

## Is an intact penis longer?

Yes. An Australian survey<sup>3</sup> found that circumcised men had shorter erect penises than intact men, and the difference was statistically significant. This makes good sense as many circumcisions in Australia are too severe, and a tight result can restrict growth of the penis during puberty.

## How did circumcision start in Australia?

During the prudish Victorian era, doctors in Britain and other English speaking countries adopted circumcision and other genital mutilations to control sexual behaviour in boys and girls, and STD in adult men and women. Circumcision, clitoridectomy and hysterectomy were prescribed to cure masturbation, tuberculosis, mental illness, and STDs.

Not all British doctors supported male or female circumcision, and female circumcision was banned in 1867 when a woman's right to choose the fate of her own body was recognised. In contrast, male circumcision was continued into the 20<sup>th</sup> century by ignorant and prudish physicians, who claimed it could protect men and women from STDs and cancer.

## Why are most Australian boys not circumcised?

Male circumcision lost favour in Britain in 1949, when the lack of necessity and dangers of the operation were recognised, including bleeding, damage to the glans, excessive skin removal, and deaths.<sup>4</sup> Australian paediatricians have discouraged the practice since the 1960s, and the incidence of circumcision has fallen from over 70% of boys during the mid 1960's to 49% in 1973 and 39% in 1980. In 2002 approximately 12% of boys were circumcised, but there is wide variation between states.

## Why are more boys circumcised in Queensland and NSW?

Western Australia and Victoria have the lowest circumcision incidence of around 5%, yet Queensland has the highest of 20%, and New South Wales the second highest of 15%. Infants born in rural areas are also more likely to be circumcised than those born in a capital city.<sup>5</sup> An Australia-wide medical investigation should be conducted to account for this variation in circumcision practice. Doctors and hospitals in all regions of Australia have a duty of care to give parents full information on the risks and lack of benefits for circumcision, and instructions on how to care for the intact penis.

## Who has the right to decide?

During the decision making process, the most important point for parents to remember is that it is a woman's right to choose in matters concerning her own body, and it should be a man's right to choose also. Circumcision Information Australia (CIA) receives many complaints from adult men who are unhappy about being circumcised as infants or children. Circumcision is cosmetic surgery, and the appearance of the penis is a matter of personal preference. Only the owner of the penis has the right to decide if he would like its appearance, structure and function altered by circumcision.

## How can parents get more help with their decision?

Expectant parents should read both the Parent's Brochure and the full Policy Statement on Circumcision by the Royal Australasian College of Physicians (RACP). These documents are available on the internet or can be obtained in print form by contacting the RACP. For a more comprehensive discussion on circumcision, see the new book *Doctors Re-examine Circumcision*, at your local shire or state library.

After reading this material, parents should not hesitate to take these documents along to their family physician for discussion.

Alternatively, visit our web site at: [www.circinfo.org](http://www.circinfo.org) and email us or phone **02 9543 0222**.

## Glossary

\*Prepuce or Foreskin: the section of the movable sheath of skin on the penis which covers and protects the glans while the penis is not erect (flaccid).

\*\*Frenulum: a very sensitive band of tissue connecting the inner foreskin to the glans on the underside of the penis, often referred to as the male G-spot.

## About the authors



George Williams is a paediatrician in Menai NSW, and also works at The Children's Hospital in Sydney. While completing postgraduate medical training in Canada, George heard of a young baby who died because his circumcision wound became infected with gangrene. George has read many other reports of deaths and serious injuries following infant circumcision, and he feels obliged to educate parents about this unethical and unnecessary practice. George established NOCIRC of Australia in 1992, and has since consulted with media and written a number of articles for textbooks and parenting magazines. He was awarded the Australia's Parents Magazine Award of Merit in 1996 for his "...efforts to make the world a better place for children".



Shane Peterson underwent reconstructive surgery at the age of 18 to repair an over-generous circumcision that took place a week after his birth in West Australia during the 1970's. Shane studied Science in Perth then moved to Canberra for postgraduate studies in Medical Science. He has extensively researched the available literature on circumcision. Shane's surgical experience as an adult has made him very aware of the loss of sexual enjoyment when nervous tissue is removed from the penis.

