

What should I do if my son's foreskin is forcibly retracted?

Regardless of your son's age, first explain that you didn't know anyone would do that to him, apologize, and tell him you will do your best to make sure no one ever does that to him again.

If your son's penis is swollen, sitz baths will help relieve the swelling and discomfort.

If it hurts your son to urinate, put him in the bath several times a day so that his urine will be diluted by the bath water, then rinse him off. Do not use soap on his penis.

Even if you have been told to retract your son's foreskin, don't. He has been hurt and traumatized and his penis needs to be left alone to heal.

Watch for infection.

Your son may develop adhesions when his foreskin and glans heal but you might not know whether these have separated by themselves or will need to be separated surgically until he has completed puberty.

No one except your son should manipulate his penis to check for adhesions or to see how far his foreskin will retract.

What legal and/or regulatory action can I take?

David J. Llewellyn, J.D., of Conyers, Georgia, states:

"Generally the law does not permit a physician to carry out a non-emergency invasive or damaging procedure on a child without the parent's permission. If an infant's foreskin is forcibly retracted, resulting in tearing and pain, and the parents have not given their permission for the procedure, the law of most states provides that the parents may bring a suit on behalf of the child for assault and battery against the physician. Parents should be aware of these facts and should consult competent counsel if their child has been forced to suffer unnecessary pain without their permission."

Parents of boys whose foreskins have been forcibly retracted may want to consult competent, knowledgeable legal counsel about initiating litigation to recover money damages on behalf of their son.

Parents can also file a complaint against the doctor with their state medical licensing board (www.fsmb.org/members.htm). Information about reporting physicians is available at Circumcision: Legal Issues (www.cirp.org/library/legal#boards/).

The Federation of State Medical Licensing Boards (www.fsmb.org) advises that filing complaints against errant physicians improves the quality of patient care and is a service to the public.

Please report all incidents of premature retraction to NOCIRC.

NOCIRC pamphlets: 50¢ each or \$25/100 (same or mixed) plus \$3 S/H. Six different pamphlets: \$2 and business-size SASE with 55¢ postage.

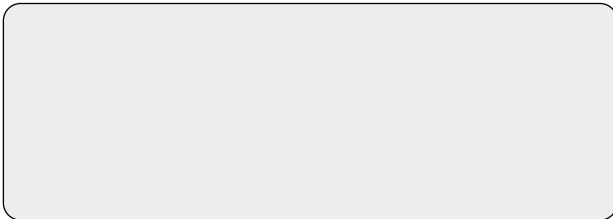
The **NOCIRC Resource Guide** lists the pamphlets, books, articles, newsletters and videos available from NOCIRC, and other resources as well. Included as one of the six pamphlets above or free for SASE.

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

Answers To Your Questions About Premature (Forcible) Retraction of Your Young Son's Foreskin

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**National Organization
of Circumcision Information
Resource Centers**

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Now that more males are growing up with their foreskins intact, NOCIRC is getting an increasing number of calls from parents whose son's foreskin was retracted prematurely by a healthcare professional, the child's caregiver, or even the child himself.

This pamphlet is to help parents protect their child from premature foreskin retraction and to help them know what to do if forced retraction occurs.

What do I need to know about the foreskin?

Almost all males are born with a fold of specialized skin – a foreskin (also known as the prepuce) – that covers their glans (head of the penis) and, in many males, extends beyond it.

In infancy and usually during childhood, the inner surface of a male's foreskin and the surface of his glans are one continuous structure.

The cells that connect these two surfaces dissolve naturally over time – a process that should never be hurried.

The narrow opening of the non-retractable (normal) foreskin protects the urinary opening (meatus) from ammonia, feces, foreign matter, friction, irritation, ulceration, and infection.

What is foreskin retraction?

The foreskin is retracted when it is behind the glans instead of covering it.

The foreskin becomes retractable when its inside fold separates from the glans and its opening widens. This usually happens between early childhood and sometime after puberty. Even if the glans and foreskin separate by themselves in infancy or early childhood, the foreskin may still not be retractable because its opening may still be just large enough to allow for the passage of urine. This is normal.

After the foreskin separates from the glans and its opening widens, a boy can retract his own foreskin, without pain or injury.

Who should be the first person to retract a child's foreskin?

The first person to retract a child's foreskin should be the child himself.

A boy should not be coaxed or urged to retract his foreskin. In early childhood, a boy will pull his foreskin out, away from his body, but as he gets older he will begin to pull it towards his body, too, and one day he will discover that he can pull it all the way back behind his glans.

Many boys do not develop fully retractable foreskins until after puberty. This is normal.

How can I protect my son?

Parents of an intact boy often know more about the structure, functions, and development of the normal penis than their son's physician. Most medical doctors in the U.S. today have little or no knowledge about the foreskin because they were not taught about its structure, functions, of development of the penis in medical school. Many still do not know that a child's foreskin and glans begin as one structure, separate in time naturally on their own, and should be allowed to do so.

Tell your son's doctor – *before* his newborn examination and *before* every examination thereafter – that your son is intact and that you do not want his penis touched or his foreskin retracted. Then watch carefully to make sure the doctor respects your wishes. NOCIRC continually receives calls from parents who told the doctor not to retract their child's foreskin, only to have the doctor retract it anyway.

"The foreskin therefore can be likened to a rosebud which remains closed and muzzled. Like a rosebud, it will only blossom when the time is right. No one opens a rosebud to make it blossom."

H.L. Tan, M.D.

Would my son's foreskin need to be retracted if he were catheterized for a urinalysis or medical treatment?

No. A catheter can be inserted when the foreskin is retracted just enough to see the meatus (urinary opening). If the foreskin's opening is too small to retract far enough to see the meatus, a catheter can be inserted through the foreskin's opening and into the meatus "by feel." The foreskin should never be retracted by force for any reason.

What happens if my son's foreskin is retracted by force?

Forced retraction of the foreskin causes pain and trauma because it rips the child's foreskin from his glans and/or tears his foreskin's opening. Creating raw surfaces on the foreskin and glans can cause the following problems:

Infection. There is now an opening through which bacteria can enter the body.

Adhesions. The two raw surfaces grow together as they heal, often requiring surgery to make foreskin retraction possible later.

Acquired Phimosis. The foreskin's narrow opening sometimes tears when the glans is forced through it, forming scar tissue that may prevent it from widening later on its own.

Paraphimosis. When a child's foreskin is retracted by force, its (narrow) opening may "get caught" behind his glans, and, like a tourniquet, trap blood in the glans and make it swell. Many physicians recommend circumcision to "correct" this, but the foreskin can be brought forward without cutting by holding the shaft of the penis and gently pushing the glans into the foreskin. If this doesn't work, squeezing the glans to reduce swelling should help it slip back inside the foreskin. If these techniques fail, putting ice on the glans or injecting the swollen foreskin with hyaluronidase usually allows the foreskin to be returned to its normal forward position.