

Are there medical indications for a circumcision?

A circumcision is medically indicated for the following rare conditions: malignancy, gangrene, irreparable physical trauma to the foreskin, or frostbite.

What shall I do if my patient has phimosis?

Phimosis is the term commonly used to refer to a foreskin that is either long or difficult to retract. As males age, the foreskin often seems to increase in length as the penis shrinks. It is also normal for the foreskin to become increasingly resistant to retraction. These are natural aging processes and do not require treatment of any kind. Attempts at retraction of the narrowed foreskin cause unnecessary and unjustifiable pain and suffering. Thankfully, it is entirely unnecessary to retract the foreskin for purposes of hygiene. Using a bulb syringe, simply irrigate the preputial space with warm water. If it should ever become medically necessary to retract the narrowed foreskin, wrap the penis in towels that have been soaked in warm water. This simple preliminary step will greatly increase the comfort of the patient during the retraction process.

What shall I do if my patient has paraphimosis?

If the foreskin is so severely retracted that it becomes stuck behind the glans and cannot be returned to its normal place over the glans (paraphimosis), gently compress the glans with the thumb and forefinger placed on the corona glandis (the widest part of the glans penis). The glans is composed of spongy tissue that can be squeezed to a surprising degree without causing any discomfort or injury, even if erect. Once the circumference of the corona glandis is sufficiently reduced, the foreskin can easily slide back into place. A bit of petroleum jelly spread over the expanded lips of the retracted foreskin will greatly facilitate reversion and restoration.

"Nature is a possessive mistress, and whatever mistakes she makes about the structure of the less essential organs such as the brain and stomach, in which she is not much interested, you can be sure that she knows best of the genital organs."

Sir James Spence of Newcastle upon Tyne (1964)

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

NOCIRC pamphlets: Nine different pamphlets: 50¢ each or \$25/100 (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 Care of the Intact Penis in the Geriatric/ Disabled Population

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 – also known as the prepuce – is the fold of skin that normally covers and protects the glans of the penis.

The foreskin's inside fold is mucous membrane, like the inside of the mouth, and keeps the surface of the glans soft, moist, and sensitive.

The foreskin contains a rich supply of blood vessels and a dense concentration of specialized sensory nerve endings.

Specialized erogenous tissue, the *ridged band*, encircles the foreskin at the mucocutaneous junction (where the inside and outside of the foreskin meet).

The frenulum, the fold of tissue on the underside of the penis, secures the foreskin in its forward position.

How should I clean the intact penis?

First, explain to the patient that you are going to wash his penis. Wash the outside with mild soap and warm water. Rinse. Gently retract the foreskin, rinse the inner fold of the foreskin and glans with warm water only (no soap on the mucous membrane), then return the foreskin to its forward position. Dry the outside of the penis shaft and foreskin. Residual soap may cause burning or discomfort.

How often should the foreskin be washed?

The inner layer of the foreskin and glans should be washed during a bath or shower. The foreskin does not need to be washed after each urination.

Should I use soap?

As with the inner labia of women, soap should never be used on the inner folds of the male foreskin or the glans. Soap destroys the natural bacterial balance, encouraging an overgrowth of yeast, and it may cause an uncomfortable burning sensation.

What is the best way to reduce odor?

Unwelcome penile odors are caused by poor diet and poor general hygiene. Encouraging patients to drink more water, eat more fresh fruits and vegetables, and eliminate sugary processed foods from their diet will inhibit the growth of odor-producing fungi and bacteria. Frequent and thorough washing of the entire ano-genital area is equally important. When washing the penis, gently rinse the outside of the foreskin with mild soap and water. Rinse the inside of the foreskin and glans with warm water to reduce odor if it is detectable.

How should I clean my patient's penis if his foreskin does not retract?

No special care is necessary. The swirling of the sterile urine under the foreskin usually keeps it clean. If it seems necessary, the inside of the foreskin may be irrigated by inserting the spout of a bulb syringe filled with lukewarm water into the tip of the foreskin to flush out the area.

What causes adhesions and how should they be treated?

Adhesions are formed when two raw areas of tissue come into contact and adhere to one another during healing. Adhesions between the foreskin and glans are usually benign. Leave them alone unless they cause a noticeable accumulation of sloughed cells or cause the patient discomfort during erection. Should they require separation, a physician can apply an anesthetic ointment and lyse the adhesions with a scalpel. Application of an antibiotic ointment and gentle retraction twice daily will help to ensure that adhesions do not reform.

My patient complains of pain when being cleaned. Why? What can be done about it?

The cause of pain must be determined. Ask the patient what part of his penis hurts. Common causes of pain are: vigorous retraction or

replacement of the foreskin, a rough wash cloth, rapid washing or scrubbing, and soap on the inner fold of the foreskin, the glans, or in the urethra. Once the cause is determined and the actions that cause the pain are discontinued, the problem should cease. If your patient continues to complain of pain, consult his physician.

Pain and odor may also be caused by yeast infections due to antibiotic therapy, use of soap on mucous membrane, improper diet, and/or a compromised immune system. Bacterial replacement therapy – injecting and applying liquid *Acidophilus* culture or live-culture yogurt to the foreskin several times a day – will quickly restore the body's health. *Acidophilus* culture can be purchased in liquid form at a health food store. Contact NOCIRC for additional information.

The doctor recommends circumcision. Are there alternatives?

Circumcision is most likely unnecessary and there are many alternatives. The foreskin is a normal part of the body and, if there is a problem with it, the cause of any problem needs to be determined and addressed. Alternative solutions will depend on what is causing the problem, for example, using bacterial replacement therapy for yeast infections or using steroid cream for phimosis if it is problematic. Contact NOCIRC for additional information.

What are the risks with adult circumcision?

The risks of adult circumcision are the same as the risks of infant circumcision: hemorrhage, infection, surgical mishap, and death. For an elderly patient, undergoing anesthesia adds to the risk. In addition, a normal, protective part of the body is lost with circumcision. Circumcision is also highly traumatic and can leave patients with severe discomfort for weeks or even months following the surgery.