

## DOES CIRCUMCISION AFFECT MALE'S PERCEPTION OF SEXUAL SATISFACTION?

Jeff R. Cortés-Gonzalez, Jorge A. Arratia-Maqueo, Rafael Martínez-Montelongo and Lauro S. Gomez-Guerra.

Urology Department. Hospital Universitario "Dr. Jose E. Gonzalez" UANL. Monterrey NL. Mexico.

**Summary.-** **OBJECTIVES:** To evaluate the effect of circumcision on sexual satisfaction perception in males with stable sexual partners.

**METHODS:** Twenty two heterosexual male adults, sexually active with a stable partner, scheduled for circumcision for medical (MR) or esthetic reasons (ER) at our clinic between June 2005 and June 2006 were included in this study. Men with severe erectile dysfunction (ED) were excluded from the study. These men were surveyed to assess erectile function, penile sensitivity, esthetical penis' appearance, sexual activity and overall satisfaction before the procedure and 12 weeks after. Categorical scores were evaluated with Chi square.

**RESULTS:** Surgical indications were: Phimosis 50%, balanitis 18.2%, condyloma 13.6% and esthetics 13.6%. After the procedure 82% of patients referred an upgrade on the quality of their sexual intercourse, 4.5% referred it diminished and 13.5% referred no change at all. 95.5% of the patients felt better with the appearance of their

penis. Almost all areas of sexual satisfaction weren't statistical significant except for the improvement in erectile function ( $p < 0.0007$ ) and perception of sexual events ( $p < 0.04$ ). This improvement on erectile function was reported as shifts from mild to normal on International Index of Erectile Function 5 scores. Premature ejaculation was observed in 31.8%(7) before the procedure and diminished to 13.6%(3).

**CONCLUSION:** Because of our statistic limitations and mix indications for circumcision in the study, we cannot conclude that circumcision might bring certain benefit on sexual satisfaction by itself but certainly does not bring deleterious effects and, when dissatisfaction is associated with local problems, some benefit could be expected.

**Keywords:** Sexual Satisfaction. Erectile Function. Circumcision.

**Resumen.-** **OBJETIVO:** Evaluar el efecto de la percepción de la satisfacción sexual en hombres, con parejas sexuales estables, posterior a la circuncisión.

**MÉTODOS:** Veintidós hombres heterosexuales, adultos, sexualmente activos con pareja sexual estable que fueron programados para circuncisión en nuestro servicio entre Junio del 2005 y Junio del 2006 por razones médicas o estéticas fueron incluidos en este estudio. Hombres con disfunción eréctil severa fueron excluidos. Los pacientes fueron encuestados para evaluar la función eréctil, la sensibilidad del pene, la apariencia estética, etc. Esta encuesta fue realizada antes del procedimiento y 12 semanas después. Los resultados en cada rubro fueron evaluados con Chi cuadrada.

**RESULTADOS:** Las indicaciones quirúrgicas fueron: Fimosis 50%, Balanitis 18.2%, Condiloma 13.6 % estética 13.6%. Posterior al procedimiento el 82% de los pacientes refirió aumento en la calidad de sus encuentros sexuales, 4.5% refirió que disminuyó y 13.5% que

### CORRESPONDENCE

Jeff R. Cortes Gonzalez  
Urology Department  
Hospital Universitario  
"Dr. José E. Gonzalez" UANL  
Av. Madero y Gonzalitos s/n  
Col Mitras Centro  
64460 Monterrey. NL. (Mexico)

jrco77@yahoo.com

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no se modificó. Noventa y cinco por ciento refirió sentirse mejor con la apariencia de su pene. Casi todas los rubros de la satisfacción sexual evaluados en las encuestas no presentaron diferencias estadísticamente significativas a excepción de la mejora en la función sexual ( $p=0.0007$ ) y la percepción de eventos sexuales ( $p=0.04$ ). Esta mejora en la función eréctil fue considerada como un cambio en categoría en la clasificación del índice internacional de la función eréctil 5. En 31.8% (7) de los pacientes reporto eyaculación prematura la cual disminuyo a 13.6% (3).

**CONCLUSIONES:** Debido a nuestras limitaciones estadísticas y las indicaciones quirúrgicas heterogéneas para la realización del procedimiento en este estudio, no podemos concluir que la circuncisión traiga consigo un beneficio en la satisfacción sexual por el simple hecho de retirar el prepucio pero definitivamente no provoca efectos deletéreos y cuando la insatisfacción está asociada a problemas locales, puede esperarse algún beneficio.

**Palabras clave:** Satisfacción Sexual. Función eréctil. Circuncisión.

## INTRODUCTION

Circumcision is a common surgical procedure in urology practice. On a general population basis, it is mostly done during the early years of life. It has been performed for centuries having diverse indications: medical, religious or esthetic (1). The first reported case of circumcision as treatment of impotence was on the 19th century (1,2).

