NHS
Lancashire Teaching Hospitals
NHS Foundation Trust

Information for boys, patients and carers

The Boys Bits Bible

Normal and common problems of the penis, testicles and scrotum from birth to young adulthood

Index

Boy's Bits – Quick Guide

How to use this leaflet

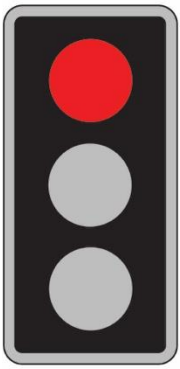
You do not need to read this leaflet all at once.

Use this quick guide to check what is normal, common, or needs medical attention. You can then use the index to find more details about the section that concerns or matters to you (or your son).

We have used a traffic light system to summarise the common and important problems affecting boys' bits, with further explanations in the main contents.

Red light – URGENT: GO TO HOSPITAL NOW

GO TO A&E IMMEDIATELY if you or your child has:

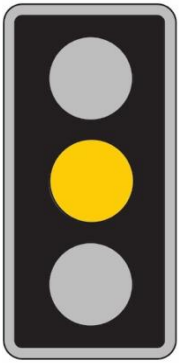


- Sudden, severe pain in a testicle (especially if it lasted more than one hour)
- Testicle pain along with feeling sick, being sick or pain in the tummy
- Pain so bad that walking is difficult
- One testicle suddenly much higher than the other

Time is critical - delays can cause loss of the testicle.

(See 'Alarming problems - acute testicle pain' for more information.)

Amber light – Speak to your GP

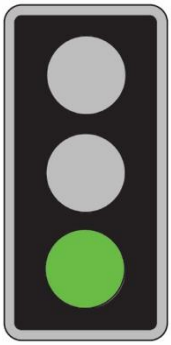


See your GP if you or your child notices:

- Painful or scarred foreskin, or it keeps getting infected
- Redness, soreness, or discharge from the penis
- Painless swelling in the scrotum
- A testicle cannot be felt after 6 months of age
- An unusual lump or hardness in a testicle

Most of these are not serious, but if you are unsure, get it checked.

Green light – This is Normal



Penis & foreskin

- Foreskin not pulling back in young boys
- Ballooning of foreskin when peeing (urination)
- Small white lump under foreskin (smegma pearl)

Testicles

- Testicles moving up and down
- One testicle slightly bigger or lower
- Wrinkly or uneven scrotum

These are normal and do not usually require treatment.

Now, you can continue to read about the normal and common problems of the penis, testicles, and scrotum.

Foreskin – What is it?

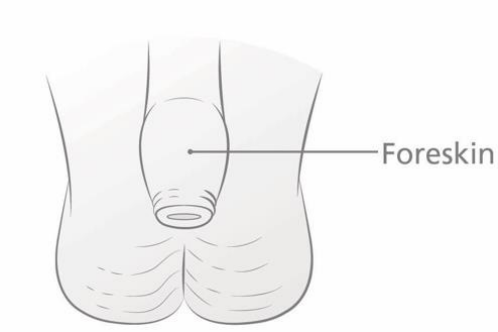
The foreskin is a layer of skin that covers the head (tip) of the penis. All boys are born with a foreskin. In some parts of the world, boys may have their foreskin removed when they are a baby for religious or cultural reasons, in a procedure called circumcision.

What is normal?

At birth, almost all boys have a foreskin that cannot be pulled back (retracted).

This is normal and is called 'physiological phimosis'.

The foreskin cannot be pulled back(non-retractable) because it is naturally attached to the head of the penis by thin bands of tissue called adhesions.

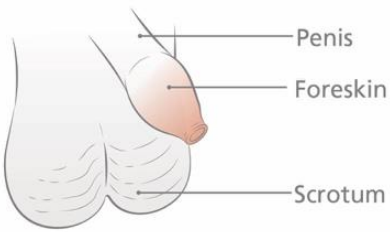


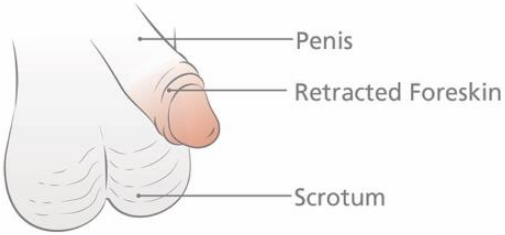
What happens later?

As boys grow, these adhesions gradually separate on their own. Over time, the foreskin loosens and can be pulled back.

A foreskin is called retractable when it can be pulled back far enough to fully uncover the head of the penis.

