



# FORCIBLE FORESKIN RETRACTION

FORCIBLE FORESKIN RETRACTION IS UNNECESSARY AND HARMFUL,  
YET MANY HEALTHCARE PROVIDERS CONTINUE THE PRACTICE.

## OVERVIEW

Some physicians were taught in medical school to forcibly retract the foreskin (FFR) if it had not spontaneously retracted by a certain age. However, numerous journal articles concluded that FFR was efficacious. This untested intervention permeated the healthcare industry until it became common practice.

However, medical journal articles as far back as 1896 told physicians to never forcibly retract the foreskin.<sup>i</sup> In the mid-twentieth century, more articles began appearing warning physicians to never forcibly retract the foreskin since it had no benefit and caused pain and complications.<sup>ii</sup> Such warnings continue to the present day. Medical societies such as the American Academy of Pediatrics have intervened; they now warn physicians to stop, but inexplicably physicians and nurses continue to injure young boys.

## INTACT AMERICA SURVEY

To learn the scope of the problem, Intact America commissioned a nationwide survey of parents in February 2018<sup>iii</sup> to learn how many boys were experiencing FFR, who was performing it, and the frequency. The survey was limited to U.S. parents with boys under the age of six years. The total number of respondents was 401. The sex of the respondents were 310 females (77.3%) and 91 males (22.7%). Age of respondents followed a smooth bell curve distribution with the apex being 25–35-year-olds (53.6%).

## FFR RATE



The FFR rate in this population was 43.1%—or simply 2 out of 5. On average, their foreskins were forcibly retracted twice, with a few as often as 10–24 times.

About 60% of FFRs were performed in a medical facility and 40% in the home. Such forcible retractions are iatrogenic injuries (caused by a healthcare provider, typically a physician or nurse). As the circumcision rate continues to decline, more boys may be at risk for FFR.

## RETRACTOR

Doctors performed the most FFRs in 49.3% of all cases. Other rates were the responding parents (15.4%), family members (13.4%), spouses (10.4%), or nurses (9.0%). Doula, midwives, daycare workers, and

babysitters were rarely the retractor. If the boys were forcibly retracted only once, doctors were to blame in most cases (61.3%). The first retraction is the most serious, and physicians ought to know better.

### AGE OF BOY AT TIME OF FFR

The age of boys in this study who experienced FFR was a steadily declining rate according to parents with one-year-olds at the greatest risk for 57.4% of FFRs, followed by two-year-olds (16.6%), three-year-olds (9.5%), four-year-olds (6.5%), five-year-olds (5.9%), and finally six-year-olds (4.1%).

### CIRCUMCISION FOLLOWING FFR

Fifty-eight (14.5%) intact boys in this cohort who experienced FFR were eventually circumcised. Thirty-five for one or more medical reasons (60.3%), with 13 circumcised after a diagnosis of phimosis (22.4%), and 24 for non-medical reasons (41.4%).

### HEALTHCARE PROVIDER'S INSTRUCTIONS

Respondents received a mixture of valuable, incorrect, contradictory, and sometimes no information at all about the harm from forcible foreskin retraction. Half of parents said that were instructed by one or more healthcare providers to forcibly retract their son's foreskin.

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<sup>i</sup> Parks WB. Circumcision not necessary in young children. *JAMA*. 1896;27(23):1176-7.

<sup>ii</sup> Gairdner D. The fate of the foreskin: a study of circumcision. *Br Med J*. 1949;2:1433-7.

<sup>iii</sup> Qualtrics Research Services Team, Provo, Utah