

## Foreskin care

The foreskin is the sheath of skin that covers the head (glans) of the penis. At birth, the foreskin is fully attached to the penis. In time, the foreskin separates and can be retracted (pulled back). This can usually be done by the age of about two. Sometimes, the foreskin separates later. Occasionally, the foreskin doesn't separate evenly and areas remain stuck to the glans. These attachments almost always resolve by puberty.

Circumcision is a surgical procedure to remove the foreskin. In Australia today, less than 10 per cent of boys are circumcised. The procedure is mostly performed on babies for family, religious or cultural reasons. Circumcision is sometimes recommended for older boys and men who have ongoing foreskin problems, such as infection, that don't respond to other forms of treatment.

### General foreskin care – babies and young boys

Foreskin care is important and young boys should be taught how to care for their penis. Suggestions include:

- Treat a baby's penis like any other body part when you give him a bath. Don't worry about cleaning under the foreskin. Simply wash the penis with soap and rinse.
- Do not forcibly pull back a baby's foreskin. Doing so may cause pain, bleeding, infection or scarring.
- Change your son's wet or dirty nappies as soon as possible to reduce the risk of infection.
- Retract the foreskin for cleaning once it has separated. Wash with soap and rinse well. Roll the foreskin back over the glans afterwards.
- Teach your son how to clean underneath his foreskin.

### General foreskin care – teenagers and men

Taking care of your foreskin should become a habit. Make sure you:

- Clean underneath the foreskin. Without regular cleaning, a build-up of a whitish-yellow substance known as 'smegma' can occur under the foreskin. Smegma can look like pus to the untrained eye.
- See your doctor if you have any concerns.

### Common foreskin problems

Conditions that may affect the foreskin include:

- **Inflammation** – sore and red foreskin. Common causes include forced retraction, irritants such as bubble baths or dirty nappies.
- **Infection** – the most common include posthitis and balanitis. Posthitis is infection of the foreskin, usually caused by fungus thriving in the hot and moist conditions. Balanitis is infection of the foreskin and glans, and is usually caused by poor hygiene. Smegma encourages the growth of infection-causing germs.
- **Chronic infections** – for some males, posthitis or balanitis tends to recur. A complication of chronic infections is scar tissue, which could stick the foreskin to the glans and make retraction impossible. Chronic infections of the penis and foreskin also increase the risk of urinary tract infections. Repeated kidney infections can affect kidney function.

- **Phimosis** – the foreskin is abnormally tight, which prevents it from retracting. This can cause recurrent balanitis because good hygiene is difficult or impossible. An erection may cause the foreskin to split and bleed. The tight foreskin can also hinder urination – in some cases, the foreskin fills up with urine like a little balloon. Phimosis is the most common reason for circumcision after infancy.
- **Paraphimosis** – permanently retracted foreskin. The foreskin gathers like a tight rubber band around the penis, causing swelling and pain. This condition is the second most common reason for adult circumcision.
- **Tumour** – rarely, abnormal growths develop on the foreskin. In some cases, the tumour is cancerous. Penile cancer is extremely rare in circumcised men.
- **Zipper trauma** – the foreskin (or other parts of the genitals, commonly the scrotum) gets caught in a zipper. Wearing underpants is the best prevention.

## Diagnosis of foreskin problems

Tests used to diagnose foreskin problems may include:

- Medical history
- Physical examination
- Swab test (to check for infection).

## Treatment of foreskin problems

Treatment depends on the condition but may include:

- **Inflammation** – avoid irritants such as bubble bath lotion or harsh soaps. Wash gently under the foreskin. Nappy rash cream or hydrocortisone ointment may be recommended.
- **Infection** – the doctor may prescribe antifungal or anti-inflammatory creams, oral antibiotics and pain-killing drugs. Try soaking in a warm bath to relieve painful or difficult urination (dysuria). In severe cases, intravenous antibiotics are needed.
- **Chronic infections** – the doctor may recommend circumcision as a permanent solution.
- **Phimosis** – the doctor may suggest that you attempt to stretch your foreskin by retracting it regularly, such as when showering and every time you urinate. The stretching process may take a few weeks. Regular use of steroid creams may also help. If the foreskin remains tight, you may need circumcision. For men who are opposed to circumcision for ethical or political reasons, it may be possible to keep the foreskin but surgically widen it. The cut made along the topside of the foreskin is called a 'dorsal slit'.
- **Paraphimosis** – the doctor attempts to manually roll the foreskin over the glans. This may involve the application of anaesthetic cream and compression of the penis head (by the doctor's hand or with a tight wrapping of cling film) to reduce the swelling. If this fails, the doctor may puncture the penis with a needle (to drain the fluid and reduce swelling) or cut the band of foreskin, or both. If paraphimosis tends to recur, you may need circumcision.
- **Tumour** – the first line of treatment for a tumour is surgical removal. Cancer treatment may include chemotherapy or radiotherapy.
- **Zipper trauma** – the doctor will apply anaesthetic cream to the foreskin. The foreskin is freed by either opening the zipper or cutting the zipper with scissors.

## Circumcision for older boys and men

Circumcision is a common treatment for many foreskin problems. The procedure in newborns is simple and fast, but it is much more complicated in older boys and men. After the first few weeks of life, circumcision usually requires epidural or general anaesthesia and about six weeks of recovery. Complications are uncommon, but can include bleeding, allergic reactions to anaesthesia or infection.

## Adult circumcision for non-medical reasons

American research suggests that about five per cent of adult men seeking circumcision don't have foreskin problems. Instead, they wish to have the surgery for cosmetic reasons or to enhance sexual feeling.

Sometimes, a man has nothing against his foreskin but his partner prefers a circumcised penis – in these situations, doctors advise caution. The decision to have cosmetic surgery should be yours and yours alone. If your foreskin is healthy and doesn't cause you emotional distress, you should keep it (and perhaps consider finding yourself a new partner who can love you – and your uncircumcised penis – unconditionally).

## Where to get help

- Your doctor
- Urologist
- Men's health clinic
- Andrology Australia Tel. 1300 303 878
- Melbourne Sexual Health Centre Tel. (03) 9341 6200 or 1800 032 017 or TTY (for the hearing impaired) (03) 9347 8619
- Family Planning Victoria Tel. 1800 013 952 or (03) 9257 0100

## Things to remember

- The foreskin is the sheath of skin that covers the head (glans) of the penis.
- Without regular cleaning, a build-up of a whitish-yellow substance known as 'smegma' can occur under the foreskin, which may cause infection.
- Circumcision is a surgical procedure to remove the foreskin and is a common treatment for many foreskin problems.

**This page has been produced in consultation with, and approved by:**

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