-1935. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/29150457>

⁸ Cold, C.J., & Taylor, J.R. (1999). The prepuce. *British Journal of Urology*, 83(Suppl 1), 34-44.

⁹ Taylor, J.R., Lockwood, A.P., & Taylor, A.J. (1996). The prepuce: Specialized mucosa of the penis and its loss to circumcision. *British Journal of Urology*, 77, 291-295. Retrieved from <http://www.cirp.org/library/anatomy/taylor/>

¹⁰ Complications. (2016). *Doctors Opposing Circumcision*. Retrieved from <http://www.doctorsopposingcircumcision.org/for-professionals/complications/>

¹¹ Complications of circumcision. (2017). *Stanford Medicine Newborn Nursery*. Retrieved from <https://med.stanford.edu/newborns/professional-education/circumcision/complications.html>