Foreskin Care Questions

Definition

- Questions about caring for the normal uncircumcised penis in a baby boy
- Includes questions about foreskin retraction
- Smegma questions are covered

Health Information

Types of Foreskin Retraction Problems

• The foreskin usually causes no problems. However, forceful retraction can cause it to get stuck behind the glans. The glans is the head of the penis. This can cause severe pain and swelling. This is called **paraphimosis**. It's a medical emergency.

• If retraction is forceful, it can cause a small cut. This cut may cause a small amount of bleeding and pain.

• Sometimes, the cut causes the space under the foreskin to become infected.

Care Advice

Foreskin Retraction and Cleansing

1. Overview:

- At birth, the foreskin is attached to the head of the penis (glans). It is attached by a layer of cells.
- Over time, the foreskin will separate from the head of the penis. This is a natural process and occurs over 5 to 10 years. It slowly loosens up (retracts) a little at a time.
- Normal erections during childhood cause most of the change by stretching the foreskin.
- If your boy has a normal urine stream, any foreskin movement is normal.
- There should be no rush to achieve full retraction. This always occurs on its own by puberty.
- Here is some care advice that should help.

2. Cleansing Before Age 1 Year:

- During the early years of life, only clean the outside of the foreskin.
- Don't make any attempts at retraction.
- Don't put any cotton swabs into the opening.

3. Foreskin Partial Retraction:

- Begin gentle partial retraction at 1-3 years of age. Exception: Your child's doctor has recommended not retracting foreskin until a later age.
- Frequency: It can be done once per week during bathing.
- Gently pull the skin on the shaft of the penis backward towards the stomach.
- This will make the foreskin open up. You will be able to see part of the glans (head of the penis).
- Be gentle. Retraction should never cause pain or crying.

4. Cleansing After 1 - 3 Years Old:

• As the foreskin becomes able to partially retract, cleanse beneath it. This helps to prevent infections.

- Wash the exposed part of the glans gently with warm water. Then, dry it.
- Do not use soap or leave soapy water under the foreskin. This can cause redness and swelling.
- Wipe away any whitish material (smegma) that you find there.

5. **Reposition the Foreskin:**

• After cleansing, always pull the foreskin forward to its normal position.

6. Avoid Forceful Retraction:

- This can cause bleeding or tears of the tissue.
- It also may cause the foreskin to become stuck behind the penis head.
- Retraction is too hard if it causes any pain or crying.

7. Teach Child How to Retract:

- By age 5 or 6, teach your son to retract his own foreskin.
- Teach him to clean beneath it once a week during bathing.
- This will help to prevent poor hygiene and infection.

8. Pain Following Recent Attempt at Retraction:

• The attempt to retract the foreskin has probably caused a small cut or tear. Raw surfaces are painful.

- Cover the raw area with a layer of antibiotic ointment.
- If you don't have one, use petroleum jelly.

• Once the raw surface is protected from the air, the pain should go away. The pain should slowly improve over a few hours.

• Continue twice a day until healed. This takes about 1 or 2 days.

9. The No Retraction Approach to the Foreskin:

• Some doctors advise that a parent should never try to retract (pull back) the foreskin. The parent should never try to clean under the foreskin.

• They teach that only the boy himself should ever retract his foreskin. They suggest teaching the boy to do this after puberty or about age 12.

- They teach that the foreskin will naturally retract on its own during puberty. This is usually true.
- The advice against parent retraction is more common in Europe.
- It is a safe option and prevents any forceful or harmful retraction.
- But, the gentle partial retraction for cleansing described with this advice is also safe.
- Ask your child's doctor for their thoughts.

Phimosis (Tight Foreskin) Questions

1. Phimosis (Tight Foreskin):

• Phimosis means a tight foreskin. It means the foreskin can't be pulled back (retracted) over the head of the penis. It's a medical term.

• All males are born with a tight foreskin (normal phimosis). In fact, at birth the inner layer of the foreskin is fused to the glans (head of the penis).

- Separation occurs naturally over the years. Puberty accelerates the process.
- Partial separation starts by 2 years of age.
- By age 6, 90% of foreskins can be mostly or fully retracted.
- By age 16, 99% can be fully retracted.

Smega Questions

1. Smegma:

• Smegma is the small pieces of whitish material found under the foreskin.

• Smegma is made up of dead skin cells. These cells are shed from the lining of the foreskin and the penis. It becomes trapped under the foreskin.

• Smegma is normal and harmless. It is not a sign of an infection. It is produced in small amounts throughout life.

• Smegma can build up under the foreskin. This happens if the foreskin is not pulled back and cleaned regularly.

• Smegma also can occur before the foreskin becomes retractable. It looks like small white lumps. It lies under the foreskin that is still stuck to the penis head. It can't be removed at this stage.

• If it lies beyond the level of foreskin retraction, it should be left alone. Wait until normal separation exposes it, then gently wipe it away.

• **Caution.** During the first year of life, do not make any attempts at foreskin retraction. Leave the smegma alone.

Call Your Doctor If

• Pain lasts more than 24 hours

- Foreskin looks infected
- Other foreskin problems occur
- You think your child needs to be seen

Pediatric Care Advice

Author: Barton Schmitt MD, FAAP

Copyright 2000-2022 Schmitt Pediatric Guidelines LLC

Disclaimer: This health information is for educational purposes only. You the reader assume full responsibility for how you choose to use it. The information contained in this handout should not be used as a substitute for the medical care and advice of your pediatrician. Listing of any resources does not imply an endorsement.