You should always replace the foreskin after pulling it back.





When will this happen?

This happens at different ages for different boys.

- For some boys, the foreskin becomes retractable when they are very young, usually during primary school
- For others, it may not happen until the late teenage years or early adulthood
- By 17 years of age, this process has completed in about 99% of boys

It is common for small areas of adhesion to remain until puberty. These usually separate on their own and do not need medical treatment.

What does a normal foreskin look like?

When gently pulled, a normal foreskin:

- Opens softly
- Looks pink and healthy
- May “pout like a flower”

Is this normal?

As adhesions separate, the skin may:

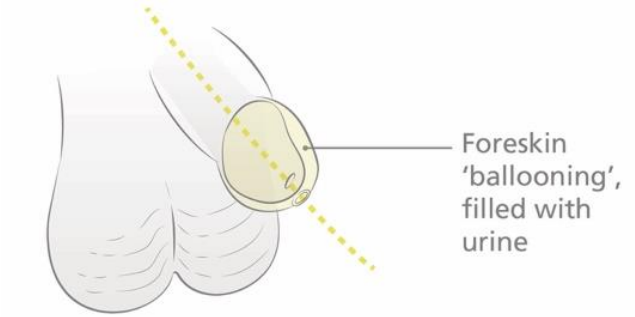
- Look a little red
- Feel sensitive or sore for a few days

This is normal and not an infection. It can be similar to teething.

Ballooning of the foreskin

When boys urinate(pee), the foreskin may puff up like a balloon.

This is common and usually settles as the foreskin loosens with age.



What is the lump on the penis?

Occasionally, you may notice a small white or yellow lump under the foreskin. This is called a smegma pearl, which forms when normal skin cells collect in a small pocket between the foreskin and the head of the penis.

- It is harmless
- It does not need treatment
- It will go away on its own

Cleaning and care

- Never force the foreskin back — this can cause pain and scarring
- Gentle retraction during washing is fine only if it moves easily
- If it does not pull back, leave it alone
- Always replace the foreskin after pulling it back

Urethra – what is normal?

What is the urethra?

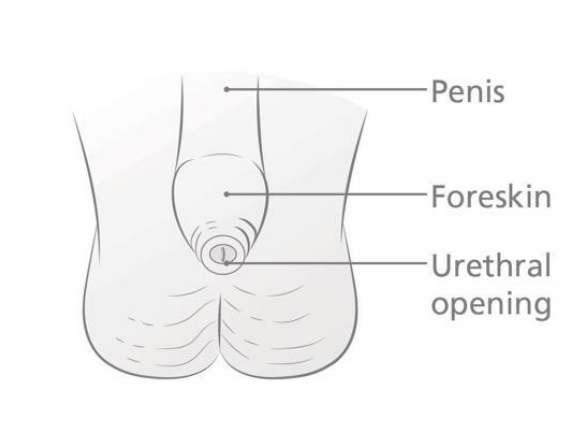
The urethra is the tube that carries urine (pee) out of the body. Everyone has a urethra.

What is normal?

In most boys, the opening of the urethra is:

- In the centre
- At the very tip of the penis

This allows urine to flow straight out.



Common problems with foreskin and urethra

Abnormally tight foreskin (pathological phimosis)

A foreskin that cannot be pulled back is normal in young boys. However, it can be problematic if it:

- Persists into adulthood
- Causes pain
- Causes repeated infections
- Causes problems with passing urine
- Causes painful erections

An abnormal foreskin may look thick, white, narrow or scarred.

This is called pathological phimosis.

Treatment

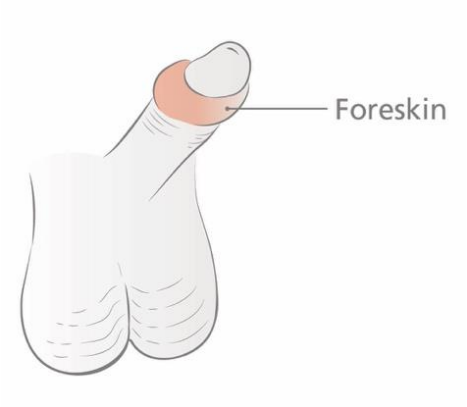
Treatment depends on symptoms and how severe the problem is. Options may include:

- Watch and wait
- A topical steroid cream
- Surgery, such as circumcision

A specialist doctor (urologist) will help decide what treatment is needed.

Paraphimosis (a medical emergency)

Paraphimosis occurs when a tight foreskin is pulled back and becomes stuck behind the head of the penis.



