

FORESKIN FACTS

Functions of the Foreskin

- prepuce is junctional mucocutaneous tissue of the distal penis, similar in structure to eyelids, anus, and lips
- provides adequate tissue necessary to accommodate full erection
- unique innervation establishes function as erogenous tissue
- highly vascularized, it protects glans from cold and injury, creating a tight meatal closure and moist conditions
- protects urethra from infections
- aids intromission

Proper Hygiene

Advise parents to use warm, soap-free water for bathing; wipe the penis as you would a finger (proximal to distal). When his foreskin is retractable, the boy can be taught to gently pull his foreskin back, rinse with clean water, and return his foreskin to its forward position: **retract, rinse, and replace**. Discuss germs and proper hygiene, educating him about washing his hands after wiping himself or touching his anus, as contaminated fingers might transfer pathogens to his urethra.

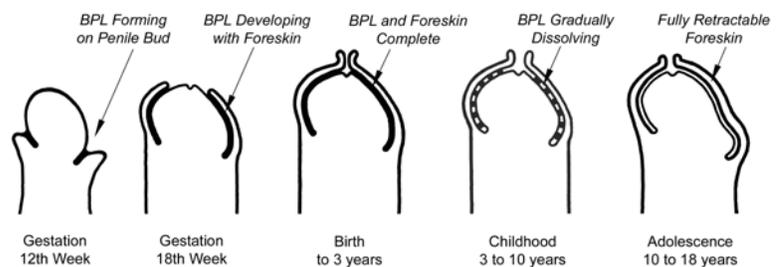
Common Conditions

- **Redness and itching** (contact dermatitis): caused by yeast overgrowth from antibiotics, soap, or chlorine. Remove irritant, soak in warm, soap-free bath, apply (b.i.d. x 6d) liquid *Acidophilus* culture directly to irritated tissue. Change diapers immediately after bowel movement.
- **Foreskin "ballooning"** during urination is normal. If boy is not in pain and urine is free-flowing, this indicates the foreskin and glans are in process of separation. The opening becomes more lax with time, and ballooning will cease.

After practicing circumcision for decades, the American medical profession has lost sight of the functions, development, and care of the normal penis. Doctors have collectively forgotten what the rest of the world accepts as common knowledge—the penis is inherently normal, healthy and complex, needing no special care.

Normal Development of the Foreskin

As the penis begins developing *in utero*, the foreskin (prepuce) and glans share an epithelial layer, the balanopreputial lamina (BPL), which gradually dissolves during childhood. Rarely is an infant's foreskin retractable before age one, suggesting that evolution favors a tight penile enclosure before birth and into the first year of life.



The *average* age of foreskin retraction is 10 years. If motility is not complete in prepubescent boys, the onset of hormones at puberty and the stretching, resulting from repeated normal erections and childhood sex play, usually completes the process. About two percent of males have a foreskin that never retracts; this is normal, no treatment is advised.

Premature Foreskin Retraction

Premature, forced foreskin retraction is an avoidable risk factor many boys receive from healthcare providers. The practice began in the early 1900s, but today it is considered an iatrogenic problem; that said, some healthcare providers still do it. The action tears the BPL, producing severe pain. The lacerations create an entry point for infection and can later result in the formation of adhesions or skin bridges that lead to acquired preputial stenosis. It can also leave scarring, and the trauma, in some cases, might cause castration anxiety in the child. **No physician or parent should forcibly retract the foreskin; the boy should be the first person to retract his own foreskin. Should a physician need to examine the glans or inner prepuce, he can ask the child to gently retract his foreskin as far as it will go without hurting himself.**

Circumcision's role in stopping HIV/AIDS is inconclusive. Only abstinence condom use can prevent the spread of sexually transmitted diseases, including HIV/AIDS; most American men are circumcised, but very few European men are, yet HIV prevalence is higher in America than in Europe. Condoms are much more effective, less risky, and less invasive – sparing the infant a traumatic experience while retaining the foreskin.