Parental Consent for the Circumcision of an Infant/Minor Child

Welcome, _____(print names of parent/legal guardian/s).

I, _____,(print name) a legal and qualified representative of this hospital/clinic, will assist you in the completion of this form.

You have requested the circumcision of your child, _____ (print name), and

before we can proceed with the surgery, because your infant/child cannot voice his own opinion or wishes for himself, I am required to provide you with informed consent. I am required to go over this with you both verbally and in writing. If I skip any part of this, or fail to answer any questions you may have, this informed consent will be considered null and void. It is important that you listen closely and ask any questions if you have them, to ensure complete understanding.

Without informed consent neither_____(doctor who will be performing the circumcision) nor any other doctor, can ethically proceed with the circumcision.

FORESKIN PURPOSE AND FUNCTION

Every male and female is born with a foreskin, also known as *the prepuce*. Around the world, about 1/6th (16.6%) of the male population undergoes circumcision in their lifetime.[1] The majority of men live their entire lives with their foreskin intact, and experience no adverse effects. The likelihood of an intact male needing a circumcision for medical or therapeutic reasons is extremely rare. Though some reports have placed the need for late in life circumcisions between 2% and 6%, at least one report calculated the likelihood of requiring circumcision later in life at only 1 in 16,667.[2] The majority of children will never require a medical or therapeutic circumcision for any reason.

The foreskin is not a defect, nor is it vestigial or without function.

The foreskin's first and primary function in infancy is that of protection. Throughout infancy and early childhood your son's foreskin is fused to the glans (head) of his penis. This prevents any foreign material, such as feces, from entering the protective environment of his penis, and protects him from infections. Over time, as his penis develops, this protective seal will naturally break down.

This natural process of separation is apparent at birth (1-2%) or occurs within the first 3 years of life. The *average* age the connective tissue−balanopreputial lamina−dissolves is 10.4 years. Rarely, it will not separate until after puberty. Approximately 98-99% of all intact boys will have a retractable foreskin by age 17 years. This is normal.[3]

At birth, the opening of your child's foreskin may appear extremely small, or even seem to close completely. The dartos muscle sheet in the foreskin works as a sphincter to seal the opening against foreign contaminants. This is also called physiologic phimosis or "normal nonretractile foreskin.'[4] It is completely normal and natural and is no cause for concern. This is NOT a medical condition.

Over time, the connective tissues that fuse the foreskin to the glans will begin to break down. During this period you may notice a small white, sometimes pearly discharge from your son's foreskin. This discharge consists of shed skin cells and skin oils of the connective tissue breaking down. It is called “smegma,” (which is the Greek word for “soap.”) and is sterile and completely natural. Both males and females produce smegma throughout their lives, as the layers of mucosal skin renew. Even circumcised men produce smegma. It simply rubs off on the inside of underwear over the normal course of a day.[5]

If you see smegma pearls emerge from the tip of the foreskin, simply rinse them away. DO NOT attempt to retract the foreskin, or remove them forcefully. They will completely emerge and rinse away when the time is right.[6]

During this period of separation your child's foreskin may appear red or irritated. This is normal. As is ballooning of the foreskin during urination. This merely indicates the natural process of separation of the foreskin has begun. This process requires no assistance or intervention.[5][6]

It is also important to note that should your child's foreskin become retractile in early childhood, it may temporarily return to a non retractile state as your child's penis naturally grows and develops. This too is completely normal and natural. Sometimes the penis grows faster than the foreskin opening. This is an issue that will usually resolve with time, and with the normal cycle of nocturnal erections, which stretch and condition the foreskin to its ultimate adult size and shape.

Should you decide your child will retain his foreskin you should know that under no circumstances should anyone other than your child himself ever retract his foreskin. This includes doctors, nurses and caregivers. He will retract himself when the time is right. If you force his foreskin back before it is naturally ready, you can cause him injury and/or painful infections. Many older children or adults who require circumcision for medical reasons are unaware, or were improperly educated by their parents, how to care for their intact penis. It is incorrect care of the foreskin that causes issues with the foreskin, not (as previously believed) the foreskin itself.[5][6]

Your child may never have an issue with his foreskin if you follow a few easy rules.

Most important, *never* retract a boy's foreskin. Let it develop on its own. Clean the outside as you would a finger, base to tip. Once your child's penis becomes retractable, he need only retract, rinse the head (glans) with warm water, and replace the foreskin to its normal forward position. Avoid soap or soap residue inside of the penis, just as you avoid getting soap or soap residue inside of a girl's vagina.[5] The inside of your child's genitals are self cleaning and require no special care or attention.