This causes:

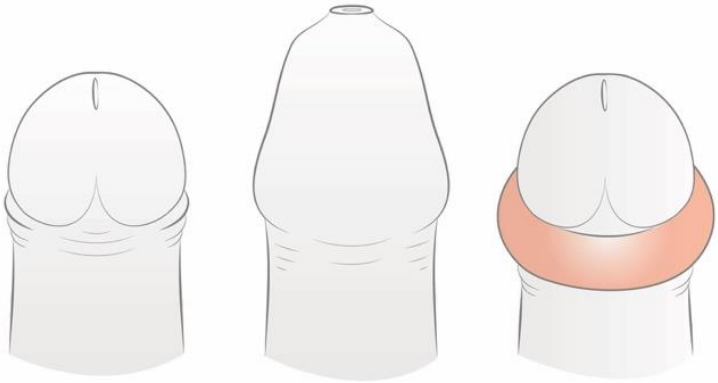
- Pain
- Swelling of the foreskin
- Swelling of the head of the penis

What should I do if it happens?

- Try gently pulling the foreskin back into place
- If it does not slide back easily with gentle pressure, do not force it. Go to the Emergency Department immediately

What is most important?

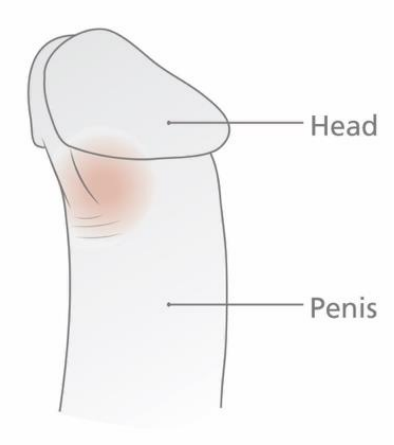
If you pull the foreskin back, always remember to replace it.



Tight frenulum

The frenulum is the small band of skin that connects the underside of the head of the penis to the foreskin.

What problems can occur?



If the frenulum is tight, it can:

- Make it difficult to pull back the foreskin
- Cause pain during erections
- Tear, sometimes during sexual activities

What should I do if it tears?

If the frenulum tears and causes bleeding:

- Press firmly on the bleeding area for 5 minutes
- Most small tears heal on their own without treatment

You should seek medical help if:

- The bleeding does not stop
- Tearing happens more than once
- Erections are painful

Treatment

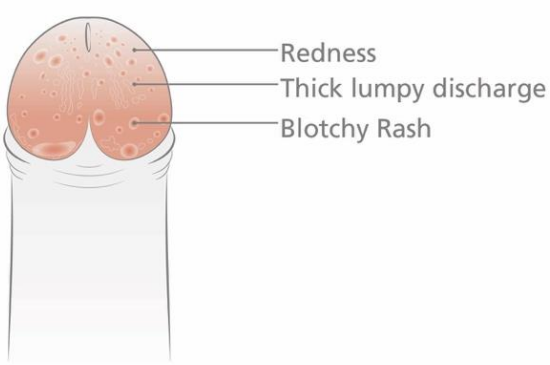
If problems continue, a small operation called a Frenuloplasty may be needed.

This loosens the tight skin and helps prevent further pain or tearing.

Inflammation of the head of the penis (balanitis)

Balanitis is when the head of the penis, and sometimes the foreskin, becomes:

- Red, swollen, sore, or itchy
- Sometimes has a discharge or smell
- Occasionally causes pain when passing urine (peeing)



This can be caused by:

- Tight foreskin(phimosis)
- Irritation (for example, nappy rash or scented soaps)
- Infection

What to do

With any of these symptoms, make an appointment with your GP.

If it hurts to pass urine, giving pain relief (paracetamol or ibuprofen) and sitting them in a warm bath can make it easier and more comfortable.

Treatment

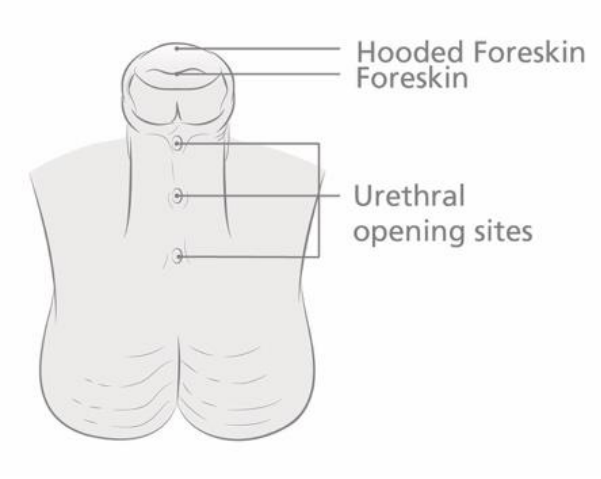
- Creams: including topical steroid cream antibiotic/antifungal cream
- Surgery (such as circumcision): rarely needed if infection keeps coming back

Most cases get better with creams and good hygiene.

