

# International consensus statement on infant male circumcision (IMC)

We, the undersigned senior clinicians and researchers, support educating and urging parents, physicians and health care organizations, including insurance companies, to encourage an increase in the rate of IMC as a means of improving public health. The evidence shows that IMC benefits far exceed risks.<sup>1-3</sup> IMC is also cost effective.<sup>4,5</sup> Our position accords with current *evidence-based* IMC policy statements by the American Academy of Pediatrics,<sup>1</sup> (endorsed by the American College of Obstetricians and Gynecologists), the American Urological Association,<sup>6</sup> the Centers for Disease Control and Prevention,<sup>7</sup> and others.<sup>2</sup> These were based on findings from high quality studies, meta-analyses and large randomized controlled trials. IMC protects against urinary tract infections, kidney damage, as well as foreskin inflammation, tightness and tearing, sexually transmitted infections and ulceration, Candida infections, poor hygiene and genital cancers in both sexes.<sup>1-3,7-16</sup> Circumcision has no adverse effect on a man's sexual function, sensitivity, penile sensation or satisfaction, and may enhance the male sexual experience.<sup>15</sup> Adverse events during IMC are uncommon and virtually all minor and easily treated with complete resolution.<sup>1,3,17</sup> For maximum benefits, safety, convenience and cost savings, the circumcision should be performed in infancy and with local anesthesia.<sup>1-3,19</sup> The ethics of parental decision-making and legal consent for IMC and childhood vaccination are comparable.<sup>19,20</sup> In the interests of public health and individual well-being, adequate parental education, and steps to facilitate access and affordability should be encouraged.<sup>1,2,22</sup>

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