Circumcision for children should be carried out for medical reasons only.

The main medical condition affecting the prepuce, which would be an indication for circumcision, is phimosis. This is narrowing of precipucial orifice caused by repeated inflammation and scarring. This will cause ballooning of the prepuce due to the very small orifice, restricting urine outflow. There will also be spraying of the urinary stream.

The foreskin will not be retractable and the trapped smegma will result in the intermittent inflammation of the prepuce, that is balanitis.

In the absence of phimosis a non retractable foreskin is not an indication for circumcision. As long as the child is urinating without a problem a non retractile prepuce should be ignored. By the time the child becomes a teenager the prepuce usually becomes fully retractable.

I have had many children referred to me with the only reason of referral being non retractability of the prepuce. I am usually able to fully retract the prepuce in the clinic and demonstrate this both to the child and the parents of the child and reassure them that there is no indication to do a circumcision.

On some occasions I find that the foreskin is adherent to the glans penis and hence it is only partially retractable. As long as there is no phimosis i.e. narrowing of the outlet (osteum) of the prepuce and no impediment to urinary flow, partial retraction of the prepuce is not an indication for circumcision. If the prepuce is severely adherent to the glans penis all that is required is mobilisation of the prepuce. Partially adherent prepuce should be left alone, as separation will usually occur when the child gets older.

Both the parents and the GPs should be informed that non retractability of the prepuce is not an indication for circumcision and the only indication for latter is phimosis with recurrent episodes of balanitis.

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