Nip, Tuck, or That’s Enough: A Closer Look at the Circumcision of Infant Males

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Male circumcision is defined as the surgical removal of some or the entire foreskin from the penis. It is one of the most common procedures in the world today and is performed primarily on infants. Male circumcision is done mainly hygienic concerns. According to the American Academy of Pediatrics; circumcision helps to prevent urinary tract infections, acquisition of HIV, transmission of sexually transmitted infections, and to help prevent penile cancer (“Male,” 212, p. 758). However, even with research stating how it can improve men’s health throughout their lifetimes it is still a controversial issue within society today; circumcision carries many benefits, but does have some limits and risks.

Circumcision is most commonly a topic that can be brought up when a couple finds out they are expecting a boy. Over the years it has become a big controversy whether circumcision is necessary or whether it is seen as cruel, sometimes being compared to genital mutilation. Ultimately it is the parents’ decision whether circumcision will benefit their son, and they have to weigh the pros and cons of circumcision. Circumcision is not typically something that can be decided on by the child, as it is most commonly done in infancy; therefore, it is ultimately the parents’ decision.

Because the parents ultimately decide, circumcision research is important and necessary for them to be able to make educated decisions about their infant’s care. Research is needed to determine if circumcision greatly impacts a male’s hygiene and in what ways. Another important aspect of research would be to survey males of all ages, asking them questions regarding circumcision such as if they feel their parents made the right decision, or if they feel that is unjust to circumcise males at such as young age. Research is also vital in the healthcare setting because nurses and providers alike need to be able to educate parents and give them correct information regarding the benefits and risks of getting their infant circumcised.

The need for circumcision is based on a case-to-case basis. Circumcision rates in the United States have been steadily increasing according to statistical findings; in fact, “there has been a rise in circumcision in men to 81% during the past decade,” according to Morris and his team (Morris, Bailis, & Wiswell, 2014, p. 678). While hospitals and medical centers have their own protocol for how the procedure is specifically done in their facility, there are a few factors that are generally accepted about when circumcisions can and cannot be performed. According to the American Academy of Pediatrics, “elective circumcision should be performed only if the infant’s condition is stable and healthy (American Academy of Pediatrics, 2012, p. 757).” Newborns less than thirty-five weeks gestational age, infants with hypospadias, and/or infants with small penises may also have complications and special caution should be taken when considering circumcision (Roth, 2016).

After reviewing Roanoke Memorial Hospital’s policy for circumcision, the current protocol consists of assisting with gathering supplies, immobilizing the infant with Velcro straps for the legs, and swaddling the arms. A timeout is also performed along with providing comfort measures and performing an initial assessment within 30 minutes after procedure is completed. Common protocol also involves assessing for infection, recording the first voiding post-operatively, keeping the diaper clean and dry, applying petroleum jelly, assessing for pain and discomfort, and instructing the parent on how to provide proper circumcision care. A minimum of two hours observation time afterwards is also required (Davenport, 2014). The protocol was written by Vice President and interim CNO, Paul Davenport and is based on evidenced based practice. While circumcision is routinely performed, it is considered elective and is not required. Informed consent must be obtained prior to performing the procedure.

When obtaining informed consent, the physician needs to be aware that circumcision has many positive and negative connotations when discussed inside the hospital setting, including childbirth classes, and the general public. There is high quality medical research available to help educate parents on the decision they will ultimately make for their infant son. Many of these studies have smaller sample sizes, which impacts their generalizability. The decision to circumcise involves many considerations including: the timing of the procedure, the knowledge of the physicians, the agreement among partners, the sexual preference, and the health risks and benefits. “The timing of circumcision is crucial,” as medical and practical considerations strongly favor the neonatal period (Morris, Bailis, & Wiswell, 2014, p. 683). A delay in seeking this procedure “may result in increased cost, a higher risk of complications . . . [and] a longer healing time” (p. 683). If sought out after several years, the individual may actually have an increased risk of contracting STIs during the 6-week healing process (p. 683).

