

Circumcision risks are lowest in infancy

In his November editorial, “Does male circumcision cut risk of HIV infection?” Dr. Robert L. Barbieri encouraged readers to share their circumcision practices. I tell parents the decision is influenced by many considerations, which include cultural, religious, hygienic, and medical factors, and I explain that the risks are relatively minor when the procedure is performed by a skilled physician. I also point out that every week at the local children’s hospital, several boys undergo circumcision at their own or their parents’ request; these procedures usually involve general anesthesia and carry a greater risk of bleeding and infection than does neonatal circumcision.

Russ Jelsema, MD
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Don’t base circumcision decision on statistics

As an obstetrician/gynecologist and also a certified mohel (Jewish ritual circumcision ceremony officiant), I often counsel parents and discuss with colleagues the risks and benefits of male newborn circumcision. Ultimately, the matter comes down to a personal decision by parents for their child.

If a baby’s father is not circumcised, I discourage circumcision in the infant. Although documented medical benefits exist, the absolute numbers of adverse outcomes of being uncircumcised are low in the United States. I advise parents to consider the benefit of father and son looking similar (ie, both circumcised or not). As for the psy-

chological impact of circumcision, there are many strong opinions and few data (these usually go together) on all sides. Most parents are concerned about pain. Like ACOG, I support the routine use of analgesia (I give concentrated oral sugar solution along with local anesthetic).

The statistical benefits of this procedure have long been described by Dr. Ed Schoen and the sources cited by Dr. Barbieri. After discussing all relevant factors, I tell parents that, as we know in medicine, statistics do not apply to individuals. Parents whose infant is hospitalized for a urinary tract infection, or later, for a circumcision under general

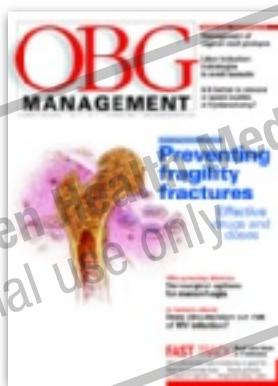
anesthesia for phimosis or other problems, may experience stress not delineated in statistical reports. Therefore, I do not feel the statistics are compelling in either direction.

While the public health impact of routine circumcision can be dramatic, the ability of a country’s health-care system to safely perform this as a routine procedure must be taken into account. Even with my training in public health, I do not feel it is appropriate for physicians in the United States to encourage an individual family to make the decision to circumcise their newborn based on societal benefit. Physicians in Africa face challenges that we do not and must assess the data in their own cultural contexts.

Elizabeth Lyster, MD, MPH
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Dr. Barbieri responds:

As the letters from Dr. Jelsema and Dr. Lyster attest, OBG MANAGEMENT readers are highly trained with tremendous breadth and depth of experience and skills. I agree with their counseling suggestions.



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