

comes. What is the acceptable cosmetic standard? Is there an objective medical standard? In a prospective study of 100 circumcised infants, 50 percent had part or all of their glans covered by skin following the operation.⁹ Did one-half of these circumcised boys have marginal cosmetic outcomes? Are the authors applying a standard that does not exist? Clearly the circumcised penis is commonplace in the United States, but implying a degree of normality to the finished product is unfounded.¹⁰

We fully support the efforts of Dr. Lenhart and his co-authors to relieve the pain of neonatal circumcision, but the scientific data are not strong enough to support this procedure even if anesthetic is used.

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The above letter was referred to the author of the article in question, who offers the following reply.

To the Editor: The feedback from Drs. Cold, Van Howe, and Storms is appreciated. Like it or not, however, neonatal circumcision remains the most commonly performed surgical procedure in this country. Indeed, that the American Academy of Pediatrics Task Force 1989 opinion on circumcision has been construed as endorsement for circumcision contributes to the likelihood that neonatal circumcision will not be abandoned in this country. Certainly the reports in the medical literature documenting medical benefit have contributed to this opinion as well.

It is essential that if circumcision is to be performed, it must be done as humanely as possible. Because the techniques used to perform local anesthesia vary so widely, not only in their efficacy but in their safety, it is important to establish which technique most safely and reliably reduces the pain. Pain cannot be eliminated from any surgical procedure, but it can be substantially reduced; and when properly applied and administered, local anesthesia dramatically alters the physiologic and behavioral responses of the infant compared with those of the nonanesthetized neonate.

I am in agreement with Drs. Cold, Storms, and Van Howe. Neither can our study nor can any other study show that pain is eliminated; nevertheless, what has been documented in many studies—including ours—is that the pain of circumcision can be markedly reduced, if not in some instances nearly eliminated. Local anesthesia can thereby contribute to the humane performance of circumcision.

The distal branch block arm of the study was dropped for two reasons: safety and cosmetic outcome. First, the edema created by distal injection made visualizing the penile landmarks and performing the procedure much more complicated, therefore impairing safety. Second, it is my experience that parents are not happy when the appearance of the completed circumcision does not meet their expectations. Certainly there is no standard for cosmesis as it relates to circumcision; however, a parent's expectation is a standard that must be met.

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