**Phimosis**

*Definition*

Phimosis is a tight foreskin which cannot be retracted over the glans. The majority of boys have a tight non retractile foreskin at birth (i.e physiological phimosis). Over the first five years of life the foreskin starts to loosen up, this is normally associated with some ballooning and the occasional inflammation. By five years of age 90% of boys will have a retractable foreskin but, in the remaining 10%, spontaneous separation can continue well into their childhood.

Pathological phimosis can be acquired following acute or chronic inflammation of the prepuce. It is very uncommon to see this before 5 years of age.

*Diagnosis*

Pathological and physiological phimosis can be usually be distinguished on physical examination. A good preputial aperture on protraction of the foreskin and "pouting" of the foreskin mucosa on gentle retraction are strongly suggestive of physiological phimosis and no treatment is required if these signs are present.

Boys with a pathological phimosis are normally older and a white plaque of scar tissue can be identified.

*Management*

- In the majority of cases physiological phimosis resolves spontaneously as the child develops.
- In physiological phimosis, ballooning is not a sign of obstruction to the urinary flow, and will resolve following spontaneous separation of the prepuce.
- Circumcision is indicated for pathological phimosis (when scarring prevents retraction). This is performed under general anaesthetic as a day case.
- Retraction of the foreskin or a prepuceplasty may be performed under general anaesthetic as a surgical day case.
- A non-retractile foreskin is not necessarily abnormal up to early puberty.
- In the absence of the complications listed below referral to a specialist is not necessary until the child is 4 years old.

*Complications*

Recurrent inflammation is common with phimosis but is not an indication for circumcision before 4 years of age.

Pain and urinary retention are indicators for referral to specialist care.

*Parent information*

- Parents can be advised that phimosis is due to the ongoing development of the foreskin. The majority of cases resolve spontaneously.
- They should be made aware that ballooning and recurrent inflammation is to be expected with this condition and that routine hygienic manoeuvres usually suffice.
- Circumcision is not performed as routine management of phimosis.
- An information leaflet may be useful.