Shane and George aim to increase public awareness of the negative affects of circumcision, and the value of the foreskin as a sensory organ for male sexual function.

## References

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## Recommended Reading

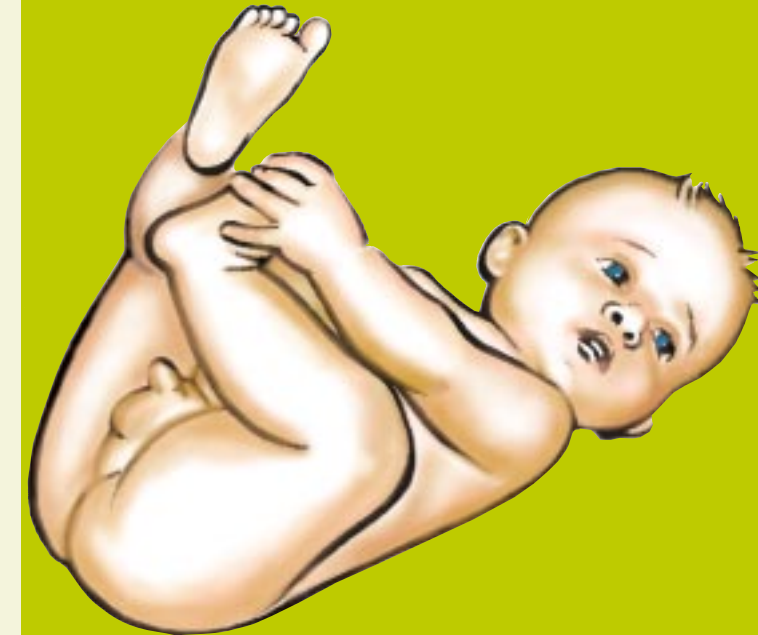
Royal Australasian College of Physicians ([www.racp.edu.au/public](http://www.racp.edu.au/public))  
Parent's Brochure on Circumcision  
Policy Statement on Circumcision

Your Local Shire or State Library  
*Doctors Re-Examine Circumcision* (2002) by Thomas Ritter & George Denniston, Third Millenium Publishing Company ISBN 0-9711878

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# circumcision

*Answers to frequently asked questions for expectant parents*





## Introduction

Parents want to make the best decision for the health of their children, but not all Australian state health departments and medical bodies are equally forthcoming with information for parents on the risks of circumcision and care of the normal (intact) penis. This brochure answers frequently asked questions about male circumcision, and complements the recent Parent's Brochure on circumcision issued by the Royal Australasian College of Physicians (RACP).

### What is male circumcision?

The word circumcision means "to cut around". In male infants, circumcision is an operation which involves tearing the foreskin\* away from the glans (head) of the penis, cutting along the top of the foreskin, then clamping the foreskin and cutting it off. The skin of the penis is a complex movable sheath with no clear indication of where it should be cut during a circumcision. This means that the amount of foreskin removed from one circumcision to the next can be very different, and no two circumcisions are the same.

### Does any medical organisation recommend circumcision of boys?

No medical organisation anywhere in the world recommends routine circumcision of boys. Many organisations state that there is no medical indication for routine circumcision, including the Royal Australasian College of Physicians, the British Medical Association, and the American Academy of Paediatrics. See [www.cirp.org/library/statements](http://www.cirp.org/library/statements)

### Is circumcision less painful for a baby than an adult?

Infants experience excruciating pain during circumcision and for weeks afterwards, and can show behavioural changes such as frequent crying, avoidance of physical contact, reduced feeding, and sleep disturbance. Local anaesthetic creams, such as EMLA, are not adequate and a general anaesthetic poses a significant risk for infants under the age of six months. Adult circumcision is less painful as men can undergo general anaesthesia and receive pain relief during the postoperative period.

