

He'll look like his father or the other boys.

With more and more boys being kept intact, this is no longer an issue.

His foreskin is too long.

Foreskins come in varying sizes. In some boys, it represents more than half the length of the penis. In others, it barely reaches the end of the glans. All variations are normal. There is never "too much" or "redundant" foreskin.

He's having anesthesia anyway, let's just circumcise him, too.

If your son needs surgery for any reason, write across the consent form "No circumcision!" Tell your physician you will sue anyone who touches your son's penis during surgery. Foreskins have been forcibly retracted or amputated during a non-related surgery.

When is circumcision medically indicated?

Frostbite: If the foreskin is frostbitten to the point of necrosis, partial or full amputation may be required.

Gangrene: Individuals with diabetes or chronic alcoholism have been known to have circulatory problems that result in gangrene of the foreskin. Circumcision is indicated for this rare condition.

Malignancy: Should a foreskin malignancy develop, circumcision is indicated. Malignancies are extremely rare and occur in older men (average age 67 years).

Irreparable trauma: If plastic surgery cannot repair a physical injury, circumcision is warranted.

Why is genital integrity important?

Every human being is born with a foreskin. In females, it protects the glans clitoris; in males, it protects the glans penis. The foreskin is an essential part of human sexual anatomy and has numerous protective, sensory, and sexual functions. The genitals of children, like every other part of their body, should be protected and cared for conservatively. Respecting a child's right to keep his genitals intact is in the child's best interest.

"Many parents today realize that, if they had been given accurate information about circumcision, they would never have let anyone circumcise their baby. I am one of those parents, and that is why I do the work I do and why I have written this pamphlet."

Marilyn Fayre Milos, R.N.

More information can be found at:
www.nocirc.org and www.cirp.org

NOCIRC pamphlets: 11 pamphlets: 50¢ each or \$30/100 (same or mixed) plus \$5 S/H.

The **NOCIRC Resource Guide** lists the pamphlets, books, articles, newsletters, and videos available from NOCIRC and other resources as well. Free for SASE.

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Answers to Your Questions about Avoiding Circumcision After the Neonatal Period

from the

National Organization of Circumcision Information Resource Centers

*Educating a New Generation
For the Well-Being of All Children*

www.nocirc.org

*The information in this pamphlet is not meant to replace
the care and advice of your pediatrician.*

What is the foreskin?

The foreskin comprises as much as half or more of the penile skin system and has three known functions: protective, sensory, and sexual.

During infancy, the foreskin is attached to the glans and protects it from urine, feces, and abrasion from diapers. Throughout life, the foreskin keeps the glans soft and moist and protects it from trauma and injury. Without this protection, the glans becomes dry, calloused, and desensitized from exposure and chafing.

Specialized nerve endings in the foreskin enhance sexual pleasure.

The foreskin may have functions not yet recognized or understood.

Why is circumcision done in childhood?

The majority of childhood and adolescent circumcisions are performed because many physicians in the USA did not learn about the structures, functions, development, and care of the intact penis when they were in medical school and do not understand the important protective and sexual functions of the foreskin. Physicians did not learn how to treat foreskin problems conservatively. Circumcision is often utilized as treatment when effective, less invasive, and less expensive non-surgical treatments are more appropriate.

How can problems of the foreskin be avoided?

Most foreskin problems can be avoided with proper care of the intact penis.

During the first few years of life, the inside fold of a male's foreskin is normally attached to the glans. The separation of these two structures occurs naturally over time – a process that should never be hurried. The foreskin is usually retractable by age 18.

The first person to retract a child's foreskin should be the child himself. Forcing the foreskin back can be painful and can cause problems, such as infection, adhesions, and/or acquired phimosis.

Parents must be diligent in protecting their son from premature foreskin retraction by caretakers and/or healthcare providers.

Should my son be circumcised? His doctor says he needs to be circumcised because...

He'll be cleaner.

The foreskin protects the glans penis and urinary tract from dirt and contamination. Any boy can learn to wash his penis.

His foreskin is too tight.

If your son is urinating, his penis is normal and is functioning. There is no cause for concern. A tight foreskin will resolve with maturity.

His foreskin doesn't retract.

A non-retractable foreskin (phimosis) is normal in infancy and childhood. The foreskin and glans are connected by a common membrane, and will separate as the child matures. If a foreskin is not retractable before puberty, the hormones of puberty will help the process – except in the one to two percent of males who will live their entire lives with a non-retractable foreskin. For them, this is perfectly normal.

His foreskin is red, inflamed, and itching.

When the tip of the foreskin is red, it is protecting the glans and urinary opening (meatus). The cause must be determined. Causes include infrequent diaper changes, bubble baths, chlorinated water (swimming pools), soap on the foreskin, harsh soap or detergent on diapers or underwear, antibiotics, and concentrated urine from dehydration.

Drinking water, soaking in soap-free bath water, bacterial replacement therapy (liquid Acidophilus culture both ingested and applied to the foreskin 4–6 times a day), and air will all help healing.

He has white lumps under his foreskin.

In some boys, during the process of the foreskin and the glans separating, white lumps form under the foreskin. They indicate that the separation process has begun. Once the separation reaches the tip of the penis, the accumulated smegma (sloughed cells) will be discharged naturally by the body and can easily be wiped away, if it is even noticed.

He has balanitis xerotica obliterans (BXO).

Balanitis xerotica obliterans (BXO) is recognizable by a whitish ring of tissue at the tip of the foreskin, which constricts and prevents retraction. This is an uncommon condition affecting no more than 1% of boys by their fifteenth birthday. It is confirmed by biopsy. Conservative treatment by a physician for BXO with 1% Clotrimazole and 1% hydrocortisone cream mixed together and applied three times a day is usually effective. This treatment should be tried, as should more potent steroid creams, if necessary, before surgery is considered.

He sprays when he urinates.

In most intact boys, urine flows out of the foreskin opening in a steady stream. During the process of penile growth and development, some boys go through a period where the urine stream is diffused. Boys, unlike their mothers, may take great delight in this phase. Rest assured, it is only a developmental phase and it requires no treatment.

His foreskin balloons when he urinates.

Ballooning is a normal and temporary phase of penile development in some boys, and ballooning disappears as the opening of the foreskin increases in diameter. It requires no treatment.

His foreskin got caught in a zipper and needs to be cut off.

While getting a foreskin caught in a zipper can be painful, there is no need to cut off more tissue, creating a larger wound. The zipper needs to be cut across the bottom and the teeth separated to release any caught tissue. The proper care then is to repair any tears in the foreskin. The foreskin protects the glans from zipper injuries and direct injury from other causes.

His foreskin is stuck behind the glans (paraphimosis).

Paraphimosis is caused by premature retraction of the foreskin and it getting stuck behind the glans. The foreskin then acts as a tourniquet and blood gets trapped in the glans, causing it to swell. Squeezing blood out of the glans and using the thumbs to push the glans back inside the foreskin will bring the foreskin forward again. If needed, applying ice or the injection of hyaluronidase by a physician will reduce swelling.