Hypospadias

Hypospadias is a condition some boys are born with.

It happens when the opening where urine comes out (the urethra) is not at the tip of the penis, but somewhere along the underside.



In some cases, the foreskin may form a hood over the head rather than a collar.

Parents - see your GP if you think your young child might have hypospadias.

Treatment

Mild cases may not need treatment.

If treatment is needed, surgery is the only option and is usually done between 6 months and 3 years.

Surgery aims to:

- Move the urethral opening to the tip
- Straighten the penis
- Reconstruct the foreskin if needed

Your specialist doctor will explain the options and help you choose the best plan for your child.

Testicles and scrotum – What is normal?

What is the scrotum?

The scrotum is a pouch of skin and thin muscle that holds the two testicles. It protects the testicles and helps control their temperature.

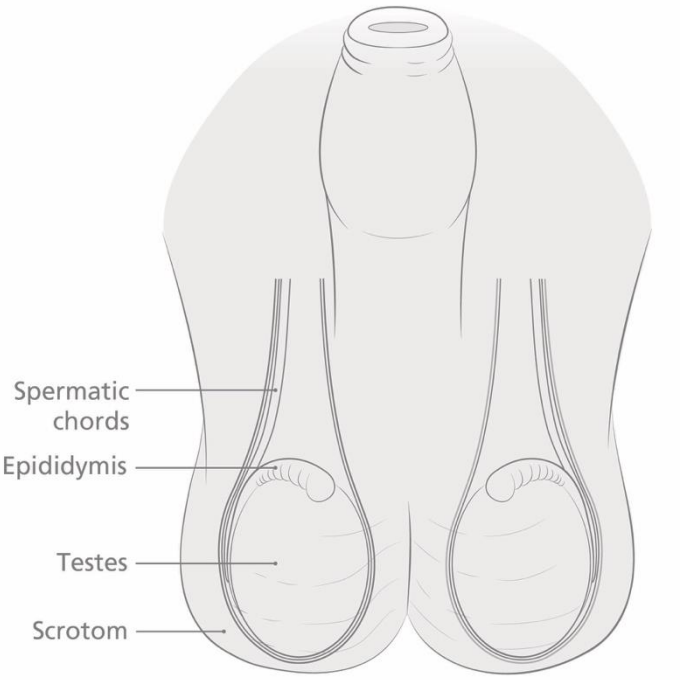
Development before birth

Before birth, the testicles develop inside the abdomen. They usually move down into the scrotum(descend) through the groin during the last few weeks of pregnancy.

Main structures inside the scrotum

There are three main parts:

- Testicles — produce sperm and hormones
- Epididymis — stores and carries sperm
- Spermatic cord — carries blood supply to the testicle



Muscle and movement of the testicles

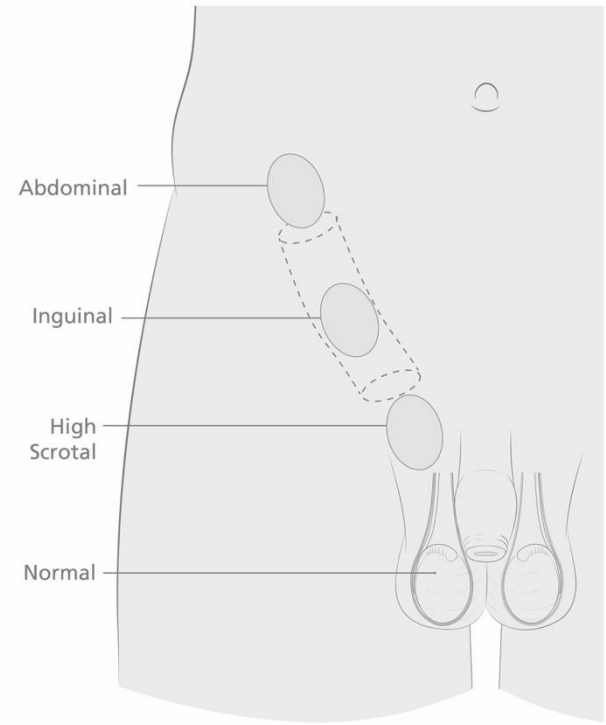
The testicles are surrounded by a strong muscle that can pull the testicles upwards in certain situations (such as cold, fear, pain, or embarrassment). This helps keep the testicles at the right temperature.

