CONDITION

Paraphimosis

Paraphimosis is when a retracted foreskin becomes trapped behind the head of the penis and causes swelling.

WHAT IT IS
Trapped retracted foreskin constricting the penis

BODY SYSTEM
Reproductive and urinary systems

MAIN SYMPTOMS
Swelling, pain, tight foreskin band, color change

WHAT CAUSES IT
Foreskin left retracted behind the penis head

HOW IT IS DIAGNOSED
Physical examination of the penis

MAIN TREATMENT
Urgent foreskin reduction, sometimes surgery

CAN IT BE CURED?
Yes - prompt reduction usually resolves it

IS IT AN EMERGENCY?
Yes - trapped foreskin needs urgent treatment

LONG-TERM OUTLOOK
Usually full recovery after prompt treatment

Overview

Paraphimosis happens when the foreskin is pulled back behind the head of the penis and cannot be moved forward again. The trapped foreskin forms a tight band around the penis.

This is different from phimosis, in which the foreskin cannot be pulled back in the first place.

The tight band in paraphimosis interferes with the normal drainage of blood and fluid from the penis head. Swelling then makes the foreskin even harder to return to its usual position. If the constriction continues, it can eventually reduce the oxygen-rich blood reaching the tissue.

Paraphimosis is a medical emergency. It needs urgent treatment even if the pain is mild and the penis head still has a normal color. Early treatment is usually straightforward and helps prevent tissue damage.

The condition can occur only when enough foreskin remains to become trapped. It is most often seen in people who have not been circumcised, although it may occur if a partial circumcision has left movable foreskin.

Symptoms

The main sign is a foreskin that is stuck behind the head of the penis. It cannot be gently brought forward to cover the penis head.

Other symptoms may include:

The penis head may look very swollen while the shaft appears less affected. In some cases, swelling is the first obvious sign and pain develops later.

A blue, black, very pale, or numb penis head may mean that blood flow is seriously affected. However, you should not wait for these changes before seeking help.

- Swelling of the penis head or foreskin
- Pain, tenderness, or a feeling of pressure
- A tight ring of foreskin behind the penis head
- Red, dark red, purple, blue, or unusually pale skin
- Difficulty passing urine

Causes and risk factors

Paraphimosis usually begins after the foreskin has been pulled back and left in that position. Swelling develops, preventing it from moving forward again.

This can happen during washing, sexual activity, masturbation, or a medical examination. It may also happen after a urinary catheter-a thin tube used to drain urine-is inserted if the foreskin is not returned to its normal position.

In children, forcibly pulling back a foreskin that is not yet naturally retractable can cause swelling, small tears, and paraphimosis. It is normal for many young children to have a foreskin that does not pull back fully. It should not be forced.

Factors that can make paraphimosis more likely include:

Paraphimosis is not usually inherited. It develops because the foreskin becomes trapped in a retracted position.

- A naturally tight foreskin
- Scarring caused by repeated inflammation or injury
- Infection or inflammation of the penis head and foreskin
- Poor foreskin mobility
- Swelling following a procedure, piercing, or injury
- Difficulty returning the foreskin because of reduced mobility or sensation

Diagnosis

A healthcare professional can usually diagnose paraphimosis by examining the penis. The combination of a swollen penis head and a tight, retracted foreskin is generally enough to confirm it.

They may ask when the foreskin became trapped, whether you can pass urine, and whether there has been an injury, catheter procedure, infection, or previous episode.

Blood tests and scans are not normally needed to confirm paraphimosis. Additional tests may be considered if there are signs of infection, injury, or another problem.

The examination also helps distinguish paraphimosis from conditions such as phimosis, inflammation of the penis head, or an allergic reaction.

Treatment and management

Treatment aims to reduce the swelling and move the foreskin forward over the penis head. This should be done promptly by a healthcare professional.

Pain relief, numbing medicine, or sedation may be used, depending on the person's age, discomfort, and the severity of swelling. A clinician may then apply steady compression to move fluid out of the swollen tissue before gently guiding the foreskin back into place. This is called manual reduction.

If swelling is severe, other methods may be needed to release trapped fluid. These can involve making tiny punctures in the swollen foreskin or using other medical techniques to reduce the swelling.

If the foreskin cannot be replaced manually, a surgeon may make a small cut through the tight band. This procedure is called a dorsal slit. It relieves the pressure and allows the foreskin to return to its normal position.

Circumcision removes the foreskin and prevents another episode. It may be recommended after swelling has settled if there is significant scarring, persistent tightness, or repeated paraphimosis. Not everyone who has one episode needs circumcision.

After reduction, the penis may remain tender or swollen for a short time. You may be advised to avoid pulling the foreskin back until the tissue has healed. Follow-up may be arranged to check for injury, infection, or an underlying tight foreskin.

