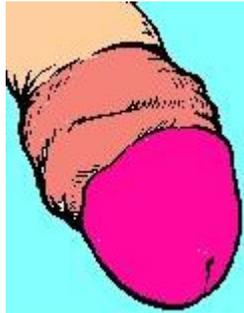


When the foreskin is trapped behind the glans and can not go forward, that is called paraphimosis.



It may mean no more than being the owner of a broad glans and/or a short foreskin, but it **can** be a medical emergency.

If the retracted foreskin becomes swollen with fluid (oedematous), its appearance can be very alarming. This may happen if you fall asleep with your foreskin retracted, for example. If its colour is bright red, there is no need for concern - yet.

If you have a retracted foreskin and

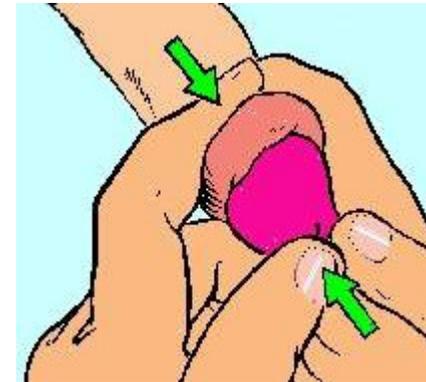
- ! pain
- ! inability to urinate (piss)
- ! a tight band around the back of the glans, and/or
- ! a firm or hard glans (with no erection)

it is very important to bring the foreskin forward to its normal position. If this is not done, the tissues may **die** from want of fresh (oxygenated) blood and the glans may even **fall off!** The dead (necrotic) tissue is black.

This is one of the **very few** things that can go seriously wrong with an intact penis and not a circumcised one. (So it's a wonder it hasn't been heavily promoted as a reason to circumcise babies.)

How to bring it back

You can probably bring your foreskin back yourself. The procedure is very like getting a tight ring off your finger. The essence of getting the glans back through the foreskin is not stretching the foreskin, but compressing the glans. Gently squeezing it and pushing it with your thumbs will press the blood back down the penis and make it smaller. It can then be pushed back through the narrowest part of your foreskin. A drop or two of something slippery like cooking oil or sexual lubricant on the glans may help.



One good way to reduce the swelling is by covering the penis in ordinary (granulated) **sugar**. This draws the fluid out of the penis by osmosis (the old high school water-through-a-membrane trick).

If this fails, it is important to see a doctor. S/he can draw off the fluid with a hypodermic needle or, as a last resort, cut through the tight band. Recently another method has been recommended, the "Dundee technique". This involves pricking the swollen prepuce about 20 times (under anaesthetic) and letting the fluid escape.

S/he may then recommend circumcision or try to order it, maybe telling you tales of necrosis, gangrene and autoamputation ("You penis will fall off!") to scare you into it. Circumcision **will** remove any chance of this happening again. But if the doctor has put a slit in your foreskin, that is probably enough and it **won't** happen again. Otherwise, it's up to you whether you think you can trust yourself to act in time next time - as you did this time. You're hardly likely not to notice that your foreskin is retracted. It also depends how much you value your foreskin.

The commonest cause of paraphimosis is iatrogenic (doctor-caused), when a catheter (drainage tube) is put in your penis and your foreskin is not brought forward again (probably because the doctor or nurse is unfamiliar with the normal foreskin). The catheter pushing out from inside and the foreskin constricting from outside combine to produce the paraphimosis. The catheter needs to be removed before the paraphimosis is reduced. No catheter, no paraphimosis, and **no** need for circumcision. The catheter can be put back, the foreskin pulled forwards and paraphimosis will not occur again.

☒ ☒ ☒

Based on an article and a pamphlet in *the American Family Physician*, but written in a more foreskin-friendly way. This page may not offer medical advice, but a doctor has checked and approved it.

Downloaded from www.circumstitions.com, where there is a vast amount of other information about the intact penis.



Paraphimosis -

Don't Panic!