HEALTH BASICS

uncircumcised

An uncircumcised penis has a foreskin that has not been surgically removed.

WHAT IT IS
A penis with its foreskin still present

WHERE IT COMES UP
Personal care, genital examinations, and sexual health

WHY IT MATTERS
Foreskin care and some genital health risks

WHAT IT IS NOT
Not a disease or diagnosis

WHO TO ASK
Primary care clinician, urologist, or sexual health clinic

HOW IT IS CHECKED
Visual examination if a concern needs assessment

Overview

An uncircumcised penis has its foreskin. The foreskin is a fold of skin covering some or all of the glans, which is the rounded head of the penis. "Intact" is another term used for an uncircumcised penis.

Being uncircumcised is a normal body variation, not a disease or diagnosis. Circumcision is surgery to remove part or most of the foreskin. People may be circumcised for cultural, religious, personal, or medical reasons.

A foreskin usually needs only simple hygiene. It should not be forced backward, especially in babies and young children. Medical care may be needed if there is pain, repeated inflammation, scarring, difficulty urinating, or a foreskin trapped behind the glans.

How it works

At birth, the inner foreskin is commonly attached to the glans. This is normal. The foreskin usually loosens and separates gradually during childhood or adolescence. There is no single age by which every child's foreskin must retract.

Retraction means gently pulling the foreskin back to uncover the glans. A child's foreskin should never be forced to retract. Force can cause pain, bleeding, small tears, and scarring. The person should take over foreskin care when they are old enough to retract it comfortably themselves.

In an adult, the foreskin usually moves backward during cleaning, sexual activity, or an erection. It should also move forward again to cover the glans. Some people naturally have less movement, but painful tightness or a new loss of movement should be assessed.

The foreskin protects the glans and contains nerves that contribute to sensation. Natural skin oils, moisture, and shed skin cells can collect underneath it. This material is called smegma. Small amounts are not an infection, but regular gentle washing helps prevent buildup and odor.

Some children have temporary "ballooning," where the foreskin puffs out during urination. Ballooning alone does not always mean urine flow is blocked. Pain, a weak stream, repeated infections, or trouble passing urine needs medical assessment.

Why it matters for your health

Foreskin care becomes relevant during washing, genital examinations, sexual activity, and treatment of penile skin problems. Most uncircumcised people do not need special medical care simply because they have a foreskin.

Circumcision is associated with lower average rates of some conditions, including urinary tract infections in infancy and heterosexual acquisition of HIV in settings where HIV is common. These findings do not mean that an uncircumcised person is unhealthy or will develop these conditions.

Circumcision also does not replace safer-sex measures. Condoms, recommended vaccines, HIV prevention options, and testing for sexually transmitted infections remain important regardless of circumcision status.

An uncircumcised penis may require examination if the foreskin becomes painful, inflamed, scarred, or difficult to move. A clinician can usually assess this by asking about the concern and examining the penis. Urine tests, swabs, or sexually transmitted infection tests are used only when the findings suggest they may help.

What can go wrong

The following are conditions involving the foreskin or nearby tissues. They are not inevitable consequences of being uncircumcised.

Seek emergency care if a retracted foreskin is trapped behind the glans, especially with increasing swelling, severe pain, or a dark or unusual colour. Inability to pass urine, uncontrolled bleeding, or a serious penile injury also requires urgent care.

Arrange prompt medical advice for fever with spreading redness, marked swelling, pus, or worsening pain. Routine follow-up is appropriate for repeated inflammation, new tightness, painful erections, persistent odor or discharge, or difficulty cleaning beneath a previously retractable foreskin.

