Circumcision overview

Sumit Dave, MD, MSc

Division of Urology, Department of Surgery and Pediatrics, London Health Services Centre, London, ON, Canada

Cite as: *Can Urol Assoc J* 2017;11(1-2Suppl1):S63. http://dx.doi.org/10.5489/cuaj.4451

See related article on page S55.

This paper on prepuce care and circumcision comprehensively reviews a contentious topic, which, in an era of evidence-based medicine, is often still perceived and managed based on social, religious, and cultural beliefs. The author provides guidelines for management of the normal prepuce and physiological phimosis, and provides an overview of neonatal and childhood circumcision.

The recent impressive protective effects of circumcision on heterosexual HIV and HPV transmission from Africa have revived the debate on the potential benefits of neonatal circumcision. In fact, in a reversal from its previous stand, the American Academy of Pediatrics guideline now states that the benefits of a circumcision outweigh the risks.[1] If this data on HIV prevention can be generalizable to our population, healthcare policy makers in Canada may have to consider whether this procedure should now be covered under our universal healthcare system. The immense cost and training implications of such a policy would have to be weighed against the cost-benefit ratios of other interventions, like education, condom usage, and HPV vaccination.

Despite the controversies, it is important to reiterate some key facts highlighted in this article. The normal prepuce requires masterly inactivity to allow the natural process of retraction to occur. Prepucial hygiene after retraction can obviate most complications associated with the presence of a foreskin. A tight foreskin with ballooning in early childhood is no cause for concern or referral to a pediatric urologist unless associated with episodes of true balanoposthitis. Recognition of pathological phimosis and especially balanitis xerotica obliterans is important.

There have been several proponents of circumcision who liken the procedure to a vaccination.[2] Albeit a minor procedure, there are still relatively frequent referrals for post-circumcision issues and surgical circumcision revisions. Rare but potential major complications highlight that circumcision remains an operation and requires the same due diligence given to all operative procedures. Consequently, circumcision at all ages should always be performed by a trained physician, under adequate anaesthesia and analgesia after careful patient selection, with adequate postoperative followup.

The controversies associated with this topic and the strong views held by authors on either side of the circumcision divide highlights how evidence can still be interpreted differently depending on personal biases.

Competing interests: The author reports no competing personal or financial interests.

This paper has been peer-reviewed.

References

1. American Academy of Pediatrics Task Force on Circumcision. Circumcision policy statement. *Pediatrics* 2012;130:585-6. https://doi.org/10.1542/peds.2012-1989
2. Morris BJ, Bailis SA, Wiswell TE. Circumcision rates in the U.S.: Rising or falling? What effect might the new affirmative pediatric policy statement have? *Mayo Clin Proc* 2014;89:677-86. https://doi.org/10.1016/j.mayocp.2014.01.001

Correspondence: Dr. Sumit Dave, Division of Urology, Department of Surgery and Pediatrics, London Health Services Centre, London, ON, Canada; Sumit.Dave@lhsc.on.ca