This muscle is most active between ages 5 and 10 years, so a testicle can sometimes move up towards the groin.

Common problems with testicles and scrotum

Undescended testicles (Cryptorchidism)

What is it?



Undescended testicles refer to one or both testicles not being in the scrotum at birth.

This happens when the testicles do not move down (descend) into the scrotum as they normally should before birth. The exact cause of undescended testicles is often unknown.

How common is it?

- Up to 1 in 20 boys may be affected
- It is more common in premature babies
- Both testicles are affected in about one third of the cases

Will the testicle come down on its own?

In around half of the affected babies, the testicle moves down naturally into the scrotum by 3 months of age.

A GP will usually check the position of the testicles at routine baby checks (during newborn checks and also 6–8 weeks' check).

If the testicle has not descended by 6 months of age, it is unlikely to come down on its own. In this situation, the child should be referred by your GP to a specialist for further assessment and treatment.

What is the treatment?

Treatment is an operation called "orchidopexy". In this procedure, a small cut is made in the groin, and the testicle is brought down into the scrotum, then fixed in place.

Surgery is usually completed between 12 and 18 months of age.

Why is treatment important?

If a testicle remains undescended, it can increase the risk of:

- Reduced fertility later in life
- Testicular cancer in adulthood
- Injury or twisting of the testicle

Early treatment helps reduce these risks.

Retractile testicles (normal condition)

Some boys may have retractile testes, a normal condition where the testicles can temporarily move up into the groin, sometimes making it seem like the testicle is undescended.

A retractile testicle generally doesn't require treatment. However, if there is any uncertainty or concern, a specialist assessment may be needed to confirm the testicle's position.

Ascending testicles

What are ascending testicles?

Ascending testicles are testicles that were once in the scrotum but have moved up into the groin permanently. Unlike retractile testicles, these cannot be moved back down or "milked" into the scrotum.

When does this happen?

This happens most often in boys between 8 years old and puberty.

Is treatment needed?

Yes. If the testicle can't be moved into the scrotum or causes pain when trying to guide it back down, you should see a urology specialist.

Key difference between retractile and ascending testicles

- Retractile testicles: Move up and down but can always be moved back into the scrotum. This is normal
- Ascending testicles: Cannot be moved into the scrotum or cannot be felt at all times. This is abnormal

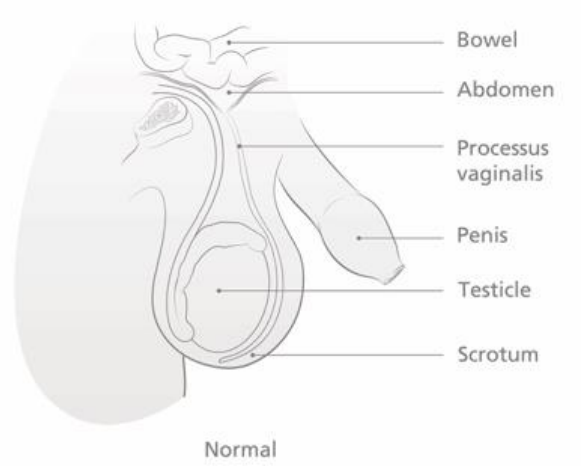
If you are unsure, the key question to ask is:

Can the testicle be felt in the scrotum at some times, or is it permanently absent from the scrotum?

Inguinal hernia

What is a hernia?

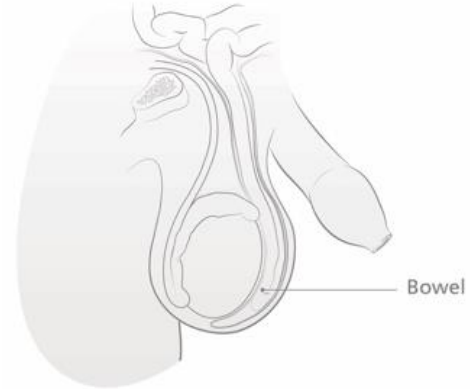
A hernia happens when another part of the body, usually the bowels or fat, pushes through a weak spot in the muscle or tissue. Babies and young boys get hernias in a different way compared to adults.



