Male Circumcision

Summary

- Male circumcision is the surgical removal of the foreskin that covers the tip of the penis.
- Most circumcisions are performed for family, cultural or religious reasons.
- In Australia today, fewer than 20 per cent of boys are circumcised.
- When considering circumcision for your child, you should be aware of the possible risks and benefits.
- There are different methods of circumcision. The procedure can be performed using a general anaesthetic or local anaesthetic.

Male circumcision is an operation to remove the foreskin that covers the tip of the penis. The functions of the foreskin include protecting the head of the penis and contributing to sexual sensations. While recent research suggests that circumcision may bring some medical benefits, some doctors believe these are too small to justify surgery.

A medical circumcision is a circumcision performed to treat a disease, such as pathological phimosis (lichen sclerosis), recurrent balanitis or recurrent urinary tract infections.

A request circumcision is a circumcision performed for non-medical reasons, such as parental preference, religious reasons or to potentially prevent disease at some future time.

Circumcision is mostly performed on babies for family, religious or cultural reasons. The Royal Australasian College of Physicians’ statement, Circumcision of infant males, was produced for doctors and to assist parents who are considering having this procedure undertaken on their male children. For more information, see the Urological Society of Australia and New Zealand’s guidelines, Performing circumcision on infant males.

Parents deciding on circumcision

When considering circumcision for your baby, you need to be aware of the possible risks and benefits. You should also be aware that the rights of parents to give consent to a circumcision for their child are disputed. Some men resent that they were circumcised as children. They resent being deprived of the ability to make the decision for themselves as adults. For more information, see Circumcision: A parents’ guide to routine circumcision of male infants and boys.

Medical reasons for circumcision

Recent research suggests that circumcision may bring medical benefits such as:

- a 10 times lower risk of a baby getting a urinary tract infection (UTI) in his first year of life (remembering that only one per cent of babies are at risk of a UTI, so 1,000 circumcisions are needed to prevent one UTI)
- no risk of infants and children getting infections under the foreskin
- easier genital hygiene
- much lower risk of getting cancer of the penis (although this is a very rare condition and good genital hygiene also seems to reduce the risk. More than 10,000 circumcisions are needed to prevent one case of penile cancer)
- a possibly lower risk of men getting sexually transmissible infections (STIs) than men who are not circumcised (although these studies have not been scientifically confirmed and safe sex practices are far more effective in preventing these infections).

For more information see Guidelines for male circumcision in the Victorian public hospital system.
Reasons not to choose circumcision

There are also good reasons why parents choose not to have their sons circumcised, such as:

- wanting to avoid surgery that is not essential and that carries some risk of complications, even though these are small
- concern that removing the foreskin may reduce the sensitivity of the tip of the penis and reduce sexual pleasure for both partners later in life
- wanting to avoid the pain of circumcision, which can occur at the time of the operation and for some time after.

Circumcision of older boys and men

Some older boys and men need to have a circumcision due to medical problems such as:

- scarring of the foreskin that stops it from retracting (phimosis)
- recurring inflammation or infections of the penis (balanitis or lichen sclerosis)
- a foreskin that is too tight and causes pain or spraying when urinating
- recurrent urinary tract infections.

Medical issues with circumcision

If you are considering circumcision for yourself or your son, you need to discuss a range of issues with your doctor or surgeon including:

- medical history
- any possible bad reactions or side effects from the anaesthetic.

Circumcision may be performed in the first few days after birth under local anaesthetic or after six months of age under general anaesthetic. Parents and their doctor should make sure that the person performing the circumcision is experienced and competent, uses appropriate anaesthetic and has the skills to deal with any potential complications.

Procedure for circumcision

There are different methods of circumcision. Either local or general anaesthesia should always be used.

The plastibell procedure involves numbing the area with local anaesthetic creams or injection. A bell-shaped instrument is inserted under the foreskin to separate it from the penis. The foreskin is then removed using scissors or a scalpel.

Alternatively, circumcision can be performed as a formal surgical procedure, using dissolving sutures or tissue glue.

Immediately after a circumcision

After the operation you can expect:

- discomfort and swelling
- a small patch of blood in the baby’s nappy (smaller than a 10-cent piece – if it is any larger, contact your doctor immediately)
- the wound area looking unsightly for about 10 days.

Complications after a circumcision

Complications following circumcision are rare, but can include:

- pain
- excessive bleeding
- infection
- cutting the foreskin too short or too long
- irritation to the head of the penis, since the foreskin seems to protect the head of the penis

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• narrowing of the meatus (the tube that allows urine to exit from the body)
• reduced sensitivity, which may cause a decrease in sexual pleasure later in life or painful intercourse for the man’s sexual partner.

Taking care of your child after circumcision

Be guided by your doctor, but general suggestions include:

• giving your child lots of cuddles and comfort
• applying a little petroleum jelly or ointment on a light gauze dressing to the wound
• applying fresh petroleum jelly and a new gauze dressing at each nappy change. This reduces the risk of urine irritating the wound
• a daily bath to keep the area as clean as possible.

Seek urgent medical attention

See your doctor immediately if your child experiences:

• continuous bleeding from the wound
• blue or black discoloration of the penis
• failure to produce a wet nappy within six to eight hours of the circumcision
• fever
• ongoing pain
• redness or swelling of the penis that doesn’t resolve after three to five days
• a yellowish discharge from the penis
• the plastic bell (if used) not falling off after 10 to 12 days.

Genital hygiene and the uncircumcised penis

A young boy’s foreskin is usually attached to the glans (head) of the penis until about five years of age. Do not try to pull back the foreskin before it is ready, as this may damage the delicate tissues and cause scarring. Generally, the foreskin of a child is best left alone.

A boy’s foreskin may become retractable anywhere between the first couple of years and puberty. Frequently, there are adhesions (areas that are still connected) between the glans of the penis and the inner layer of the foreskin. Adhesions are normal and will separate over the first 15 years of life.

After puberty, the foreskin should be easily retractable. The oily glands beneath the foreskin produce a thick, white substance called smegma, which must be carefully and regularly washed away.

Where to get help

• Your GP (doctor)
• Your local community health centre
• Maternal and Child Health Line (24 hours) Tel. 13 22 29
• Family Planning Victoria Tel. (03) 9257 0100 or 1800 013 952
• NURSE-ON-CALL Tel. 1300 606 024 – for expert health information and advice (24 hours, 7 days)
• The Royal Children’s Hospital Melbourne Tel. (03) 9345 5522