

Circumcision of baby boys is a surgical procedure to remove the layer of skin (called the foreskin or the prepuce) that covers the head (glans) of the penis and part of the shaft. It is most often done during the first few days after birth.

Circumcision is a “non-therapeutic” procedure, which means it is not medically necessary. Parents who decide to circumcise their newborns often do so for religious, social or cultural reasons. To help make the decision about circumcision, parents should have information about risks and benefits.

After reviewing the scientific evidence for and against circumcision, the CPS does not recommend routine circumcision for newborn boys. Many paediatricians no longer perform circumcisions.

Risks and benefits of circumcision

Problems from the surgery are usually minor. Although serious complications are rare, they do occur. Newborn circumcision has been associated with surgical mistakes, such as having too much skin removed.

Of every 1,000 boys who **are** circumcised:

- 20 to 30 will have a surgical complication, such as too much bleeding or infection in the area.
- 2 to 3 will have a more serious complication that needs more treatment. Examples include having too much skin removed or more serious bleeding.
- 2 will be admitted to hospital for a urinary tract infection (UTI) before they are one year old.
- About 10 babies may need to have the circumcision done again because of a poor result.

In rare cases, pain relief methods and medicines can cause side effects and complications. You should talk to the doctor who will be performing the procedure about the possible risks.

Of every 1,000 boys who **are not** circumcised:

- 7 will be admitted to hospital for a UTI before they are one year old.
- 10 will have a circumcision later in life for medical reasons, such as a condition called phimosis. Phimosis is when the opening of the foreskin is scarred and narrow because of infections in the area that keep coming back. Older children who are circumcised may need a general anesthetic, and may have more complications than newborns.

Circumcision slightly lowers the risk of developing cancer of the penis in later life. However, this form of cancer is very rare. One of every one million men who **are** circumcised will develop cancer of the penis each year. By comparison, 3 of every one million men who are **not** circumcised will develop penile cancer each year.

Caring for an uncircumcised penis

The foreskin covers the shaft and head (glans) of a boy’s penis. During the early years of a boy’s life, the foreskin separates from the glans. This is a natural process that occurs over time. You do not need to do anything to make it happen.

When the foreskin separates, it is said to be “retractable,” meaning it can be pulled back.

An uncircumcised penis is easy to keep clean and requires no special care:

- Keep your baby’s penis clean by gently washing the area during his bath. Do not try to pull back the foreskin. Usually, it is not fully retractable until a boy is 3 to 5 years old, or even until after puberty. Never force it.

- When your son is old enough, teach him to keep his penis clean as you're teaching him how to keep the rest of his body clean.
- When the foreskin separates, skin cells will be shed and new ones will develop to replace them. These dead skin cells will work their way down the penis through the tip of the foreskin and may look like white, cheesy lumps. These are called smegma. If you see them under the skin, you don't need to force them out. Just wipe them away once they come out.
- When the foreskin is fully retractable, teach your son to wash underneath it each day.

If you decide to have your baby boy circumcised

- **Cost:** Circumcisions for non-medical reasons are not covered by OHIP
- **Pain relief:**
 - Newborn babies do feel pain. Without pain relief, circumcision is painful. Acetaminophen (such as Tempra or Tylenol) or EMLA cream, which numbs the skin, won't be enough.
 - There is more than one way to do a circumcision. Studies show that the amount of pain depends on what method is used. The Mogen clamp seems to cause less pain than the Plastibell or Gomco technique.
 - Your baby will need a local anesthetic (dorsal penile nerve block or subpubic block technique), given by a needle in the area where the circumcision is done. EMLA cream should also be used to reduce the pain of giving the needle for the anesthetic.
 - Anesthetics do carry risks, and the needle can cause bruising or swelling.
 - Sucking on a pacifier or gauze soaked with a sugar solution may help relieve the pain.
 - Your baby should receive acetaminophen when the local anesthetic wears off. It should be given for 48 hours, or longer if he is still uncomfortable.

Caring for the circumcised penis

- After the circumcision, you can help comfort your baby by holding him and nursing him often.
- The penis will take 7 to 10 days to heal. The area may be red for a few days and you may see some yellow discharge, which should decrease as it heals. Talk to your baby's doctor about what to expect.
- Keep the area as clean as possible. Wash gently with mild soap and water, and be sure to clean away any bits of stool. If there is a bandage, change it each time you change your baby's diaper. Use petroleum jelly (Vaseline) to keep the bandage from sticking.
- Call your doctor if:
 - You see more than a few drops of blood at any time during the healing process.
 - The redness and swelling around the circumcision do not start to go down in 48 hours.
 - Your baby develops a fever (rectal temperature of 38.0° C or higher).
 - Your baby seems to be sick.

For more information

"Neonatal circumcision revisited" (Canadian Paediatric Society) at www.cps.ca/english/statements/FN/fn96-01.htm

Source: Developed with the Fetus and Newborn Committee of the CPS. Reviewed by the Public Education Subcommittee and the Community Paediatrics Committee.

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