



Circumcision: 5 facts and 3 misconceptions to consider before you do it



THINKSTOCK

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The question: We're about to have a baby boy, and we're struggling with one health decision. Circumcision: Yes or no?

The answer: You are not alone in your struggle to make the best possible decision about circumcision.

In the past half-century, physician opinion has ranged from considering circumcision to be a form of mutilation, to acknowledging that there are medical benefits to the procedure. Too often, medical advice on this subject has been tainted with personal opinion, rather than based on current scientific evidence.

Practices vary widely. In my newborn nursery, the majority of male infants continue to be routinely circumcised. (Full disclosure: I do not perform circumcisions myself.) But just down the road, you won't find any newborn boys circumcised in the Moncton hospital.

If you are planning to circumcise your newborn, don't expect medicare to pay. Routine newborn circumcision is not covered by most provincial health plans and typically costs \$200 to \$500.

The following facts should be considered when making a decision about circumcision:

- 1. Circumcised infants have fewer bladder and kidney infections in the first year of life.
- 2. Circumcised men have lower rates of sexually transmitted infections,

including herpes, syphilis and HIV. This is particularly critical in Africa where such infections run rampant. In Canada, the benefit is less pronounced.

- 3. Circumcised men have lower rates of penile cancer. Cancer of the penis is admittedly quite rare, so the overall role of circumcision in cancer reduction is small.
- 4. Circumcision is well tolerated when performed by experienced professionals. Anticipate minor complications like bleeding and infection to occur in about 1 in 500 circumcisions.
- 5. Newborns feel pain like everybody else. Adequate pain control, both during and after the procedure, is essential. Parents should discuss pain management with their physician prior to circumcision.

I hear the following misconceptions about circumcision routinely in my office:

- 1. **“I want my son circumcised so he looks like his Dad.”** I have never met a young man who was distraught about having more or less foreskin than his father. In my experience, most boys don’t even know if their father is circumcised.
- 2. **“It will be less painful if we circumcise him as a newborn.”** Newborns experience as much pain as anybody else; they just can’t communicate their pain as well as older children.
- 3. **“We don’t want him to have to be circumcised when he is older.”** It seems like every family has a horror story about a cousin or great uncle who had a traumatic experience when they were circumcised as an older child or adult. The reality is that the vast majority of uncircumcised boys have no difficulties, and the chance of needing circumcision for medical reasons later in life is small.

At the end of the day, there are legitimate arguments both for and against circumcision. Parents are left to weigh the medical benefits and potential complications of circumcision in the context of their religious, ethical and cultural beliefs.

For parents who are undecided, I recommend deferring the procedure. This still leaves the door open to performing the circumcision at a later date.

Dr. Michael Dickinson is the head of pediatrics and chief of staff at the Miramichi Regional Hospital in New Brunswick. He's a staunch advocate for children's health in Atlantic Canada through his involvement with the Canadian Paediatric Society.

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