

# Premature, Forcible, Foreskin Retraction

## Expressly forbidden...

by the American Academy of Pediatrics, 'PFFR,' or premature, forcible, foreskin retraction, is nevertheless a common injury in USA primary care clinics.

The notion that boys need forced retraction to perform internal hygiene is a pre-germ-theory, 19<sup>th</sup>-century, 'zombie-meme,' a bad idea that refuses to die, transmitted folklorically from medical preceptor to student clinician even in 2014. This 'hygiene hysteria' has also helped market circumcision for over 100 years.

In fact, penises, like vulvas, are internally self-cleaning and self-defending --and need no such tampering by anyone.

*Avery's Neonatology*<sup>1</sup> offers a feeble excuse:

*"Because circumcision is so common in the United States, the natural history of the preputial [foreskin] development has been lost, and one must depend on observations made in countries in which circumcision is usually not practiced."*

### Incidence

Based on 300,000 providers influenced by 19<sup>th</sup>-cent. mythology, the annual number of injuries must exceed 100,000, squandering at least \$100 million each year.

## What happened to this boy's penis??



**ANSWER:** This 2-yr-old boy's normal, adherent, foreskin was forcibly torn from his glans --at a well-baby visit. After 3 days of misery, he was rescued in the ER by a pediatric urologist. Without attention, his foreskin would have strangled his glans, causing an ischemic cascade, (under-oxygenated blood) and ultimately, necrosis (tissue death). He faces years of recurrent infections, with risk of scarring, inelasticity, adhesions, and inhibited urination -- all fully avoidable. Our physicians' group, 'DOC,' assists in 100 such cases annually, the worst of the worst, but we attend only one in perhaps 1,000 of such occurrences nationwide. (Photo used with permission)

## Analysis of Recent Injury Cases (N=175)

- ✓100% - NO parent consent, written or oral
- ✓100%- parents angry, heartbroken
- ✓82%- occurring during well-baby visits
- ✓67%-parents forbade retraction, were ignored, demeaned
- ✓84% --bleeding, torn tissue, swelling, inconsolable child,
- ✓22% Emergency Room admit post-injury
- ✓93% -no gloves, no hand-washing observed
- ✓95%--antique and injurious advice about 'demanding' hygiene for intact boy (i.e., circumcision 'marketing')

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## Evidence-based Anatomy, Injury Warnings, Prevention

The foreskin is fused to the glans in childhood by a protective membrane, the *balano-preputial lamina*, ('glans-foreskin layer'). The three are a single structure at birth, still developing. This membrane lingers helpfully and harmlessly for an average of 10.4 years.<sup>2</sup> Poorly trained U.S. clinicians term this membrane 'adhesions' as if it were abnormal or pathological. Europeans typically know better.

### Rudolph and Hoffman's *Pediatrics*<sup>3</sup>:

"The prepuce, foreskin, is normally not retractile at birth. The ventral surface of the foreskin is naturally fused to the glans of the penis. At age 6 years, 80 percent of boys still do not have a fully retractile foreskin. By age 17 years, however, 97 to 99 percent of uncircumcised males have a fully retractile foreskin. ...No treatment is required for the lumps or smegma, and in particular, there is no indication ever for forceful retraction of the foreskin from the glans."

### Robertson's *Textbook of Neonatology*<sup>4</sup>:

"All newborn males have "phimosis"; the foreskin is not meant to be retractile at this age, and the parents must be told to leave it alone and not to try and retract it. Forcible retraction in infancy tears the tissues of the tip of the foreskin causing scarring, and is the commonest cause of genuine phimosis later in life."

### SOURCES and DOCUMENTATION

<sup>1</sup> *Avery's Neonatology: Pathophysiology and Management of the Newborn*, MacDonald (ed) Lippincott, (2005:1088)

<sup>2</sup> Oster, 1968; Kayaba, 1996; Cold & Taylor, 1999; Concepción-Morales, 2002; Ishikawa, 2004; Thorvaldsen & Meyhoff, 2005; Agawal, Mohta, and Anand, 2005; et al.

<sup>3</sup> Rudolph, AM, and Hoffman, MD, *Pediatrics*, Appleton and Lange, Norwalk CT & Los Altos CA, 1987, Eighteenth Ed., Chap 23.13.1 "Penis" at p1205.

<sup>4</sup> N.R.C. Robertson, "Care of the Normal Term Newborn Baby", in Janet M. Rennie and N.R.C. Robertson (eds) *Textbook of Neonatology*, 3rd edn., Edinburgh, Churchill Livingstone, 1999:378-9.