Do not try to cut, puncture, or tightly squeeze the foreskin yourself. Forceful attempts can increase swelling or cause injury. Home measures should not delay emergency assessment.

Complications

Most people recover well when paraphimosis is treated promptly.

If pressure continues, reduced blood flow can damage the penis head. Possible complications include skin breakdown, ulceration, infection, difficulty urinating, and tissue death. Severe tissue damage is uncommon but can require surgery.

Small tears caused by forceful retraction may heal with scarring. This can make the foreskin tighter and increase the chance of another episode.

Paraphimosis can also recur if the underlying tightness remains. Follow-up is especially useful after repeated episodes or when the foreskin remains difficult to move once swelling has resolved.

Prevention

Paraphimosis can often be prevented by returning the foreskin to its normal forward position whenever it has been pulled back.

If your foreskin retracts comfortably, move it forward again after washing, sexual activity, or urination. After a catheter or genital examination, check that the foreskin has been returned over the penis head. You can remind healthcare staff if needed.

A child's foreskin should never be forced back. Clean only what can be reached comfortably. Natural separation of the foreskin from the penis head happens gradually and at different ages.

Repeated inflammation, scarring, or a persistently tight foreskin may need medical assessment. Treating the underlying problem can reduce the chance of paraphimosis. For some people with recurrent episodes, circumcision may be discussed as a permanent preventive option.

Paraphimosis cannot always be predicted. Even with careful hygiene, it may occur if the foreskin is unusually tight or becomes swollen.

Living with it and what to expect

Paraphimosis is usually a single, short-term event rather than an ongoing condition. After successful reduction, pain and swelling commonly begin to improve. The time needed for full healing depends on how severe the swelling was and whether the skin was injured.

Promptly treated paraphimosis is not generally expected to affect urination, erections, sexual function, or fertility after healing. A more complicated recovery is possible if blood flow was reduced for a prolonged period or surgery was needed.

You may have a routine follow-up appointment after treatment. The clinician can check that the swelling has settled and assess whether the foreskin remains tight. They may discuss foreskin care or options for preventing recurrence.

If tightness persists, treatment may involve care for inflammation, a prescribed treatment to improve foreskin movement, or surgery. The appropriate approach depends on age, scarring, previous episodes, and personal preferences.

Until the area has healed, follow the advice you were given about washing, retracting the foreskin, and resuming sexual activity. Do not force the foreskin if it feels tight.

Some people never have another episode. Others experience recurrence because of ongoing tightness or scarring. Repeated episodes are a reason for planned, non-emergency review by a primary care clinician or urologist, who specialises in urinary and male reproductive health.

When to get medical help

Get emergency medical help now if the foreskin is trapped behind the penis head and will not move forward. Do not wait to see whether the swelling goes down on its own.

Call emergency services or go to an emergency department immediately if there is:

These signs may mean that blood flow or urinary function is affected. However, their absence does not make a trapped foreskin safe to monitor at home.

Routine follow-up is appropriate after the foreskin has been successfully returned and the emergency has passed. Arrange a non-emergency appointment if swelling does not continue to improve, there are sores or discharge, the foreskin remains unusually tight, or paraphimosis happens again.

- Blue, black, very pale, or rapidly darkening skin
- Severe or increasing pain
- Numbness or loss of sensation
- Inability to pass urine
- Rapidly increasing swelling
- A significant injury or heavy bleeding

Common questions

Can I fix paraphimosis myself?

Paraphimosis needs urgent professional treatment. Trying to force the foreskin forward can cause tears and more swelling. Do not cut or puncture the skin. Seek emergency care instead.

How quickly can paraphimosis become serious?

There is no safe amount of time to wait. Blood flow may worsen as swelling increases, and it is not possible to predict how quickly this will happen. Treatment is generally easier when started early.

What is the difference between phimosis and paraphimosis?

With phimosis, the foreskin is too tight to pull back over the penis head. With paraphimosis, the foreskin has been pulled back but is trapped and cannot be brought forward again. Paraphimosis is an emergency; uncomplicated phimosis usually is not.

Can a urinary catheter cause paraphimosis?

Yes. The foreskin may be pulled back while a catheter is inserted or the area is cleaned. If it is not replaced afterward, swelling can trap it behind the penis head.

Will I need circumcision?

Not always. One episode may resolve without further surgery. Circumcision may be considered if the foreskin is scarred, remains very tight, or repeatedly becomes trapped.

Can sex or masturbation cause paraphimosis?

Yes. Either can leave the foreskin retracted, especially when it is already tight. If the foreskin becomes stuck and swelling starts, stop and seek emergency help rather than repeatedly trying to force it forward.

Sources

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