



circumcision

a lifetime of medical benefits



[Home](#) | [Circumcision Topics](#) | [News Update](#) | [Background](#) | [About Dr. Schoen](#) | [References](#)

SUMMARY OF SUBTOPICS OF CIRCUMCISION:

1. [Urinary Tract Infection \(UTI\)](#)
2. [HIV Infection/AIDS](#)
3. [Sexually Transmitted Diseases \(STDs\)](#)
4. [Cervical Cancer in Female Sexual Partners](#) **NEW**
5. [Invasive Penile Cancer](#)
6. [Local Problems- Phimosis, Balanoposthitis, and Hygiene](#)
7. [History, Religion, and Culture of Circumcision](#)
8. [Statistics and Miscellaneous](#) **NEW**
9. [Women's Preference, Sexual Activity, Psych Effects](#)
10. [American Academy of Pediatric Statements \(AAP\) 1971-1999](#)
11. [Circumcision Methods, Local Anesthesia, and Risks](#)
12. [Anti-Circumcision Groups](#)
13. [Overall Summary Statement. Medical Proof of Circumcision Benefits](#) **NEW**

1. Urinary Tract Infections (UTIs), Kidney Infections:

Uncircumcised boys are about 10 times as likely to get serious kidney infections in the first year of life as are circumcised infants; even in adults circumcision protects against UTIs. These kidney infections are most dangerous in the first 3 months, during which time they often lead to hospitalization and can result in overwhelming blood infection and other serious infections. Kidney scarring has been shown to occur later. There is concern that future kidney failure and high blood pressure may follow infantile UTIs. Abnormal kidney function and hormonal secretion can occur with infant UTIs. Fecal contamination of the moist inner foreskin layer with bacterial attachment leads to these kidney infections.

[Back to Top](#)

[Further Proof](#)

2. Human Immunodeficiency Virus (HIV) Infection/AIDS:

Uncircumcised men were first shown to be more likely to acquire heterosexual HIV infection over a decade ago, in articles in the leading medical journals "Lancet" and "New England Journal of Medicine". Since then over 40 separate studies have shown that uncircumcised men are more likely to become infected with HIV on heterosexual exposure. The ease with which the foreskin tears during intercourse, leaving mini-abrasions through which the virus enters, can lead to the infections. It has recently been shown that certain specialized cells in the foreskin, Langerhans cells, can trap the HIV virus and promote infection.

[Back to Top](#)

[Further Proof](#)

3. Sexually Transmitted Disease (STDs):

As with HIV, mini-abrasions of the foreskin during intercourse is the explanation for the fact that uncircumcised men are more likely to acquire certain (though not all) STDs. The STDs for which uncircumcised men are at greater risk include syphilis, chancroid and genital herpes, all of which involve ulceration of the penile surface through which the infection enters.

[Back to Top](#)

[Further Proof](#)

4. Cervical Cancer in Female Sexual Partners:

It has long been known that in population groups where circumcision is performed e.g. -Jews and Muslims - cancer of the cervix is rare and penile cancer almost nonexistent. In recent years the role of human papilloma virus (HPV) in both penile and cervical cancer has been proven, and these cancers are now being thought of as sexually transmitted diseases. A recent study of over 1900 couples in 5 countries found that penile HPV infection is about 3 times as common in uncircumcised males as in circumcised males and there is about a 2.5 fold increased risk of cervical cancer in women whose sexual partner is uncircumcised and has had multiple partners.

[Back to Top](#)

[Further Proof](#)

5. Invasive Penile Cancer:

It has been known for over 100 years that circumcised men almost never get invasive penile cancer, a devastating disease which is more deadly than breast cancer (higher 5 year mortality rate). Each year about 1400 U.S. men get this disease and over 200 die, almost all of them uncircumcised.

[Back to Top](#)

[Further Proof](#)

6. Local Problems- Phimosis, Balanoposthitis, and Genital Hygiene:

Local foreskin infections (balanoposthitis) can occur at any age in uncircumcised males, but is most common at age 2-5 years, an age when the foreskin has often not yet completely separated, and cannot be fully retracted, and genital cleanliness is more difficult to accomplish. In addition between 0.5% and 1% of boys will never be able to retract their foreskin due to a pinpoint opening at the end (phimosis) and will have to be circumcised at a later date when the procedure is more complex and difficult, and about 10 times as expensive. Phimosis becomes most troublesome beginning with puberty; painful erections occur since the foreskin can't retract over the glans. An incomplete form of phimosis, called paraphimosis, occurs when the foreskin is tight but can be retracted over the glans. The glans may then become trapped resulting in severe pain and swelling. Newborn circumcision leads to improved genital hygiene throughout life, but most importantly in infancy, early childhood and old age when personal hygiene may be inadequate. Uncircumcised males are more likely to develop a wide variety of skin disorders including psoriasis, lichen planus, and seborrheic eczema.