Though you may occasionally see redness of the foreskin, mild irritation, or ballooning during urination, these are all normal stages, and no cause for alarm. Just as with the hands, feet, eyes, or any other body part, mild skin issues are common during childhood and can almost always be treated easily, and without surgery.[6]

As your child's penis develops, the role of the foreskin changes from a physical barrier to a protective sleeve that keeps the glans of his penis moist, supple, and sensitive for sexual activity. This is the natural and normal state of the mature penis. The foreskin serves to keep the glans protected from drying out and protected from daily rubbing and abrasion that occurs against the diaper, underwear or inside of clothing. Without his foreskin the glans of his penis will become less and less sensitive over time.[7]

The foreskin itself contains a dense region of ridged tissue called the frenula or “ridged” band.[8] It encircles the opening of the foreskin, beginning and ending at the frenulum and frenular delta. The frenular delta is the V shaped web of skin on the underside of the penis, which functions to retract and return the adult foreskin into place. This is the most sexually sensitive part of a man's penis. The frenulum and ridged band alone are more sensitive than any part of the circumcised man's penis.[7]

The most sensitive part of a circumcised man's penis is the remnant of his frenulum spared after circumcision. Circumcision destroys all the ridged band and typically all, or most, of the frenulum.[7]

The foreskin contains a concentration of fine touch nerves called Meissner's corpuscles.[8] To know what these nerves feel like, first lightly scratch the back of your hand. The back of your hand does not contain any of these nerve endings. Now, lightly scratch the palm of your hand, and feel the difference. Your palm contains the same type of nerve endings that are lost to circumcision.

The foreskin contains a large amount of Langerhans cells, which are the first line of defense for the penis against viral infections. Langerhans cells exist all over our body with the highest concentrations in mucosal membranes, such as the inside of the mouth, nasal passage, vagina, and the inside of the foreskin.[9] Men who retain their foreskin have been studied and they clear high risk HPV infections, types 33 and 64, at twice the rate of circumcised men. The high risk HPV type 16 was found to take longest to clear for circumcised men, demonstrating the immunological importance of the foreskin. Clearance times for low risk HPV types were equally divided between both circumcised and intact men.[10]

The foreskin is highly vascularized with blood vessels, contributing to the natural blood flow and function of the penis. Men who have been circumcised in infancy generally have approximately a 5% reduction in both length and girth of their adult erections, suggesting a reduced natural blood flow.[11] Loss of blood flow to the glans may significantly contribute to meatal stenosis (narrowing the opening−meatus) from which urine flows out of the body).

The foreskin contains a wide variety of important nerves and immunological cells which are lost or disrupted through circumcision.

The foreskin is primary erogenous tissue. It has evolved over millions of years to facilitate natural and healthy sex. Nearly all mammals on the planet have evolved with a foreskin. It is a complex and sophisticated structure.

During intercourse, the foreskin glides without friction, back and forth over the glans,[8] and it creates a seal with the labia, preventing sexual lubricants from leaking out. It is designed by evolution for maximum stimulation of both male and female sexual organs, as well as providing maximum sexual control over ejaculation.[12]

The nerves of the foreskin are designed to discern slight motion, stretch, subtle changes in temperature, and fine gradations in texture.[7][8] By learning to interpret these signals during intercourse the male can better time his orgasm for mutual pleasure. The loss of these nerves can impair the natural ability of the male to synchronize with his sexual partner, or delay orgasm.[12]

Your son's foreskin is a natural, healthy part of his body. The foreskin has specific structures, functions, and purpose that are beneficial to your son throughout his life.

The foreskin accounts for up to 50% of the mobile structure of the penis.[8] Unfolded and laid flat, the adult foreskin measures up to 15 square inches (46.7 cm^2) of highly sensitive, erogenous tissues. If fully retracted, the foreskin can cover the entire length of the adult's erect penis.[13] Circumcision destroys almost all of this unique organ.

Male genitals operate as a unique hydraulic unit and, when one part of the unit is removed, the unit can no longer function as a whole [12]. Once removed, the natural functions can never be replaced.

If you choose to proceed with the removal of his foreskin, I am required to go over the benefits and risks of the procedure, as well as inform you of less invasive (non surgical) methods to achieve the same goals of overall health and happiness for your child.

BENEFITS

Please Note: Any benefits your child may attain through circumcision are extremely minimal, controversial, and highly contested in the scientific literature.

Penile Cancer:

Your son *may* have a slightly reduced chance of developing penile cancer if circumcised. However, penile cancer is exceedingly rare, affecting fewer than 1 in 100,000 men annually. Scandinavian countries where circumcision is not practiced have the same rate of penile cancer than the USA. Risks of developing penile cancer include lack of access to clean water, poverty, and a history of smoking.

Your son's risk of future penile cancer can better be reduced by teaching basic bathing habits, and avoidance of cigarettes or other tobacco products. Over 900 infant circumcisions would be required to prevent just one case of penile cancer. Circumcised men can still develop penile cancer. [14]

Sexually Transmitted Diseases:

Your son *may* have a very slightly reduced risk of contracting sexually transmitted diseases when he becomes sexually active. However, STDS are caused by a specific organism that causes the disease−they are *not* caused by the foreskin itself. The protective value circumcision *may* afford is extremely minimal, and studies are conflicting. Circumcision of an infant for the prevention of sexually transmitted diseases should be delayed until your son becomes capable of deciding for himself whether he wants to allow someone to excise his foreskin or he'd prefer to use condoms once he is sexually active.