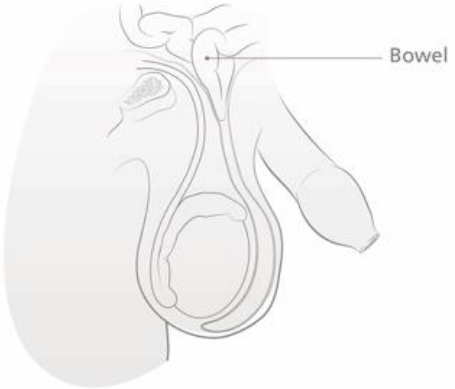
Normal

How does it happen in babies and young boys?

Before birth, the testicles move into the scrotum through a tunnel (processus vaginalis) in the groin. Normally, this tunnel closes after birth. However, if it stays open, it can lead to a hernia or another condition called a hydrocele.



Inguinal hernia into scrotum



Inguinal hernia into canal

Is it common?

Around 1 in 20 to 100 boys will have this condition.

What does it look like?

Parents might notice a small bulge or swelling in the groin area. This bulge can become more noticeable when your child coughs, strains, or puts pressure on their abdomen. Sometimes the bulge can disappear for a while, then come back.

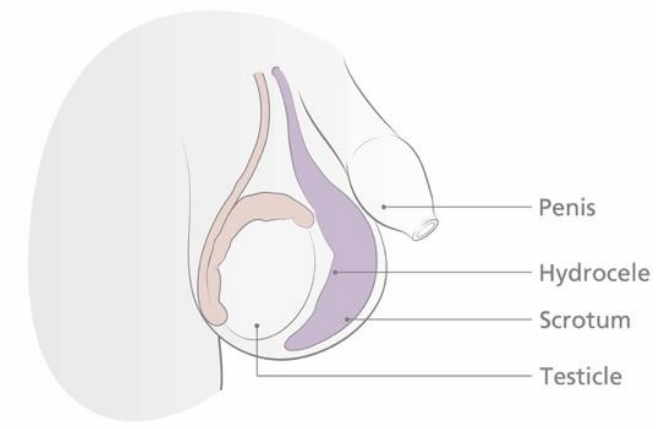
Does it need treatment?

Yes. Treatment involves surgery to close the tunnel (ligation of the patent processus vaginalis). Without this, a piece of bowel could get stuck in the hernia, causing pain and other serious issues.

Hydrocele (newborns and infants)

What is a hydrocele?

A hydrocele is a fluid-filled swelling around the testicle. This fluid is harmless, and the swelling is usually painless. The size of the swelling may change over time.



Why does it happen to babies?

In newborns, a hydrocele occurs when there is an open or partially closed tunnel between the abdomen and the scrotum (processus vaginalis), similar to how an inguinal hernia forms.

Does it need treatment?

In most cases, a hydrocele doesn't cause any problems and will go away on its own. But if it doesn't, surgery may be needed to close the tunnel (known as ligation of the patent processus vaginalis).

When to see a doctor

Hydroceles are usually harmless, but it’s important to see a doctor if you notice any swelling in your child’s scrotum, especially if it’s painful or doesn't go away.

Hydrocele (adolescents)

What is hydrocele in older children and teenagers?

In older children and teenagers, a hydrocele can still occur, but the causes are different from those seen in infants. Sometimes, there is no clear cause, but it's important to rule out possible underlying issues such as:

- Infections
- Testicular torsion
- Trauma

When to see a doctor

A medical evaluation is necessary if there is any new or persistent scrotal swelling, especially if:

- It causes pain
- It is very large
- It occurs alongside symptoms like nausea

The treatment will depend on the underlying cause and the severity of symptoms.

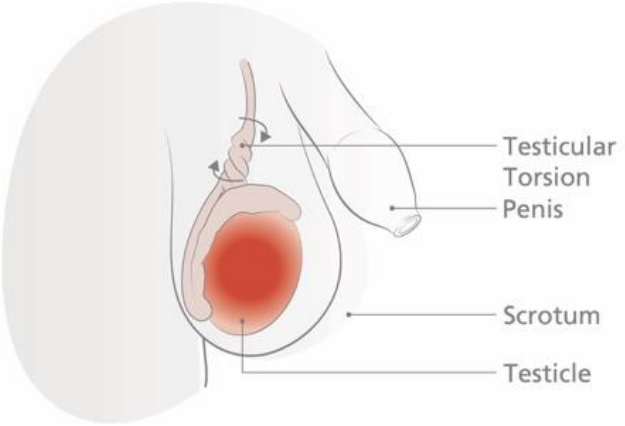
Alarming problems – Acute testicle pain

Testicular torsion (medical emergency)

What is it?

Testicular torsion occurs when the spermatic cord (which supplies blood to the testicle) twists, cutting off blood flow.