[Back to Top](#)

[Further Proof](#)

7. History, Religion, Culture of Circumcision:

Circumcision has been performed for thousands of years and is part of a number of religious and cultural traditions. From the religious standpoint, it is part of the Judeo-Christian belief. Circumcision was a covenant between Abraham and God in the Old Testament, and the New Testament tells us that Jesus was circumcised in the accepted Jewish fashion at age 8 days. Moslems also perform circumcision, but it is done at various ages in childhood. From the secular standpoint it has been theorized that desert-dwelling people in tropical lands began to be circumcised for reasons of cleanliness ("circumcision and sand") and to avoid severe foreskin infections. During World War II, poor hygienic conditions during the African invasion in the desert areas resulted in foreskin infections in over 100,000 US soldiers, and led the Armed forces to

perform adult circumcision among many recruits. This WW II experience is the likely explanation for the fact that following the war in the 1950s and 1960s almost 90% of US newborns were circumcised.

[Back to Top](#)

[Further Proof](#)

8. Women's Preference, Sexual Activity, Psych Effect:

Sexual function is not adversely effected by newborn circumcision. On the contrary, published evidence shows that circumcised men have a wider variety of sexual activity, and women prefer circumcised men, mainly because of better genital hygiene.

[Back to Top](#)

[Further Proof](#)

9. Statistics and Miscellaneous:

Recent statistical evidence from the Center for Disease Control (CDC) agencies (see figures) indicates that in the United States (US) newborn circumcisions among non-immigrant boys have increased over the past 2 decades. The CDC found that the total US newborn circumcision rate rose very slightly (from 64% to 65%) over the two decade period, from 1979-1999, but the breakdown of these statistics is revealing. There have been increases in circumcision among blacks (from 56 to 64%) and in newborns from the Midwest (from 74 to 81%) and the South (from 56 to 61%), areas of the country with the fewest new immigrants. In specific communities very high circumcision rates are being reported: 84% in Atlanta, Georgia, 85% in Houston, Texas, and 92% in a Wisconsin community served by a pediatrician opposed to circumcision.

[Back to Top](#)

[Further Proof](#)

10. American Academy of Pediatric Statements (AAP):

The AAP issued statements on circumcision in 1971, 1975, 1989, and 1999. The statements have been confusing, contradictory, often biased and not supported by medical evidence.

[Back to Top](#)

[Further Proof](#)

11. Circumcision Methods, Local Anesthesia, and Risks:

There are 3 acceptable methods for newborn circumcision: 1) Plastibell method, 2) Gomco clamp, and 3) Mogen clamp. All 3 methods should be done with local anesthesia. The key to a quick, safe, painless newborn circumcision depends more on the experience of the operator than on the method used. The methods of local anesthesia include dorsal penile nerve block (DPNB), ring block and anesthetic cream. Having the baby suck on a sucrose (sugar) pacifier also decreases pain.

The risks of a properly performed circumcision are rare (0.2-0.6%) and usually minor. Local infection and bleeding are the most common complications, but are generally easily controlled. In over 500,000 circumcisions in New York State there were no deaths or penile amputations. The rare reported deaths have almost all been due to general anesthesia, which in my opinion, should only be used in special circumstances. An experienced operator is the key to a quick and safe circumcision.

[Back to Top](#)

[Further Proof](#)

12. Anti-Circumcision Groups:

Beginning in the 1970s many of lay anti-circumcision organizations with picturesque acronyms have sprung up. The longest - lived and probably largest is NOCIRC (National Organization of Circumcision Information Resource Centers). Others include NOHARMM (National Organization to Halt the Abuse and Routine Mutilation of Males), NORM (National Organization of Restoring Males), RECAP (Re-cover A Penis), and BUFF (Brothers United for Future Foreskins). A San Francisco magazine, Foreskin Quarterly, aimed at gay men, focuses on the sexual advantage of the foreskin. These activist organizations, particularly NOCIRC, mainly using anecdotes and testimonials, have gained a good deal of media attention and have had a misguided influence in discouraging newborn circumcision, particularly in middle class educated parents.

Although the anti-circumcision forces are dominated by laymen, there are some physician supporters. We have cited comments and opinions from some of these physicians -including Drs. Dean Edell, Paul Fleiss, George Denniston and Robert Van Howe--under "More Info". It is suggested, that before accepting the comments of these anti-circumcision physicians, you check the published medical evidence which can be found in the references and illustrations in other sections of this website.

[Back to Top](#)

[Further Proof](#)

Click to read the [DISCLAIMER](#). We recommend that you use [Microsoft Internet Explorer 5.5](#) or [Netscape Navigator 6.0](#) or higher. Medicirc.org and medicirc.com website is developed and managed by [Esudo, LLC](#).