Whatever you choose, your son will be far better protected from STDs by teaching him safe sexual practices such as abstinence and consistent condom usage long before he becomes sexually active.[15]

Circumcision does not prevent STDs. Condoms *do!*

HIV:

Three questionable studies suggest your son *may* have a reduced chance of developing HIV from unprotected vaginal intercourse, if circumcised. However, this data is *highly* contested and denounced by the majority of industrialized nations and medical bodies. The studies that allege this protection were performed under ethically dubious conditions in Sub-Saharan Africa, and have failed to be replicated under first world conditions. First world countries that do not practice routine infant circumcision generally report fewer cases of HIV. Additionally, the African studies demonstrated only a 1.3% difference in susceptibility, and only for adult men voluntarily circumcised as adults under HIV epidemic conditions. The pattern of HIV infections in first world nations do not match those in Sub-Saharan Africa, and the findings of these studies have little to no applicability to first world people.[16][17]

It is important to note that this potential protective value against HIV would only minimally reduce the odds of female-to-male transmission of the virus. Male-to-female transmission would remain either unchanged or increased. The same studies that showed a protective value for males also showed an increased risk for females. Homosexual and intravenous transmission of the virus, which is how the virus commonly spreads in North America, remains unchanged.

Your child is best protected from HIV by being educated about safe sex practices, avoidance of shared intravenous needles, and consistent condom use during sexual activity. Even if circumcised, your child still needs to be taught these basic principles.[18]

Circumcision by itself would provide no protection to your child should he engage in risky, unprotected intercourse.

Phimosis of the Foreskin:

Your son will have a reduced chance of developing phimosis of the foreskin if circumcised. However, there are two types of Phimosis. Physiologic and Pathologic.

Physiologic phimosis: Children are born with a tight foreskin that is adherent to the glans at birth, and separation occurs naturally over time. Phimosis is normal in an infant or child, and the *average* age for retractability is 10.4 years. Physiologic phimosis is *not* an indication for circumcision

Pathologic phimosis: Pathologic phimosis may occur due to scarring, infection, or inflammation. Premature forceful foreskin retraction (PFFR) can lead to bleeding, scarring, and psychological trauma for the child and parent, and is the cause for most cases of pathologic phimosis.[19] If there is difficulty with urination or infection, treatment for pathologic phimosis may be warranted.

Pathologic phimosis can be treated through simple stretching exercises, administration of steroid creams after puberty, or in rare cases, widening the preputial opening by means of y-v- or z-plasties, which retains the foreskin and its ability to function properly. The Dorsal Slit technique is no longer recommended as it often leaves the foreskin cosmetically unsatisfactory and, without muscular function at the opening of the foreskin, the foreskin tends to drape on either side of the glans, making it a nuisance rather than the functioning unit it was meant to be.

Infant circumcision is rarely necessary to correct phimosis. Proper intact care of your child's penis (leaving it alone and allowing the child to be the first to retract his own foreskin) can greatly reduce the chances he will ever experience *any* issues with his intact penis over his lifetime.[20]

Urinary Tract Infections:

Your child *may* be slightly protected from UTIs in the first few months of life, if circumcised. However, approximately 195 children would need to be circumcised to prevent just one UTI. It is also important to note that there is no data to suggest fewer UTIs throughout the child's lifetime.[21]

Your child would be better protected from UTIs by extended breastfeeding. The World Health Organization (WHO) recommends exclusive breastfeeding during the first 6 months of life before the introduction of solids, and continued regular breastfeeding until the child is at least 3 years of age. Breastfeeding has been proven to contain all the important nutrients your child needs and helps to boost his immune system, destroy viruses, and prevent urinary tract infections.[22]

UTIs, should they occur, are best treated with antibiotics. Female infants, who are eight to ten times more likely than male infants to develop a UTI in the first year, are treated with antibiotics and males should be, too. Circumcision fails to meet the criteria to serve as a preventive measure for UTIs.[23]

RISKS

Meatal Stenosis:

Meatal stenosis is by far the greatest lifetime risk associated with circumcision. Approximately 10% of all circumcised boys will develop this dangerous condition.[24] Meatal stenosis occurs when the loss of blood flow to the foreskin and exposure of the urinary meatus (opening) to urine and constant rubbing against diapers or underwear can scar and narrow the meatus, making urination more painful or difficult. In serious cases it can cause retention of urine as well as urgent medical problems with the bladder, kidneys, and/or liver. Meatal stenosis is often diagnosed when the circumcised child presents to a physician with a urinary tract infection (UTI).

