



Pediatric Surgical Associates, Ltd.

Patient & Family Education

Phimosis

What is Phimosis?

Phimosis (pronounced fy-MOH-sis) is the inability to push back (retract) the foreskin behind the head (glans) of the penis in an uncircumcised child. This is a normal finding in children under 5 years old. There are two types of phimosis: **physiologic** and **pathologic**.

Physiologic phimosis: Phimosis is a normal finding in newborn boys where the inner surface of the foreskin is stuck to the glans of the penis. As this inner surface begins to shed skin cells (called smegma), the foreskin naturally separates from the glans. Smegma may appear as a white cheesy material or small pearls. Sometimes smegma collects between the layers of the glans and inner foreskin—these are not cysts, and they usually work their way out through the tip of the foreskin. Physiologic phimosis usually resolves around the age of 5 years but may take longer. No treatment is necessary for physiologic phimosis.

Pathologic phimosis: This type of phimosis occurs because of inflammation, infection, or scarring. If your son experiences ballooning of the foreskin during urination, infection of the foreskin (balanitis), urinary tract infections, difficulty or pain with urination, or painful erections, treatment may be necessary.

Care of the Uncircumcised Penis

For infants, there is no special care needed—just routine bathing. **Never forcibly retract** the foreskin. Over time as the foreskin begins to loosen, gentle retraction and cleansing beneath the foreskin during diaper changes or bath time should become a part of routine daily hygiene. A child should not experience pain during gentle retraction. The foreskin should be replaced over the head of the penis in its natural anatomic position after retraction and cleaning. When a child is potty trained, he should retract the foreskin while urinating and be taught daily hygiene of the fully retracted foreskin.

How to treat pathologic phimosis?

Treatment options include daily gentle manual retraction, a cream or ointment to help loosen the foreskin, or circumcision.

1. **Topical Corticosteroid Therapy:** Betamethasone 0.05% ointment/cream aids in softening the foreskin. The goal of treatment is to loosen the foreskin so it can be retracted. To use: twice a day for 4 weeks gently retract foreskin back as far as it will go. Apply pea size amount of Betamethasone where the foreskin meets the head of the penis. Gently massage the Betamethasone into the skin. **Never force the foreskin back.**



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Apply Aquaphor or Vaseline in between Betamethasone applications with every diaper change or at least 4x/day.

You may apply the Betamethasone ointment/cream for another 4 weeks **if** needed but must take a 2-week break in between. Expect mild redness/irritation. If it is bothersome, stop using the Betamethasone for 1-2 days, and then resume.

Once the foreskin has loosened and can be retracted, stop the Betamethasone but continue to apply Aquaphor or Vaseline with diaper changes or at least 4x/day for another 2 weeks.

Continue to apply Aquaphor or Vaseline after bathing for as long as possible or until they are out of diapers.

2. **Circumcision:** Surgical removal of the foreskin under general anesthesia-refer to Circumcision education sheet.

Questions

If you have any questions or concerns, please call your provider at Pediatric Surgical Associates at (612) 813-8000, option 6 for the nurses.