

COMMENT



Comment: Foreskin restorers: insights into motivations, successes, challenges and experiences with medical and mental health professionals

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With great interest, we read the study of Hammond et al. titled: "Foreskin Restorers: Insights into Motivations, Successes, Challenges and Experiences with Medical and Mental Health Professionals". In this study they describe the profile and motivations of people seeking foreskin reconstruction. Foreskin reconstruction refers to the process of extending the remaining skin on a circumcised penis to create the appearance of a natural, unaltered foreskin. This can be done through various methods such as manual stretching or the use of devices. In this study, they sought out a large population of participants, through unconventional channels with a resultantly large response to an extensive qualitative questionnaire. Great emphasis was laid on addressing different motivational experiential domains regarding foreskin reconstruction such as experienced sexuality, psychological burden, and societal experience.

The results of the study are quite profound and identify a population that largely refrains from seeking professional help in up to 87% of the participants. This may be in part due to selection bias by sampling from an internet community and buyers of home-bought foreskin device manufacturers. Nonetheless, in this study, we gain insight into a population underserved by the medical profession. Another remarkable outcome of this study was the reported age groups during which participants started performing foreskin reconstruction. A reported 8% started before the age of 18 and 34% between the ages 20–29. The experienced burden, sexual impairment, and affected self-image might therefore impact the rest of their lives greatly and disproportionately.

The results of this study emphasise the necessity of moving towards evidence-based foreskin reconstruction treatments, all starting with an open dialogue between patients and healthcare professionals [1–3]. This study raises the much-needed awareness to create such dialogues.

Many challenges lay ahead for men seeking foreskin reconstruction. In time, we may have to reframe the concept of early infant penile circumcision, from a medical-ethics perspective, as being not simply a matter of parental choice, but rather, a non-medically necessary form of genital surgery on healthy infants [4, 5]. This has already been done in the case of infant girls, for whom such surgeries are currently not permitted even if done in a medicalized manner. But until then, this study provides us with an

answer to the question "why should we care" and, in due time, we'll have a solid answer to "how do we care better".

REFERENCES

- Wallace WG. An undeniable need for recognition: what do you call a man who has undergone foreskin restoration? "Uncircumcised"? "Restored"? How about just BRAVE? A response to Hill (2015). *Clin Anat.* 2015;28:962–3. <https://doi.org/10.1002/ca.22600>.
- Timmermans FW, Mokken SE, Poor Toulabi SCZ, Bouman MB, Ozer M. A review on the history of and treatment options for foreskin reconstruction after circumcision. *Int J Impot Res.* 2022;34:424–33. <https://doi.org/10.1038/s41443-021-00438-3>.
- Ozer M, Timmermans FW. An insight into circumcised men seeking foreskin reconstruction: a prospective cohort study. *Int J Impot Res.* 2020;32:611–6. <https://doi.org/10.1038/s41443-019-0223-y>.
- Townsend KG. Defending an inclusive right to genital and bodily integrity for children. *Int J Impot Res.* 2023;35:27–30. <https://doi.org/10.1038/s41443-021-00503-x>.
- Brussels Collaboration on Bodily Integrity. Medically unnecessary genital cutting and the rights of the child: moving toward consensus. *Am J Bioeth.* 2019;19:17–28. <https://doi.org/10.1080/15265161.2019.1643945>.

AUTHOR CONTRIBUTIONS

SEM: writing – original draft, MO: writing – original draft and writing – review and editing, FWT: writing – original draft, writing – review and editing, and supervision.

COMPETING INTERESTS

The authors declare no competing interests.

ADDITIONAL INFORMATION

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