Controversies have been emerged about the true role of circumcision on penile sensibility and sexual satisfaction (1,3,4). Masters and Johnson carried on neurological tests on the glans of circumcised and uncircumcised patients (3). They found no difference on the sensibility of the glans even though the well known Keratinization of this area on circumcised patients (5).

Very few articles studied the role of circumcision on male and female sexual satisfaction (1,6,7). The sexually active male who has experimented both states, uncircumcised and circumcised, is the only one in a position to give an opinion on the effect of the prepuce during the sexual encounter.

## MATERIAL AND METHODS

Twenty two (22) heterosexual men, sexually active with a stable partner, with mean age 31 (21-53) were scheduled for circumcision at our clinic bet-

ween June 2005 and June 2006. The procedure was performed for medical (MR) or esthetic reasons (ER). Circumcision was performed in all patients under local anesthesia with the sleeve technique.

Patients with severe erectile dysfunction (defined as the incapacity to penetrate his partner), polygamist and those utilizing external vacuum devices or medication for erectile dysfunction (ED) were excluded from the study. Informed consent was provided and they were asked to answer a survey before and 12 weeks after the procedure. The questionnaire was designed upon items of existing indexes scales and questionnaires (International Index of Erectile Function, Changes in Sexual Functioning Questionnaire, Brief Sexual Function Questionnaire, Center for Marital and Sexual Health Functioning Questionnaire) (8-11). Questions summed up information about libido, penile sensibility, erectile function, premature ejaculation, pain, during intercourse and on the second questionnaire a section on esthetic perception was added. Instructions were given to all patients to engage in sexual activities until 4 weeks after circumcision. Statistical analysis was done using chi-square.

## RESULTS

Surgical indications were: Phimosis 50% (11), balanitis 18.2% (4), condyloma 13.6% (3), esthetics 13.6% (3) and other causes 4% (1). Married patients in the study were 82% (4), single with regular sexual activity with their partner were 9% (2) or living together with a partner 18% (4). No post operative complications were reported.

After the procedure 82% (18) patients referred an improvement on their quality of sexual events, 4.5% (1) referred it diminished and 13.5% (3) referred no change at all. Patients in whom improvement was referred, 39% (7) mentioned a modest and 61% (11) a great benefit in sexual enjoyment, 94.5% (17) considered the benefit in their sexual enjoyment was due to the procedure. Ninety five point five percent of the patients (21) felt better with the appearance of their penis and 72.7% (16) added that they thought their partners shared this thought too.

Results on the different evaluated areas regarding sexual satisfaction are shown in Table I. It was not possible to establish a tendency or statistic relevance in all examined areas. Statistical significance were observed only on erectile function ( $p 0.0007$ ) and in the perception of sexual events ( $p 0.04$ ). This improvement on erectile function was reported as shifts from mild to normal on International Index of Erectile Function 5 (IIEF-5) scores. None of the patients had moderate ED. This mild ED was recorded

TABLE I. RESULTS ON DIFFERENT AREAS OF SEXUAL SATISFACTION.

<b>Intercourse enjoyment</b> before after	<b>% Not much</b> 36.6 (8) 22.7 (5)	<b>% Very much</b> 63.6 (14) 77.3 (17)		<b>p 0.32</b>
<b>Frequency of sexual events</b> before after	<b>% Less than 2 or 3 / week</b> 45.5 (10) 31.8 (7)	<b>% 2, 3 or more / week</b> 54.5 (12) 68.2 (15)		<b>p 0.35</b>
<b>Sexual desire</b> before after	<b>Less than 2, 3 / week</b> 59.1 (13) 36.4 (8)	<b>2, 3 or more / week</b> 40.9 (9) 63.6 (14)		<b>p 0.13</b>
<b>Perception of sexual events</b> before after	<b>Less</b> 27.3 (6) 22.7 (5)	<b>Same</b> 63.6 (14) 54.5 (12)	<b>More</b> 9.1 (2) 22.7 (5)	<b>p 0.04</b>
<b>Pain during coitus</b> before after	<b>No</b> 77.3 (17) 72.7 (16)	<b>Some times</b> 18.2 (4) 27.3 (6)	<b>Always</b> 4.5 (1) 0	<b>p 0.23</b>
<b>Overall Sexual satisfaction</b> before after	<b>Complete / Moderate</b> 81.8 (18) 95.5 (21)	<b>Some degree of dissatisfaction</b> 18.2 (4) 4.5 (1)		<b>p 0.15</b>
<b>Erection</b> before after	<b>Some degree of dysfunction</b> 50 (11) 4.5 (1)	<b>Complete erection</b> 50 (11) 95.5 (21)		<b>p 0.0007</b>
<b>Who starts the sexual encounter?</b> before after	<b>Patient</b> 36.4 (8) 31.8 (7)	<b>Both</b> 59.1 (13) 59.1 (13)	<b>Partner</b> 4.5 (1) 9.1 (2)	<b>p 0.20</b>
<b>Perception of ejaculation</b> before after	<b>Premature</b> 31.8 (7) 13.6 (3)			