If diagnosed early, meatal stenosis is usually treated with a surgery called meatotomy, whereby the glans of the penis is cut to create a wider urinary opening.[25]

Meatal stenosis rarely occurs in intact infants and children. It is primarily a condition of the circumcised male and, in the rare instance an intact child develops meatal stenosis, it is usually associated with improper care or frequent insertion of a urinary catheter for other medical conditions.

Bleeding/Hemorrhage:

Bleeding and hemorrhage are the most common immediate risks of circumcision. Bleeding is usually controlled with pressure applied to the affected area until the bleeding stops. Rarely, when hemorrhage cannot be controlled, your baby may require a blood transfusion, emergency surgery, and/or hospitalization.[26]

Should you see anything more than a dime-sized patch of blood in the diaper following circumcision, contact a doctor or take your child to emergency care immediately. Diapers can absorb a lot of blood without it being noticeable. If your infant loses more than an ounce of blood he can go into shock. An average sized infant need only lose 2.4 ounces of blood to die.[27]

Cosmetic/Functional Damage to the Penis:

Up to 10% of infants require a circumcision revision to correct uneven, unsatisfactory, or other poor results.[28] The number of circumcision revision surgeries varies by region, but appears to have no bearing upon the skill, experience, or chosen method of the circumciser. There are no official training programs for circumcisers in North America, and there are no official standards regulating the procedure.[29]

Cosmetic/functional damage can include skin bridges, adhesions, buried penis, damage to the glans, damage to the urethra, damage to the underlying erectile tissue, or other complications.

Infection:

Circumcision carries a very real risk of surgical site infection. It is important to keep the area clean for 7 to 10 days following circumcision. Diapers should be changed immediately, and a barrier ointment should be used to prevent the open wound from sticking to the diaper. Complications of infection range from mild (irritation) to severe (necrosis, loss of the penis, blood poisoning, and death.)[30]

Consult your physician immediately if you see *any* signs of fever, inflammation, discoloration, or infection.

Loss of Penis:

Though rare, loss of all or part of the remaining penis can occur during circumcision. At least two to three such cases are reported in the media every year. The *AAP 2012 Technical Report on Routine Infant Circumcision* lists significant or acute complications of circumcision between 0.19% and 0.22%.[31] With over one million circumcisions performed in North America every year, it can be estimated that, if only 0.2% of that number (0.2% of 0.2%) result in this type of complication, there would be at least 400 cases annually where an infant loses part or all of the remaining penis due to circumcision.

Adult Sexual/Erectile Dysfunction:

The circumcised man can suffer from painful or tight erections, lack of sexual sensation, chafing, painful intercourse, decreased sexual pleasure, and lower orgasm intensity. Some men report pain, tearing, or bleeding at the circumcision scar line due to tight circumcision.[32]

No circumciser can predict how the genitals of an infant will develop as he reaches sexual maturity. There is no correct amount of foreskin to remove known to guarantee a satisfactory adult outcome. No two circumcisions will turn out exactly the same, and there is no guarantee the outcome the father or other relatives had (or did not have) with circumcision will be applicable to your child.

Studies vary, but loss of sensation reported after adult circumcision ranges from, *"no difference"* to *"severe loss of sensation."* No report has ever suggested that circumcision can make a penis more sensitive. Recent studies of penile sensitivity have demonstrated the most sensitive part of the intact foreskin is more sensitive than any part of the circumcised penis.[33]

Adult sexual satisfaction cannot be predicted by infant circumcision.

Death:

Though rare, infant death from circumcision is possible. It has been estimated that more than 100 children die during or as a result of circumcision in North America each and every year.[34] Due to a lack of reliable records listing cause of death for infants, no precise figure can be exactly determined. An underlying and undiagnosed defect such as haemophilia, heart condition, adverse reaction to anaesthetic, or brain aneurysm *may* be identified as the cause of death, should your baby die during or because of the surgery.

Circumcision is an extremely stressful and painful procedure for an infant. It can contribute negatively to any underlying or undiagnosed condition your infant may be suffering from. If you or anyone in your immediate family has any adverse reactions to surgery, medications, or has any family history of medical or genetic conditions that may make circumcision more complicated or risky to the life of your infant, please advise your doctor immediately.

Though the doctor, this hospital/clinic, and surgical team, will do everything in our power to ensure your infant's life is not unnecessarily risked during the surgery, *you*, as his parent, must acknowledge that death, no matter how rare, is a recognized and possible outcome, as it is with *any* surgical procedure.

You must weigh all the potential risks against his continued life and good health.

PAIN

There is no method of circumcision that is completely painless. No anesthetic will completely block the pain of circumcision.[35][54][55] You must understand and accept that your infant *will* experience pain as a result of foreskin amputation.