More physicians are seeking to increase their knowledge of the procedure in order to provide parents with more evidentiary support for both sides of the coin. Currently, “more than one-fifth physicians (22%) reported that they did not fully understand the risks and benefits well enough to counsel parents of newborn males (Carbery et al., 2012, p. 381).” Some rationale behind this statistic is that many female physicians were not comfortable with providing this information to parents (Carbery et al., 2012, p. 384). The knowledge deficit of physicians can further impair the parents’ decision making. In the study about shared decision-making, most participants in the study (84.2%, N=16) leaned towards having their child circumcised (Mitchell & Beal, 2012, pps. 195-196). Of all of the parents in the group, only one set of parents wanted to keep their son’s penis natural; this father was also uncircumcised himself. This suggests that parents could be more likely to make their decision based on what is familiar to them.

Some people may choose their decision based on sexual preference. In one study, women reported having a more positive health belief about circumcised penises as well as having a slightly higher satisfaction rate in partners who were circumcised (Bossio, Pukall, & Bartley, 2015, p. 110). Men, however, reported having a higher sexual satisfaction rate with penises who were intact and held a slightly higher health belief in penises that were intact (p. 110). The overall finding with this study, however, was that the presence or absence of foreskin does not impede sexual functioning, but rather is a matter of sexual preference of the other partner (p. 118). The last decision-making element branches off of sexual preference; this involves the sexual health and risks of circumcision. According to current practice, circumcision does not appear to affect sexual function or satisfaction and the health benefits of circumcision outweigh any risks (“Male,” 2012, 769). Circumcision currently aids in the prevention of urinary tract infections, acquisition of HIV, transmission of some STI’s, and the contraction of penile cancer. These researchers reiterate the importance of educating the parents to help them make an informed, educated decision. Physicians and nurses alike should aim to have parent’s verbalize their understanding that this is an elective procedure that has more benefits than risks (pps. 762-764).

After much research and consideration, it has been suggested that the long-term health benefits related to early circumcision outweigh any possible risk. Research has shown that males who have been circumcised have decreased rates of developing urinary tract infections, acquiring HIV, transmitting sexually transmitted infections, and developing penile cancer (Davenport, 2014). As aforementioned, sexual impotence has not been associated with the procedure and sexual preference seems to be the only influence for sexual gratification (Bossio, Pukall, & Bartley, 2015, p. 118). Healthcare providers are the primary source of information for parents and must remain updated on current practice in order to provide accurate and reliable information. Without proper knowledge of the procedure, the providers will not be able to properly inform the family; this could also create an unintentional bias that could impact their decision-making.

Further research is needed to explore the benefit to risk ratio of males who choose to undergo circumcision later in life. Males who desire to undergo late circumcision may be faced with increased medical costs, poor cosmetic outcome should sutures be used, and temporary loss of employment related to healing time (Morris, Bailis, & Wiswell, 2014, p. 683). Additional research should also be conducted based on the satisfaction from parents who felt fully informed about the procedure compared to parents who reported that they were not adequately informed. Data from extensive research will provide healthcare professionals with the tools needed to educate families on the importance of circumcision (Mitchell & Beal, 2012, pps. 195-196). Based on the aforementioned reasons and discoveries, clinical practice should be to educate the parents of all of the risks that accompany circumcision and how they truly outweigh the risks for this procedure; however, circumcision is ultimately the parents’ decision that the healthcare provider has to respect.

References

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Carbery, B., Zhu, J., Gust, D., Chen, R., Kretsinger, K., & Kilmarx, P. (2012). Need for physician education on the benefits and risks of male circumcision in the united states. *AIDS Education and Prevention, 24*(4), 377-387.

