In uncircumcised boys, the foreskin covers the head of the penis. Physiological phimosis—where the foreskin doesn’t yet retract fully—is normal in uncircumcised babies and toddlers. The foreskin begins to separate from the tip of the penis naturally between 2–6 years of age (sometimes later), allowing the foreskin to be retracted. If the separation does not happen, pathological phimosis may occur.

Redundant foreskin occurs when the circumcision leaves the foreskin too long or uneven, which can lead to problems including smegma buildup, inclusional cysts, balanitis (inflammation or infections of the foreskin) or penile adhesions (the penile shaft skin attaches to the head of the penis).

ASSESSMENT
Perform a standard history and physical examination focused on examination of genitalia with gentle pulling of the foreskin.

MANAGEMENT/TREATMENT OF REDUNDANT FORESKIN
In an uncircumcised baby, parents should wash his penis with mild soap and water during each bath. Treat the foreskin gently and do not force it back, which could cause pain, tearing and/or bleeding. Once the foreskin can be retracted, clean regularly—gently pull back foreskin and clean beneath it with mild soap and water; rinse and dry beneath the foreskin thoroughly, then pull it back over the head of the penis.

Consider topical steroid ointment to help soften foreskin in older boys, age 5+ years, with physiological phimosis. Massage ointment into area around the glans and foreskin 2x/day for 4–6 weeks. Most commonly used: hydrocortisone 2.5%, betamethasone 0.05%, triamcinolone 0.01%, and fluticasone propionate 0.05%.

Consider circumcision if:
• Steroid ointment is unsuccessful
• Pathologic phimosis
• Paraphimosis (foreskin stuck in retracted position behind the head of the penis)

Consider circumcision revision if any of the following are present in a previously circumcised boy:
• Significant redundant foreskin
• Penile adhesions

1–5% of males will have non-retractable foreskins by age 16 years

WHEN TO REFER
Refer to Cincinnati Children’s Urology for further evaluation and management when:
• Suspected discomfort while urinating
• Foreskin fills with urine or balloons out during urination
• History of urinary tract infections in uncircumcised boy
• History of balanitis
• Suspected pain during erections
• Presence of penile adhesions or penile inclusional cyst in an uncircumcised boy
• Inability to pull foreskin back in an older boy
• History of paraphimosis

If you have clinical questions about patients with redundant foreskin, email PedsUrology@cchmc.org

If you would like additional copies of this tool, or would like more information, please contact the Physician Outreach and Engagement team at Cincinnati Children’s.
Redundant Foreskin

### Inclusion Criteria
- Uncircumcised boy
- Redundant foreskin
- Penile adhesions

### Patient Presents

### Standard Workup
- Situational History
- Family History
- Physical Exam

### HPE RED FLAGS
- Foreskin fills with urine or balloons out during urination
- History of UTI in uncircumcised boy
- Foreskin or head of the penis is itchy, red or swollen
- Inability to retract foreskin in older child

### Red Flags Present?

- Yes
  - Refer to Cincinnati Children’s Urology for consideration of circumcision or revision of circumcision

- No
  - Instruct parents on cleansing of the foreskin for an uncircumcised baby
    - In older child (age 5+ years) with physiological phimosis, consider topical steroid ointment to soften foreskin and help it retract
  - Ointment successful?
    - Yes
      - No further interventions needed
    - No
      - Refer to Cincinnati Children’s for consideration of circumcision

### Note:
Currently, there is no evidence-based consensus guideline on care of circumcised child.

For urgent issues, or to speak with the specialist on call 24/7, call the Physician Priority Link at 1-888-636-7997.