RELIGIOUS CIRCUMCISION OF MALE CHILDREN

STANDARDS OF CARE

INTRODUCTION

This document provides an update of the position previously expressed by BAPS.
As identified in the above paper, most agencies with a professional or statutory responsibility for the surgical care of male children have exempted themselves from comment on religious circumcision.
Discordant opinion surrounds the indications and need for, as well as the advisability of, this practice. The prevalence, however, and the likelihood of continuance of this operation is such that the BAPS believes recommendations on standards of care which apply to all operative procedures on children, also pertain to religious circumcision.
Commentary on the procedure does not indicate approval or disapproval of the practice but has the advocacy of the wellbeing of the child as its prime intent.
The following are basic tenets of care to which adherence is mandatory, irrespective of the status of the individual performing the circumcision.

- Appropriate expertise in performance of the procedure
- Sterility
- Analgesia
- Sedation
- Ability to identify co-morbidity
- Recognition of complications and access to medical care

THE OPERATOR

The person performing the procedure must be trained to do so and must be competent to provide the components of care defined above.

STERILITY

Any technique using incisional methods should be accompanied by preparatory skin disinfection using a proprietary standardised preparation, e.g. Chlorhexidine solution. Sterile technique must be used.

ANALGESIA

Circumcision should not be performed without using some form of anaesthetic.
Regional infiltration of local anaesthetic or sparing application of topical anaesthetics should be used for peri-operative pain relief if general anaesthesia is not to be used.
Familiarity with the techniques, agents and dosages involved is a pre-condition of use. Post-operative analgesia using proprietary analgesics such as Paracetamol should be routine.

SEDATION

The choice of agents for sedating young children can only be made safely by experienced doctors. Sedation in childhood, particularly in infancy, is potentially hazardous and unpredictable. It is not appropriate to use sedative techniques in a community setting or in any other location where there is no immediate access to resuscitation equipment, nor should parenteral administration of any drug, local anaesthetic or medication be undertaken without such access.

CO-MORBIDITY

The responsible individual should attempt to identify any potentially adverse clinical contra-indications to circumcision. Examples include a family history of bleeding disorder, a child with significant past medical history, a child who is currently unwell, children under active clinical review for serious cardiac renal or respiratory disease, or those boys with a congenital

abnormality of the penis such as hypospadias. In these circumstances, verification of the safety of the circumcision must be obtained from a specialist surgeon.

COMPLICATIONS AND ACCESS TO HOSPITAL CARE

Before operating, prior provision must be made for ready access to an appropriate hospital facility in the event of a complication arising either during or following circumcision. Attempts to treat any complication sustained in a community setting should be accompanied by prompt hospital referral.

CONSENT FOR OPERATION

Any person performing religious circumcision is strongly advised to comply with the GMC guidelines outlining the need for both parents to provide consent for surgery. (GMC: Standards of practice: Guidance for doctors who are asked to circumcise male children. Sept.1997.)

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