This causes severe pain, swelling, and is a medical emergency.



How common is it?

Testicular torsion is most common in teenagers and young adults, affecting about 1 in 1,000 boys between the ages of 10 and 20.

Why is it time-critical?

- If treated within 6 hours, the testicle can usually be saved
- Delays can result in testicle death due to lack of blood flow.
- 2 in 3 children and 1 in 3 parents do not recognise the symptoms in time, causing delays
- 1 in 5 children with testicular torsion end up losing the testicle because the treatment was delayed

Signs to watch for:

- Sudden, severe pain in the testicle or scrotum, sometimes accompanied by nausea or vomiting
- The pain may be so intense that even walking becomes difficult
- Swelling and redness of the scrotum
- Abdominal (tummy) pain
- Testicle positioned higher or horizontally in the scrotum

What to do if you suspect testicular torsion?

- Immediate action is needed to avoid losing the testicle
- Take your child to the Emergency Department right away. A urology review is crucial without delay
- Do not let your child eat or drink before assessment as they may need surgery

What is the treatment?

- Emergency surgery is required, performed under general anaesthetic
- Doctors will make a cut in the scrotum, untwist the testicle and restore the blood flow
- To prevent future torsion, the testicle is fixed in place with stitches
- If the testicle cannot be saved, it will be removed
- The other testicle will also be fixed to prevent torsion from happening

Why surgery?

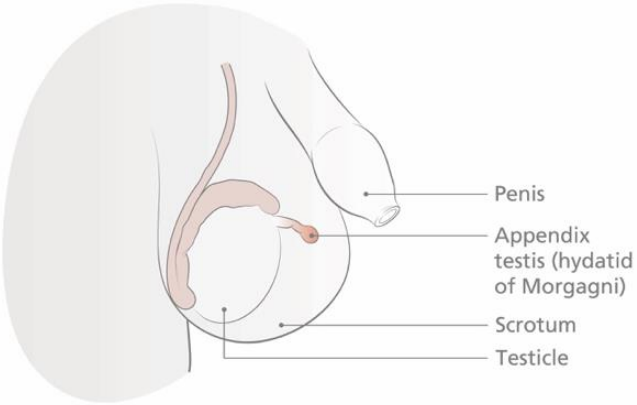
Emergency surgery is the only way to save the testicle.

Imaging tests (like ultrasound) cannot rule out torsion safely and should never delay surgery.

Torsion of the Appendix Testis (Hydatid of Morgagni)

What is it?

Twisting of a small, non-functional tissue near the testicle(appendix testis) causes pain and swelling. While usually harmless, it can look like testicular torsion, which is a medical emergency.



Most cases occur in boys before puberty (7 to 12 years old).

Symptoms

- Pain and redness in the scrotum, but usually no impact on walking
- Swelling and sometimes a blue dot visible on the scrotum
- Lumps may be felt or seen through the skin

When to see a doctor

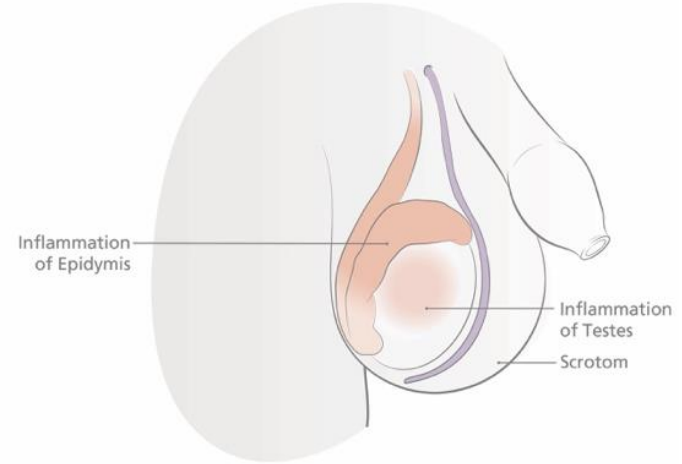
- Always seek medical attention if your child experiences sudden testicular pain
- It is crucial to distinguish between testicular torsion and torsion of the appendix testis. This can be difficult
- A urology specialist is needed for proper diagnosis, and sometimes emergency surgery may be required to rule out testicular torsion

Epididymitis and Orchitis

What is Epididymitis and Orchitis?

Epididymitis is inflammation of the epididymis (a tube behind the testicle).

Orchitis is the inflammation of the testicle itself, and it can occur alongside epididymitis, which is then called epididymo-orchitis.