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Literature Reviewed

Two literary searches were conducted to find relevant research articles that applied to our clinical question.  The first search was conducted through SuperSearch and utilized the keywords *circumcision, infants, newborn,* and *benefits.*The search was limited to years 2010-2016 and included full-text articles only.  The search yielded 159 results within these parameters, but 90 articles were narrowed down to reflect the clinical question.  Articles by Carbery, et al. (2012), Mitchell and Beal (2015), Morris et al. (2014), Starzyk et al. (2015), and *Male Circumcision* (2012) were found using these keywords.  All articles in the search were from CINAHL except for Starzyk et al. (2015), which was from the Science Citations Index.  The second search was conducted through CINAHL using the keywords *circumcision, sexual partners,* and *satisfaction.*This search was limited from 2011-2016, included full-text only articles, and utilized peer-reviewed journals.   It revealed 60 articles, 20 of which addressed the clinical question.  The article by Bossio et al. (2015) was found using this search.

**Evidence for Clinical Practice Guidelines:**

**Literature Search Worksheet**

1. Begin by selecting Keywords:

Circumcision, sexual partners, and sexual satisfaction.

2. Search strategy: (Ex. SuperSearch, CINAHL, PubMed, Cochrane)

Found using CINAHL database

Year limits: 2011-2016

Full text only: yes

Peer-reviewed journals: yes

Other search limits:

3. Number of relevant EBP articles returned: 60

4. Which databases were associated with the returned articles? (List number of articles)

CINAHL- 60

5. Number of EBP articles included in the group paper (by database):

1 CINAHL

\_\_\_\_\_ PubMed

\_\_\_\_\_Cochrane

\_\_\_\_\_PsychInfo

\_\_\_\_\_other

6. After eliminating articles that did not address your clinical question, how many relevant articles did you have? 20

7. Citations included in the Group paper from this search:

Bossio, J. A., Pukall, C. F., & Bartley, K. (2015). You either have it or you don't: The impact of male circumcision status on sexual partners. *Canadian Journal of Human Sexuality*, *24*(2), 104-119. doi:10.3138/cjhs.242-A2

8. Other articles included in the Group paper that are not a result of this search (include citation)

Carbery, B., Zhu, J., Gust, D., Chen, R., Kretsinger, K., & Kilmarx, P. (2012). Need for

physician education on the benefits and risks of male circumcision in the united states.

AIDS Education and Prevention, 24(4), 377-387.

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study. The Journal of Perinatal Education 24(3), 188-198. doi: 10.1891/1058-

1243.24.3.188

Morris, B., Bailis, S., & Wiswell, T. (2014). Circumcision rates in the united states: Rising or

falling? What effect might the new affirmative pediatric policy statement have? Mayo

Clinic, 677-685. doi: 10.1016/j.mayocp.2014.01.001

Starzyk, E., Kelley, M., Caskey, R., Schwartz, A., Kennelly, J., & Bailey, R. (2015). Infant male

circumcision: Healthcare provider knowledge and associated factors. PLOS one, 1-14.

doi: 10.1371/journal.pone.0115891

**Evidence for Clinical Practice Guidelines:**

**Literature Search Worksheet**

1. Begin by selecting Keywords: circumcision, newborn, infants, health benefits

2. Search strategy: (Ex. SuperSearch, CINAHL, PubMed, Cochrane)

SuperSearch

Year limits: 2010- 2016

Full text only: Yes

Peer-reviewed journals: No

Other search limits: None

3. Number of relevant EBP articles returned: 159

4. Which databases were associated with the returned articles? (List number of articles)

· MEDLINE-32

· CINAHL full-text- 22

· Science Citation Index- 18

· Social Sciences Citation Index- 9

· MasterFILE Premier-6

5. Number of EBP articles included in the group paper (by database):

4 CINAHL

\_\_\_\_\_ PubMed

\_\_\_\_\_Cochrane

\_\_\_\_\_PsychInfo

1 other (Science Citation Index)

6. After eliminating articles that did not address your clinical question, how many relevant articles did you have? 90

7. Citations included in the Group paper from this search:

Carbery, B., Zhu, J., Gust, D., Chen, R., Kretsinger, K., & Kilmarx, P. (2012). Need for

physician education on the benefits and risks of male circumcision in the united states. AIDS Education and Prevention, 24(4), 377-387.

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