Some people claim infants have slept through circumcision, but what is observed are infants going into shock, which causes the infant to drop into a semi-comatose state. To the untrained observer, this may appear like sleep, but it is *very* different. Cortisol levels measured both before and after circumcision show that even the apparently sleeping baby has experienced significant and persistent pain.[36]

Infants experience pain the same way adults do and, the younger the child, the greater the experience of pain.[37]

Some infants scream with such intensity and for such prolonged periods of time during circumcision, their lungs have burst or collapsed. Some infants aspirate on their own vomit because of the intense pain of circumcision.[38]

The pain can range from moderate to severe, and may continue for 7 to 10 days post circumcision or until the

surgical site is fully healed. Some men report painful circumcision scars well into adulthood.[39]

The pain of infant circumcision can disrupt the initial stages of breastfeeding. You should be prepared for a disruption or even failure of breastfeeding following circumcision, even if a breastfeeding relationship has already been established.[40][41][42]

The pain of circumcision has been conclusively shown to alter the way your child feels and experiences pain throughout his life. Circumcised babies being vaccinated at 4 to 6 months react much more negatively to injections.[43]

The pain of circumcision has also been linked to and may contribute to (among other environmental and biological factors) your child developing Autism Spectrum Disorder (ASD), Attention Deficit Disorder (ADD)[44], and the development of Alexithymia (emotional processing disorder).[45]

How infant pain changes the brain is not yet fully understood, and is currently an emerging science. That infant pain changes how the brain works however, seems indisputable. You, as his parent, must be aware of and prepared for this change in behaviour or personality.

HYGIENE

There is a significant difference in the cleaning and care of a circumcised penis to that of a penis that retains its foreskin.

Where an intact infant's penis requires no special care (simply wipe base to tip, do not retract the foreskin), the circumcised infant's penis requires considerably more care and attention.[46]

Immediately post circumcision, you must be careful the penis comes in contact with as little urine or feces as possible. Change the diaper often. Should urine or feces come in contact with the penis carefully rinse the penis off with warm water (do not use soap). You should take great care in the initial days following circumcision to *not* touch the penis because it will be incredibly tender and touching the wound can cause your baby a significant amount of post-operative pain.[47]

Carefully observe how the penis is healing. Should the remaining shaft skin attempt to heal onto the glans (head) of the penis, carefully pull the skin down, away from the glans, toward his pelvis. This should prevent adhesions, which could complicate healing. Do not be surprised if this is painful for your baby. The use of a non-petroleum cream may help inhibit the development of adhesions or skin bridges.[48] If the problem persists, it may require revision to correct. Urinary and bladder issues can develop should adhesions or stenosis block the normal passage of urine. Should severe or persistent adhesions develop, adult penile function could be impaired.[49]

Keep the area as clean and dry as possible because the circumcision site inside a closed diaper with urine and feces can be a prime area for infection to develop.

Once the penis has fully healed, and depending on how tight or loose the circumcision is, gently pull back any remaining foreskin at every diaper change, to ensure no feces or foreign materials have become lodged under the loose folds of skin. Make sure to carefully inspect the tip of the penis at each diaper change as fistulas or narrowing of the urinary opening can occur at any time once the protective foreskin is lost. This may be a sign of meatal stenosis. Consult your pediatrician immediately if you suspect meatal stenosis is developing.[50]

Special care must be taken with the circumcised penis to ensure that no feces or foreign materials enter the urethra. As the protective foreskin is no longer present, *You*, as your child's parent/caregiver must be extra vigilant.

INDICATIONS AND CONTRAINDICATIONS FOR CIRCUMCISION

Indications for circumcision as a medical or therapeutic procedure, include, but are not limited to:

- Frostbite
- Gangrene
-
- Cancer of the foreskin - An extremely rare and easily diagnosed condition found mostly in elderly patients who smoke and who have poor lifestyle habits. This may not require the amputation of the complete foreskin if detected early.
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- Irreparable Trauma - Some accidents involving the foreskin may require partial or complete circumcision.
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- Balanitis xerotica obliterans (BXO), now referred to as lichens sclerosis: A rare condition recognizable by changes in the texture and color of the tissue, leaving it thicker and white. While circumcision was once the treatment of choice, it is now avoided by use of anti-fungal and anti-inflammatory creams (corticosteroids).
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Having examined your son, your pediatrician has diagnosed and attested that he has *none* of these medical conditions.