- Balanitis is inflammation of the glans. Balanoposthitis affects both the glans and foreskin. Possible signs include redness, soreness, itching, swelling, odor, or discharge. Causes include irritation, skin conditions, yeast or bacterial infection, and some sexually transmitted infections.
- Phimosis means that the foreskin cannot be retracted. This is often normal in children. It becomes a concern when tightness is caused by scarring or produces pain, repeated inflammation, painful erections, or problems urinating.
- Lichen sclerosus , sometimes called balanitis xerotica obliterans, is a skin condition that can cause pale, firm scarring and progressive tightening of the foreskin. It needs medical assessment.
- Paraphimosis occurs when a retracted foreskin becomes trapped behind the glans and cannot be brought forward. Swelling can reduce blood flow. This needs urgent medical treatment.
- Foreskin tears may happen because of forceful retraction, friction, or a tight foreskin. Repeated tears can lead to scarring.
- Sexually transmitted infections can affect the penis whether it is circumcised or not. Sores, unusual discharge, burning during urination, or a known exposure should prompt sexual health testing.

What you can do

For a baby or young child, wash only the outside of the penis during normal bathing. Do not pull the foreskin back before it moves easily on its own. Avoid putting cotton swabs or other objects beneath it.

When the foreskin retracts comfortably, it can be gently pulled back during washing. Rinse underneath with warm water. Mild, unscented soap may be used if it does not irritate the skin, but strong soaps, deodorants, and antiseptics can cause soreness. Dry gently and return the foreskin to its usual position over the glans.

If the foreskin does not retract, clean only the areas you can reach without pain or force. There is no need to stretch it aggressively.

During sexual activity, enough lubrication may reduce friction and small tears. Afterward, make sure a retracted foreskin has returned over the glans. Condoms help reduce the risk of many sexually transmitted infections, though they do not cover every area of genital skin.

There is no routine test required simply because you are uncircumcised. If a problem develops, useful actions include noting when it started, whether it affects urination or erections, and whether there is redness, discharge, a sore, or a possible sexual exposure.

Ask a clinician whether an examination, urine test, swab, or sexually transmitted infection test is appropriate. Treatments for specific conditions may include prescribed steroid like prednisone or hydrocortisone creams, antifungal treatment, antibiotics like amoxicillin or doxycycline , or surgery. Circumcision is one possible treatment for certain recurring or scar-related problems, but it is not automatically required.

Avoid using leftover antibiotics, steroid creams, or antifungal like fluconazole or terbinafine products without knowing the cause. Different conditions can look similar, and the wrong product may irritate the skin or delay suitable care.

Common questions

Does every child's foreskin need to retract?

No. Non-retraction is common in childhood, and separation can continue through adolescence. It should be assessed if there is pain, scarring, repeated inflammation, or difficulty passing urine.

Is smegma a sign of poor hygiene or infection?

Not by itself. Smegma is a mixture of natural oils and shed skin cells. Gentle washing usually removes it. Persistent discharge, strong odor, soreness, or redness may need assessment.

Can an uncircumcised person have sex normally?

Yes. The foreskin normally moves during sexual activity. Pain, tearing, or a foreskin that becomes trapped behind the glans is not something to ignore.

Is circumcision necessary for cleanliness?

Usually not. An intact foreskin can generally be kept clean with gentle, regular washing. Medical circumcision may be considered for particular conditions after other options and personal preferences are discussed.

Should the foreskin stay pulled back after cleaning or sex?

No. It should be moved forward again to cover the glans. A foreskin that is stuck behind the glans may be paraphimosis and needs urgent medical help.

Sources

- Royal Children's Hospital Melbourne, "Clinical Practice Guidelines: The penis and foreskin" - normal development, foreskin care, phimosis, inflammation, and urgent conditions
- NHS, "How to keep a penis clean" - practical hygiene guidance for circumcised and uncircumcised penises
- NHS, "Tight foreskin (phimosis)" - causes, assessment, treatment, and urgent warning signs
- European Association of Urology, "EAU Guidelines on Paediatric Urology" - normal foreskin development and management of phimosis and paraphimosis
- Canadian Urological Association Journal, "Canadian Urological Association guideline on the care of the normal foreskin and neonatal circumcision in Canadian infants" - evidence review on foreskin development, care, and circumcision
- US Centers for Disease Control and Prevention, "Sexually Transmitted Infections Treatment Guidelines, 2021: Primary Prevention Methods" - condoms, vaccination, HIV prevention, and evidence concerning male circumcision