Symptoms

- Pain and swelling in one or both testicles
- Redness or warmth in the scrotum
- Painful urination
- Fever or chills
- Sometimes nausea or vomiting

Causes

- In younger boys: Often caused by urinary tract infections (UTIs).
- In older boys/teens: Can be caused by UTIs or sexually transmitted infections (STIs), like gonorrhea or chlamydia.

- Another cause: Mumps, an infection that causes painful swelling in the cheeks and neck, which can also lead to testicular infection.

Treatment

Antibiotics are the primary treatment for bacterial infections.

For STIs, specific antibiotics for gonorrhea or chlamydia will be prescribed.

Additional tips

- Rest and scrotal support (supportive underwear) can help
- Pain relief with paracetamol or NSAIDs
- Ice packs on the scrotum may reduce swelling

Summary of acute testicle pain problems:

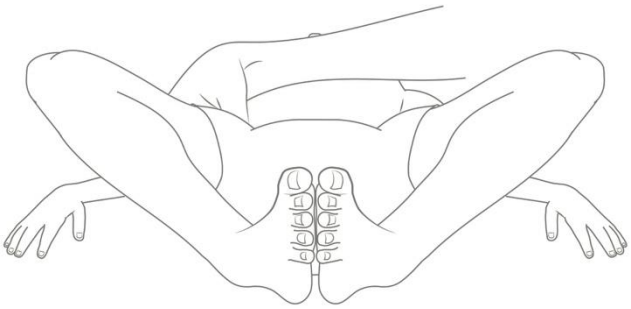
If your child experiences sudden testicular pain, get to the hospital immediately.

Delayed treatment may mean loss of the testicle.

How to examine your child – tips for parents

Best way to examine your child's testicles:

- Position: Have your child lie down with their knees bent and legs spread, in a 'frog leg' position
- Environment: Ensure the room is warm and your hands are warm for comfort
- Warm bath: This can help relax the muscles and make the exam easier



Things to look for

- Does the foreskin look thickened or abnormal?
- Are both testicles present in the scrotum?
- Do the testicles look and feel the same on both sides?
- Are the testicles moving normally (they should)?

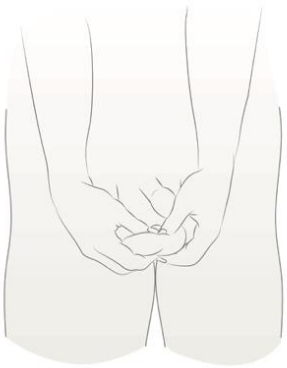
How to examine yourself – tips for teenagers

It's important for every boy to check their testicles once a month, starting at puberty. This helps them learn what's normal and identify anything unusual early.

While it's rare for teenagers to get testicular cancer, it can happen. Finding it early gives the best chance for cure.

How to do it?

- Do it after a warm shower or bath because warmth makes it easier to feel.
- Stand in front of a mirror
- Check for any swelling or bumps on the skin of your scrotum
- Use both hands to gently feel each testicle. Put your fingers underneath and your thumbs on top. Roll the testicle slowly between your fingers. It should not hurt
- Feel for the epididymis (a soft tube at the back of your testicle). This is normal, and it's where sperm is stored. Cancer lumps usually feel hard and are on the sides or front of the testicle



What if I find something unusual?

If you find a lump or anything strange, see your doctor right away.

It might not be cancer, but it's important to get it checked.

Other things to watch for:

- One testicle getting bigger or smaller
- A feeling of heaviness in your scrotum
- Pain in your testicle or scrotum
- Sudden swelling or fluid buildup in your scrotum
- Pain in your lower stomach or groin
- Tender or swollen breasts

Always trust your instincts—if something feels off, don't wait. Early detection is key.

It's normal to have questions — talk to your doctor anytime you need more advice.

Contact details

Should you require further advice or information please contact

Urology Department:

Royal Preston Hospital: **01772 522443**

Chorley and South Ribble District Hospital: **01257 245696**

Sources of further information

www.lancsteachinghospitals.nhs.uk
www.nhs.uk
www.accessable.co.uk
www.patient.co.uk
www.lancsteachinghospitals.nhs.uk/veteran-aware
https://bepartofresearch.nihr.ac.uk/

Foreskin health - Information for patients, parents and healthcare professionals (https://4skin-health.alderhey.nhs.uk/)

Testicular torsion - what do you need to know
(https://www.testicularhealth.info/testiculartorsion.html)

Testicular lumps - how to examine your testicles
(https://www.testicularhealth.info/testicularlumps.html)

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patientexperienceandinvolvem@LTHTR.nhs.uk

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