(Initial) _____

Contraindications for circumcision include, but are not limited to;

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- **Hypospadias** - a congenital condition in males in which the opening of the urethra is on the underside of the penis. Circumcision should be delayed because all or part of the foreskin tissue may be needed to surgically correct this condition, should you or your child later elect for hypospadias repair.
-
- **Micropenis** - Micropenis is defined as a normally structured penis that is below the normal size range for an infant. Normally, the length of a newborn boy's penis is between 2.8 to 4.2 centimeters (1.1 to 1.6 inches) with a circumference of 0.9 to 1.3 centimeters (0.35 to 0.5 inches). This measurement is taken by carefully stretching the penis and measuring from the tip of the penis to the base of the penis. A penis length of less than 1.9 centimeters (0.75 inches) is usually considered micropenis. Circumcision should be delayed as the penis may undergo rapid growth with the introduction of testosterone, either prescribed or at the onset of puberty. The foreskin may be required to accommodate this late growth. Removal of the foreskin not only results in a smaller penis, it may restrict growth, and/or cause painful erections during childhood, at puberty, and as an adult.
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- **Buried penis** - (also known as hidden, webbed, or trapped penis) is a congenital or acquired condition in which the penis is partially or completely hidden below the surface of the skin. Congenital causes are often due to maldevelopment of penile shaft skin. Circumcision should be delayed as loss of the foreskin may inhibit later penile growth, and/or leave the adult penis without enough slack skin to accommodate adult erections.
-
- **Chordee** - is a condition in which the head of the penis curves downward or upward, at the junction of the head and shaft of the penis. The curvature is usually most obvious during erection, but resistance to straightening is often apparent in the flaccid state as well. Circumcision should not be performed as the risk of malapposition of the shaft skin increases exponentially. Foreskin may be required for comfortable erections as an adult. Tissues from the foreskin may also be required for surgical correction of this condition.
-
- **Intersex appearance of the sex organ** - in humans and other animals, intersex is a variation in sex characteristics including chromosomes, gonads, or genitals that do not allow an individual to be distinctly identified as male or female. Circumcision should be delayed until the child can express his own sexual identity. Early circumcision and circumcision scarring can make future sexual assignment and reconstructive surgeries more difficult.
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- **Penile torsion** - Congenital penile torsion is a rotational defect of the penile shaft; it is a common anomaly, for which the exact incidence remains unknown. In children, the shaft is almost always rotated in the counterclockwise direction, and this condition may be associated with other congenital abnormalities such as hypospadias or dorsal hooding with no urethral defect. Circumcision should be delayed as the torsion may indicate a defect in the dartos muscle sheet of the penile shaft skin. Circumcision can increase the possibility of malapposition of the shaft skin of the penis, impeding adult function of the penis.
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- **Premature Birth** - A premature birth is a birth that takes place more than three weeks before the baby is due. In other words, a premature birth is one that occurs before the start of the 37th week of pregnancy. Normally, a pregnancy usually lasts about 40 weeks. Premature birth gives the baby less time to develop in the womb. Because premature babies are at a greater risk of infection, have a more difficult time breathing, and may have several undiagnosed conditions that the stress of circumcision can complicate, circumcision is contraindicated. Unnecessary stress to a premature baby should be avoided wherever possible.

Having examined your son, your pediatrician has diagnosed and attested that he has *none* of these contraindicating medical conditions.

(Initial) _____

THE CIRCUMCISION SURGERY

Please Note: *Your infant should have an empty stomach prior to surgery. His last feeding should be at least one hour before the procedure to avoid vomiting and aspiration during the surgery.*

The first step of the circumcision surgery is to immobilize your baby by strapping his arms and legs to a plastic board called a "Circumstraint."[51] This method is the same no matter which of the three most popular methods are used for circumcision (Plastibell, Gomco Clamp, Mogen Clamp).

Restraining your infant is important because your baby cannot be given general anesthesia. He will be given a local anesthetic that may, or may not, be effective. Nothing will totally eliminate the pain your baby will feel from circumcision. Stronger anesthetics are *not* safe to use on a newborn.[52] Your infant must be restrained because any movement or struggle could cause surgical mishaps.

Your infant may or may not be given anything to reduce pain, depending on the circumciser. Some circumcisers believe that anesthetics themselves are as risky or riskier than the circumcision surgery.[53] Regardless of use of anesthetic, no circumcision is pain free.[54][55]

As the physician who will be performing the circumcision, I will take the following steps to reduce circumcision pain for your infant (circle all that apply.)

- I will try to perform the surgery as quickly as possible.
-
- I will inject a 1% Lidocaine solution into the base of your baby's penis, which takes a minimum of 10 minutes to take effect). This method can cause bruising of the penis around the injection site, and may not completely numb the ventral (most highly innervated) side of the penis, leaving a significant portion of the penis exposed to pain.[56][57]
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- I will use the ring block method, which takes four injections into the tip of your baby's penis and is painful.
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- I will apply a topical numbing agent to the penis, which takes a minimum of 45 to 60 minutes to take effect. NOTE: This product's manufacturer specifically warns *against* use on newborns and infants under 3 months of age, is *not* recommended for use on open wounds. It will only partially numb the outside of the penis. This is the least effective of all tested anesthetics.[58]
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- I will administer a 24% sucrose infused pacifier for the infant to suck on during the surgery. This serves to comfort the baby and reduces his crying response, however, crying returns to normal with removal of the pacifier. A sucrose pacified is equivalent to a placebo in reduction of pain. [55][59][60])

* Other method (not listed here):
*
* The only way to end the pain of circumcision is to not perform the surgery.

