After practicing circumcision for decades, the American medical profession has lost sight of the functions, development, and care of the normal intact penis. Here are the simple facts.

1. The prepuce is a normal part of genital anatomy. In boys and men, the prepuce (also called the foreskin) covers the glans (head) of the penis. In girls and women, the prepuce (commonly called the preputial hood or clitoral hood) covers the clitoris.

2. The foreskin is not “extra skin” or “just a flap of skin.” The foreskin is a double-layered, highly innervated (nerve-laden) and vascularized structure that is an integral part of the penis. The amount of skin removed in a circumcision varies, but on average amounts to the equivalent of 15 square inches – the size of a 3” x 5” index card – in a man.

3. The foreskin is normally and naturally attached to the head (glans) of the penis in male babies and children, much as the fingernail is attached to the nail bed. As the boy develops, and almost always by the end of puberty (18-25 years), the foreskin will separate and become retractable. In a small percentage of men, the foreskin never fully retracts; if the man is comfortable, this is not a problem.

4. The foreskin helps to protect the penis. In babies, the foreskin protects the glans from abrasions and keeps bacteria from entering the urinary tract. Throughout a man’s life, it protects the glans from cold and injury, and from drying out.

5. The foreskin has an important role in sexual activity. In adult men, the foreskin provides the ample skin needed for a full erection. Because the foreskin has thousands of nerve endings, it enhances an intact man’s sexual sensations. The gliding action produced by the foreskin and the glans working together gives pleasure to both the intact man and his sex partner.

6. The foreskin should NEVER be forcibly retracted. Premature and forced retraction of the foreskin tears the membrane between the foreskin and the glans. It causes pain and bleeding, serves as an entry point for bacteria, and can lead to infection, the formation of adhesions, skin bridges, and scarring. The boy should be the first person to retract his own foreskin. No physician, other health care professional, or parent should ever forcibly retract a boy’s foreskin.

7. Foreskin “ballooning” during urination is normal. If a boy is not in pain, and the urine is free-flowing, “ballooning” indicates that the foreskin and glans are in the process of separation. As the foreskin opening becomes looser over time, the ballooning will cease.

8. Circumcision is painful and risky. Because the foreskin is laden with nerves, blood vessels, and muscle, cutting it off causes extreme pain. Even if anesthetics are used, when these wear off the baby will have a painful open wound, prone to irritation and infection, for up to two weeks. Circumcision complications can include hemorrhage, infection, closing of the urinary opening (meatal stenosis), skin bridges, painful erections, loss of all or part of the glans, and even death.

9. Circumcision is almost never medically indicated in babies or children. A tight foreskin is normal in a baby or child, and – so long as the child is able to urinate normally and is in no pain – should never be used as an excuse for circumcision. Yeast infections (probably the most common penile problem, caused by antibiotics, soap, or chlorine) can be treated with liquid Acidophilus. Paraphimosis, a rare condition in which the foreskin gets “stuck” behind the glans, can almost always be treated by gently squeezing the engorged glans or reducing the swelling with ice, and pressing the glans to “pop” the foreskin back into place. If your son has a foreskin-related medical problem, consult a doctor and tell him or her that you wish to discuss medical treatments that will spare your child’s foreskin.

10. The foreskin needs no special care or cleaning. Until the foreskin retracts normally (again, usually by the end of puberty), no attempt should be made to forcibly retract or clean under it. Plain bath water and gentle wiping with fingertips are sufficient to remove any urine or smegma (white matter) that may accumulate. Once the foreskin becomes retractable, a boy can be taught to gently pull it back, rinse it, and return the foreskin to its forward position.