in 50% (9) on patients scheduled for MR compared to 66.6%(2) on the ER group before the procedure. Main discomfort was in maintaining erections (questions 4 and 5 of the IIEF-5). The evaluation of premature ejaculation (PE) was subjective. Thus, intravaginal ejaculation latency time (IELT) was not evaluated. PE was referred in 33.3% (6) and (1) on both groups. Overall PE was 31.8%(7) before the procedure and diminished to 13.6%(3) after. There was no significant difference in glans sensibility posterior to circumcision in this study.

## DISCUSSION

There has been much debate about the role that the prepuce plays on sexual satisfaction. Collins and Fink were the first who tried to resolve the issue but came up with no significant results (2,3). Still there are few published articles that addressed these issues. To our knowledge, this is the first study to include only Hispanic population to evaluate libido, premature ejaculation, erectile function, penis appearance and pain during intercourse after circumcision. Most previous reports evaluate male sexual satisfaction by phone calls and/or on patients in whom during the period before the interview had different sexual partners or polygamist individuals weren't excluded from the study (1-3). Those variables could bring some differences on sexual performance and satisfaction.

Besides that most of the comparative results in this study were not statistically significant, 82% referred some increase in their sexual satisfaction posterior to circumcision.

Indicating circumcision in adulthood for esthetical reasons is rare, most indications are due MR but despite that the majority of patients on our study had local problems on their foreskin, results were similar as those observed by Senkul et al. (1), who evaluated only patients that were circumcised due to religious reasons and where patients with local problems were excluded from the study. Erectile function was the only area where different and statistically significant results were obtained in comparison to previous publications.

## CONCLUSIONS

To our knowledge, this is the first study done evaluating only Hispanic population. Because of our statistic limitations and mix indications for circumcision of the study, we cannot conclude that circumcision might bring certain benefit on sexual satisfaction by

itself but certainly does not bring deleterious ones and when dissatisfaction is associated with local problems, some benefit could be expected. This could bring urologists a tool when indicating circumcision in adults, to avoid taboos and doubts the patients may have regarding their fear for sexual dissatisfaction after the procedure. A comparative study between males undergoing to circumcision for medical vs religious or esthetical reasons with the same partner should be performed to corroborate this issue.

## REFERENCES AND RECOMENDED READINGS

(\*of special interest, \*\*of outstanding interest)

- \*1. Senkul T, Iseri C, Sen B, Karademir K, Saracoglu F, Erden D. Circumcision in adults: effect on sexual function. *Urology*, 2004; 63(1):155-8.
2. Collins S, Upshaw J, Rutchik S\*, Ohannessian C, Ortenberg J, Albertsen P. Effects of circumcision on male sexual function: debunking a myth? *J. Urol.* 2002; 167, 2111-2.
- \*3. Fink KS, Carson CC, Devellis RF. Adult circumcision outcomes study: effect on erectile function, penile sensitivity, sexual activity and satisfaction. *J. Urol.* 2002; 167, 2113-6.
- \*4. Masood S, Patel HR, Himpson RC, Palmer JH, Mufti GR, Sheriff MK. Penile sensitivity and sexual satisfaction after circumcision: are we informing men correctly? *Urol. Int.* 2005; 75(1):62-6.
5. Cold CJ, Taylor JR. The prepuce. *BJU.* 1999; 83(1):34-44.
6. O'Leary MP, Fowler FJ, Lenderking WR, et al. A brief male sexual function inventory for urology. *Urology*, 1995; 46:697.
- \*\*7. O'Hara K, O'Hara J. The effect of male circumcision on the sexual enjoyment of the female partner. *BJU international*, 1999; 83(1):79-84.
8. Glick HA, McCarron TJ, Althof SE, et al. Construction of scales for the Center for Marital and Sexual Health (CMASH) sexual functioning questionnaire. *J. Sex. Marital Ther.* 1997; 23:103.
9. Clayton AH, McGarvey EL, Clavet GJ. The changes in sexual functioning questionnaire (CSFQ): development, reliability, and validity. *Psychopharmacol Bull*, 1997; 33:731.
10. Reynolds CF, Frank E, Thase ME, et al. Assessment of sexual function in depressed, impotent, and healthy men: factor analysis of a brief sexual function questionnaire for men. *Psychiatry Res.* 1988; 24:231.
11. Rosen RC, Riley A, Wagner G, et al. An international index of erectile function (IIEF): a multi-dimensional scale for assessment of erectile dysfunction. *Urology*, 1997; 49: 822.