_____

No matter what method or combination of methods used to numb your baby for the procedure, your child will still experience some degree of pain and discomfort during and following the surgery. His pain will range from moderate to severe.[61] All forms of circumcision involve some level of risk to your child, and all forms of circumcisions may have unintended complications.[62]

I will clean your baby's genitals with Betadine, an antimicrobial solution. (Note: If applied too early, this may remove or counteract any topical numbing agent that has been used. Topical numbing creams such as EMLA™ require at least 60 minutes to become fully effective.[63])

I will manipulate the penis between two fingers to get a sense of where the glans is. Your son's penis may become erect during this manipulation. An erect penis can better indicate the shape and feel of the glans.

I will use two hemostats (positioned at 10 o'clock and 2 o'clock) to grasp and restrain the tip of your baby's foreskin. Your baby is very apt to scream in pain. Then I will insert a long, blunt metal probe, about the thickness of a match, between the foreskin and glans to tear apart the balanopreputial lamina that normally connects the two structures (in the same way the nail is attached to the finger.)

This can be an incredibly painful step in the circumcision procedure, as the inner foreskin is seldom affected by any anesthetic and it is densely packed with sensitive nerves.

(The next steps vary by method used.)

Plastibell Method [64][65]

I will insert a hemostat lengthwise into the foreskin, and use it to crush the skin from the tip of the foreskin to a point in-line with the corona of the glans. I will crush and hold the hemostat in place until I am sure the skin beneath has sealed together. Then, I will cut through this crushed skin with surgical scissors and pull open the foreskin to reveal the glans.

Once the glans is revealed, I will free any attachments I missed with the probe and insert the plastic circumcision bell and ring.

Using the two attached blunt hemostats I will draw the foreskin forward over the bell and ring, making sure to seat the ring in line with the coronal edge of the glans.

I will then use surgical cord to tie the foreskin to the ring. This cord must be tightened until the skin beneath crushes together against the plastic bell, which must not be seated so low as to damage or dig into the glans. Incorrect placement can cause necrosis of the penis.

I will use the surgical scissors to excise off the foreskin.

The final step of the Plastibell method is to snap off the handle of the plastic bell, and trim any loose bits of foreskin, as well as the ends of the surgical cord. The Plastibell ring will remain in place for 7 to 10 days, when it will eventually drop off with any remaining dead foreskin tissue.

All the stages of this procedure will entail significant pain and discomfort for your baby.

Gomco Clamp [66][67]

I will insert the blunt hemostats into the foreskin, and I will use them to crush a section of skin from the tip of the foreskin to a point in-line with the corona of the glans. I will leave this in place until I am sure the skin beneath has sealed together. I will then cut through this crushed skin with a pair of surgical scissors and pull open the foreskin to reveal the glans.

Once the glans is revealed I will free any adhesions missed by the probe, before I insert the metal circumcision bell.

Using the two blunt hemostats attached to the foreskin, I will draw the foreskin forward over the bell, making sure to seat the bell in line with the coronal edge of the glans.

Once properly seated, I will attach the clamp device, which is a small metal tool resembling an office stapler with a large metal knob at the top.

With the bell attached to the device, I will turn the knob, which will tighten the device and bell together, crushing the foreskin between them. The Gomco clamp can impart a significant amount of force on the skin, fusing them together in such a way that stitches, cords, or other methods of keeping the skin together are unnecessary.

The crushing force is much like slamming your fingers in a car door. It seals off blood vessels and deadens nerves.

After a few minutes in the closed Gomco clamp, the foreskin can be excised with a sharp scalpel.

Once the foreskin has been removed, the clamp can be released, and the metal bell can be carefully removed from the penis. The exposed head of the penis is then covered in Vaseline, before being wrapped loosely in gauze.

All the stages of this procedure will entail significant pain and discomfort for your baby.

Mogen Clamp [68][69]

I will pinch, and then pull the foreskin away from the body until it is tight, and I can clearly see the glans of the penis outlined by the tight skin.

The foreskin is fitted through the narrow slit in the Mogen clamp. I will be careful not to pull any of the glans through with the foreskin. (The original Mogen company went out of business due to multiple multi-million dollar lawsuits in which the device was identified as causing multiple children to lose the head of their penis during circumcision. All Mogen clamps used today are either antiques, or after-market reproductions.)

I will then use the lever at the end of the device to close and lock the two halves of the device together which will trap and crush the foreskin in place.

A sharp scalpel or electrocautery device is then used to cut, or burn off the foreskin.

Once I am satisfied the trapped skin will not bleed excessively, I will release the lever and open the clamp.