### Isn't circumcision just a "tiny snip" with no risks?

The risks of circumcision include bleeding, infection, damage to the glans and frenulum\*\*, excessive skin removal, scarring, loss of penis, and even death. Infant circumcision has more risk than adult circumcision, as a baby's penis is very small and difficult to operate on, and more penile skin is removed than in adults. Excessive skin removal is a common problem, and can restrict growth of the penis during puberty.

### Will a boy feel upset if he looks different to Dad?

All penises are different, just like noses. Boys don't have rhinoplasty so their noses look like their fathers', so why would a baby need his penis to look the same as Dad's? Different doctors perform circumcision differently, and some remove a lot of skin while others remove a little. This means the chance of a circumcised boy looking exactly like his father is very slight.

### Can circumcision prevent UTI in infants?

Some research suggests that circumcised infants may have a lower incidence of urinary tract infection (UTI). Approximately 0.188% of circumcised infants and 0.702% of intact infants develop a UTI. However, this difference is slight and female infants have a higher incidence of UTI than circumcised or intact boys (5%). Mothers will be happy to know that breastfeeding protects male and female infants from infection. If a UTI does occur, the most conservative treatment is with antibiotics and more rigorous follow-up for the rare case of recurrent infections.

### Should a boy's foreskin be retracted everyday for cleaning with soap and water?

The prepuce\* of most newborn boys is still adhered to the glans and cannot be retracted. Forcible retraction can result in tearing, scarring and infection, so circumcision becomes medically indicated because of foreskin damage. A boy will retract his foreskin when he is ready, and it is normal for this to happen any time between the ages of 3 and 13. After the foreskin has become retractible boys can then be taught to gently retract and wash under the foreskin with water. Diluted soap can help with cleaning, but must be thoroughly rinsed away to avoid irritation of the foreskin's sensitive inner surface.

### Are most men in the world circumcised?

Over 75% of the world's men are not circumcised, including most of Europe, Asia, and South America. Circumcised men are a minority confined to the Middle East, some African tribes, Islamic regions of Asia, and some English speaking countries.

### Do women prefer circumcised partners?

Women in circumcising countries sometimes state a preference for circumcised partners, because this is what they are accustomed to. This effect of cultural conditioning should not legitimise the practice. Many women also report smoother intercourse and greater sexual satisfaction with intact partners compared to circumcised partners.<sup>1</sup>

### Does circumcision affect a man's sexual function and pleasure?

Circumcision removes complex tissue containing thousands of highly specialised fine touch receptors and nerve fibres. The loss of sexual sensitivity is proportional to the amount of foreskin removed; a tight circumcision that prevents the foreskin's movement during intercourse is particularly damaging. Men circumcised as infants may be unaware of this, but many men circumcised as adults report a definite loss.

### Can circumcision prevent penile or cervical cancer?

The risk factors for penile and cervical cancer are cigarette smoking, and exposure to multiple strains of the human papilloma or wart virus (HPV), through unprotected sex with multiple partners. Penile cancer is an extremely rare disease with less than 1 case per 100,000 men and a median age of diagnosis of 64 years. Circumcised men do develop penile cancer, which can develop on the circumcision scar.

### Can circumcision prevent HIV and other STDs?

Circumcision does not prevent the transmission of sexually transmitted disease (STD), but many studies claim that circumcision can reduce a man's risk of acquiring an STD. These studies are often done in less developed countries and do not take into account personal hygiene, complex social customs, traditional sexual practices, and genetic factors in susceptibility to disease. Similar studies in industrialised nations, such as Australia, find that circumcision does not reduce the risk of STD transmission.

### What about phimosis and paraphimosis?

A small percentage of boys and men have foreskins with an unusually small opening, which can be difficult to retract (phimosis) or become stuck behind the glans and cause swelling (paraphimosis). For paraphimosis, a doctor can compress the glans and let the foreskin return to its normal position. In both cases, the foreskin's opening can then be increased by twice daily application of a steroid cream for 4-6 weeks.<sup>2</sup> In rare cases of scarring after injury or infection, a small incision may also be needed.