

Foreskin Problems

I see many men who are worried about their foreskins and there is much misinformation about the subject in general and particularly on the internet.

Pros and cons of childhood circumcision

In general a man with an intact healthy foreskin will not have any benefits from having it removed from a medical point of view, and there are medical reasons to avoid circumcising healthy boys and men. That been said, there are religious, socio-economic reasons put forward for circumcision which are not within my expertise but unless a child in the West has certain developmental urology problems, there is no medical argument I can put forward to circumcise a healthy male child in the West.

A review on this can be seen at: <https://pubmed.ncbi.nlm.nih.gov/34997197/>

However most of the men I see who are unhappy with the effects of childhood circumcision have not had a "botched" circumcision, but tend to be unhappy with the fact that they were operated on without consent and their integrity was in some way breached.

Poorly done circumcisions can almost always be made very much better ,even in extreme cases where far too much skin has been removed or the head of the penis has been damaged.

Normal foreskin development.

It is important to realise that many little boys have a foreskin that will not retract. It can be harmful to try to force the retracted foreskin in neonates and toddlers. In general for most boys the foreskin will retract naturally by about the age of 4. If this is not happening and if the foreskin is very tight, then the use of a steroid cream before puberty will restore normal foreskin mobility in the great majority of little boys. An expert should be consulted if beyond the age of 5 a little boy's foreskin is tight, if there is inflammation or pain or, if it is non-retractile. Again forced retraction is not the answer here.

Children

For little boys whose foreskins do not retract or widen with steroids then options such as division of preputial adhesions, foreskin stretch, or preputial plasty can be carried out - usually with good success rates. A minority of boys will have the chronic scarring condition lichen sclerosus et atrophicus (LSA, sometimes called balanitis xerotica obliterans or BXO), and in this case a circumcision is usually the only option.

Circumcision should not be avoided when there is significant foreskin disease.

Adults

In adolescence and adults the situation with a congenitally tight foreskin is more difficult. At this point, it should be realised that there is very little good scientific evidence on foreskin management. There are no big pharma companies who stand to make billions from a new drug, and there are plenty of socio-economic and religious bodies who have "skin in the game" as to whether circumcision is a good or a bad thing.

Equally, research money for foreskin disease is close to zero. One may imagine that if two charities are shaking collection tins outside your local supermarket, the one collecting for childhood leukaemia will probably end up with a fuller tin at the end of the day than the one collecting for foreskin research. It must be realised therefore that the majority of what I state in this article is from my personal experience over 30 years of specialising in this area, and from my expert colleagues, as well as a number of case-series and reports.

For a post-pubescent use of a man who has a tight foreskin, the question again is whether

there is any scarring present. The foreskin can be a bit of a vicious circle, inasmuch as once there is a tear and the LSA scarring develops it is almost impossible to avoid further tearing and scarring. This usually leads to circumcision, although very careful and diligent hygiene and steroid use can prevent some men from going down that route. To this end I would recommend using steroids as directed, keeping urine away from the foreskin (get rid of any drips after voiding) and washing with water or an emollient such as Dermol or aqueous cream rather than soap.

Stretching

For a man who can retract the foreskin when flaccid but not erect, stretching will often be satisfactory.

Until recently I have recommended finger stretching, with a moderate strength steroid such as betamethasone on the basis that this does help younger boys, but there is little scientific proof for its use.

My advice is to apply the betamethasone to the foreskin once a day and then to get the little fingers inside the foreskin and feel for the tight band thereafter applying tension to the band for five minutes. It may take a number of days to get the hang of doing this and some men do find they get cramp in their fingers before the five minutes is up, but the important thing is not to do it too harshly and to do it frequently. Five minutes twice a day is ideal and on the second occasion simple moisturiser or baby oil can be used as the lubricant. Most patients do not carry out the stretching diligently so results are very variable.

In the past I have been disappointed by the Many gadgets and devices marketed to stretch foreskins, either due to lack of effect or due to foreskin damage.

A new balloon dilatation device (Novoglan) has shown very good results in men without scarring – around 80% of men in an Australian study were able to discount circumcision as an option after several months of daily treatment. I have a number of men using this device and will update real world results once I have them. Steroids may not be necessary with this device.

The original Novoglan study is at:

<https://www.auajournals.org/doi/10.1097/JU.0000000000003251.11#:~:text=CONCLUSION S%3A,discomfort%20%26%20anxiety%20during%20sexual%20activity.>

If by six weeks there has been no benefit whatsoever with stretching then usually it is a failure and an operation should be considered. If on the other hand the man sees progress then he can continue for another couple of months without the steroid and this will usually get him to a stage where the foreskin is retractile during erection. Again, at this point it should be noted that what one is aiming for is not a floppy sock but a foreskin that goes back behind the head of the penis when erect, stays there and then retracts easily once the erection detumescence.

Non-circumcision surgery

For those men who get part but not all of the way a preputioplasty may be an option: this is a modification of the dorsal slit operation which we use in much older men who are not sexually active. With a dorsal slit we can increase by up to a centimetre the diameter of the foreskin but sadly it does have a failure rate and every technique I have tried over the years has a failure rate of at least 20% so it is not an operation I would recommend as a first option.

The frenulum is a little piece of skin, (literally “little bow-string”) underneath the penis. It can tether the head of the penis and can either be tight or can split or be scarred.

While traditionally circumcision would have been offered for a torn frenulum, we have shown that 95% of men could avoid this operation by a simple plastic surgery operation called a frenuloplasty with excellent results and this should always be considered.

Circumcision

At the end of the day there are some men with significant persistent scarring of the penis, some men with a dangerous pre-malignant conditions and some men just with persistent infection or inflammation which does not go away. For these men, circumcision is almost always the right option. It is an operation that can be done under local anaesthetic and which has much less pain than the urban myth for the average man.

While there are resources out there suggesting that men will lose sensitivity fthis may be partially true, it must be realised that about a third of little boys are circumcised for non-medical reasons and the great majority of them will go onto circumcise their own sons, so presumably their perception of pleasure is not usually too disastrous.

Similarly I see many men who have avoided a necessary circumcision for months or years – almost all of these men feel that function and sensitivity are much better after circumcision than with a tight and diseased foreskin.

My personal view is that a circumcised penis would be a little less sensitive than a penis which never had a problem in the first place, but for men who have persistent or scarring foreskin problems then they will nearly always have much better sensitivity and comfort after an expertly carried out circumcision.

For the actual techniques of circumcision you may review my circumcision and frenuloplasty information sheets, but I hope this information sheet has been helpful and as neutral as possible.