The skin will appear sealed together with the glans trapped. I will apply pressure to the base of the penis and the sealed skin will open up, revealing the glans of the penis. I will then clean up any adhesions missed by the probe, and I will apply a tight ring of gauze to the penis, and Vaseline to the head.

All the stages of this procedure will cause significant pain and discomfort for your baby.

PARENTAL CONSENT AND THE LAW

The official stance of the medical community continues to be that parents have the right to make informed medical decisions for their child, and that parents should have access to circumcision of their infant for cultural or religious reasons.

It is important to note, however, that routine infant circumcision is *not* a medical or therapeutic procedure. It is not performed for any medically indicated reason, nor can it be viewed as "preventative medicine." Infant circumcision is classified as a purely cosmetic or social surgery. This hospital/clinic will bill either you or your insurer for this procedure under cosmetic billing codes, no different than a nose job, or a breast reduction surgery.

Routine infant circumcision (RIC) is *not* recommended by any official medical body or organization.

Increasingly, the argument for circumcision for cultural or religious reasons has come under attack, and is now considered controversial.[70][71]

In the opinion of many ethicists, non-therapeutic, cultural, or religious circumcision of a child before the age of consent is problematic. The circumcision of a child may violates his right to bodily integrity, security of person, and freedom of religion, and/or freedom from religion.[72]

Since 1997, circumcision has also become legally problematic. In the year 1997 it became illegal to cut the genitals of any female below the age of consent without medical necessity. It is assault, despite the existence of non-therapeutic, cultural and religious reasons for the cut. It remains illegal, even where far less tissue is removed from the female child than the male. Even a single cut or pin prick to the genitals of a female child, without medical or therapeutic necessity, is considered a federal crime.[73][74][75]

There is a strong principle of equal protection under the law, regardless of age, ethnicity, orientation, or gender. (See the 14th Amendment of the Constitution of the United States, and Section Fifteen of the Canadian Charter of Rights and Freedoms.) Should male children be afforded the equal protection under the law, infant male circumcision would be viewed as equal to female circumcision (female genital mutilation) and could be deemed an illegal act.

Male circumcision has yet to be tested in North American federal courts, but it is the opinion of some legal scholars that, should male circumcision be challenged, it could fail as a parental right.[76]

Should you choose to proceed with the circumcision you agree to indemnify the doctor, hospital/clinic from any legal repercussions associated with this consent, now and into the future, for perpetuity.

AUTHORIZATION

It is the position of this hospital/clinic to urge **caution** before subjecting your child to any non-therapeutic or cosmetic procedure. We urge you to consider all possible immediate and future ramifications to your child, both positive and negative, before granting consent.

It is the duty of this doctor/hospital/clinic to provide fully informed consent for ALL procedures.

Fully informed consent includes providing detailed descriptions of the surgical procedure and available, most up-to-date methods, knowledge of functions (and potential loss of functions) of the affected body part, benefits and risks of the procedure, alternative therapy options, indications for and contraindications against the procedure, as well as discussion of ethical concerns, controversies, and legal realities.

I, _____(print name) have gone over this document with my clients. I have answered all of their questions and concerns. I am aware that my failure to do so will make this consent null and void. Any attempt by me or any other representative of this hospital/clinic to solicit this procedure from my clients would constitute a breach of medical ethics, a violation of the local and/or federal laws and guidelines protecting patients from unnecessary or unwarranted procedures, and would be a violation of HIPAA and/or PHIPA legislation.

I am aware that it is the CHILD who is the patient and who I must ultimately serve best, NOT his parents or any other guardian/legal entity.

Signed, _____ Date:_____

Name of the doctor who will be performing the circumcision.

(please print)_____

Contact information for the doctor who will be performing the circumcision.

_____

_____

_____

_____

I/we_____, _____ (print names),

the legal guardian/s of _____(print name of child) have been granted fully informed consent.

I/we have not been pressured into this surgery and understand that infant circumcision is *not* a medical or therapeutic procedure nor is it medically recommended for our child.

I/we understand that there are less invasive means by which I/we can assure the health and happiness of my/our child.

I/we agree to legally indemnify the doctor and hospital/clinic from any legal repercussions resulting from this cosmetic surgery on my/our child, now and into the future, for perpetuity.

I/we understand the value of the foreskin, its purpose and its functions. I/we understand that once the foreskin is amputated, it cannot be replaced. I/we am/are aware of all the risks involved, and I/we am/are willing to accept any and all responsibility for potential negative outcomes of the surgery, including pain, disfigurement, loss of function, and death of the infant child.

I/we have chosen to proceed with the infant circumcision, because (please explain in your own words)

_____

_____

_____

A copy of this complete and signed document will be kept with your child's medical records and will be made immediately available to him upon reaching the age of 18 years.

I/we hereby authorize the hospital/clinic and doctor to proceed with the infant circumcision.

Signed, _____ Date:_____

Signed, _____ Date:_____

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