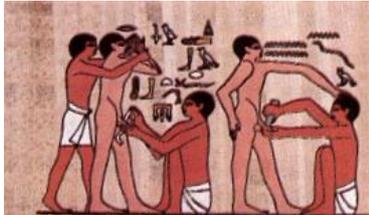


ST KYROLLOS FAMILY CLINIC

DR. ASHRAF SADDIK
www.stkyrollosclinic.com.au
drsaddik@stkyrollosclinic.com.au

2 A Moore Street, Coburg VIC 3058
Tel (03) 9386 0900 Fax (03) 9386 5388
ASHRAF SADDIK PTY. LTD. ACN 060 815 401
ABN 20 060 815 401



CIRCUMCISION

The aim of this leaflet is to clarify current information about circumcision to help you decide whether to have your son circumcised or not.

WHAT IS CIRCUMCISION?

Circumcision is the operation to remove the foreskin, which is the flap of skin naturally covering the tip of the penis.

Circumcision has been performed on boys for several thousands of years. It probably started out as a hygiene measure in communities living on hot, dry, dusty climates, as it was shown up on the walls of early Egyptian culture and then became a cultural and religious ritual which has continued to this day mainly by Jews and Muslims (middle east area). In the last 100 years, circumcision rates gradually increased and became a fairly routine practice in most English speaking countries by the 1950's around Second World War as good hygiene standard. However, by the 1980's the trend has reversed and about 40% of infant boys were being circumcised in Australia. In the 1990's the rate has continued to fall to be now 10% or less of boys being circumcised.

Most circumcisions today are carried out for family, cultural or religious reasons. Some parents choose the procedure for family reasons such as to be similar to other family members, or because of a preference for the look of a circumcised penis.

Whatever the reason for considering circumcision, parents should think through both the possible risks as well as the possible benefits of this operation to their child.

Recent research studies suggest that there may be good medical reasons why boys may benefit from circumcision.

These include:

- Circumcision may lower a boy's chances of getting a urinary tract infection, particularly in the first year of life. A number of studies have shown that circumcised infants run a risk of about 1 to 500 of getting a urinary tract infection whereas the risk for boys who are not circumcised is around 1 to 50.
- Circumcision eliminates the risk of infections under the foreskin, which may happen in infancy and later in childhood. Nevertheless, there is a small risk of inflammation of the extreme tip of a circumcised penis, particularly in infancy.

- Circumcision almost eliminates the risk of developing cancer of the penis later in life. It should be stressed, however, that this is quite a rare condition.
- Recent reports suggest that circumcised men run a lower risk of getting sexually transmitted diseases perhaps including AIDS, than men who are not circumcised. These reports have not yet been adequately scientifically confirmed.

There are some reasons why parents choose not to have their sons circumcised. These include:

- Parents may wish to preserve the natural state of their newborn child and to avoid any surgical intervention, unless it is essential.
- Any surgical procedure carries some risk, and this is also the case for circumcision. Complications are uncommon, usually temporary but include local infection, local bleeding and rarely damage to the tip of the penis, perhaps causing less sexual pleasure later in life. Occasionally penis may embed in supra-pubic fat that is fat surrounding the groin area; even it may cause the foreskin to reclose on the glans. This is called secondary phimosis that would require follow up and may need surgical correction if conservative management or natural healing failed.
- Circumcision can be painful for the child, both at the time of the operation and some little while after.

CONCLUSION

In our community today, there are many people who strongly favour, and many who are strongly opposed to, circumcision of young boys. Parents need to be aware that there are conflicting points of view about the risks as well as the possible benefits of circumcision.

If Circumcision is to be performed, parents should ensure that an experienced and competent person using an appropriate anaesthetic does it.

To reduce the risk and the discomfort for the child, the operation is best performed under a general anaesthetic after the age of six months.

ST KYROLLOS FAMILY CLINIC POLICY

1. Dr. Saddik would be more than happy to perform the procedure under General anaesthetic at one of the local Private Hospitals, either John Fawkner Hospital if you wish so. However, it can be done under local anaesthetic in the consulting treatment room preferably for younger age under six months.
2. If you like your son to be circumcised you will need to make an appointment to see Dr Saddik to discuss the procedure as an **initial consultation**, then within a week or two at most second appointment would be made for actual procedure day.
3. Please follow the consent /instruction form.
4. If you feel that the procedure would take place later on, you must make a further appointment to go through the procedure with Dr Saddik. You should not have a long gap between initial consultation and operation day to avoid any confusion in your understanding of the instructions.
5. Dr. Saddik has extensive experience **in performing circumcision to all age groups including adults. The operation performed by the standard forceps clamp guided method. No plastibell or rings involved.**

(This leaflet was adopted and sourced by the Royal Australian College of Paediatrics.)