

My responses to a few Frequently Asked Questions about Non-Surgical Foreskin Restoration:

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One of the fascinating things about us men is that we try to formalize everything, to make a science of it. Well, someday, foreskin restoration may become a science, but as of now there are too many unanswered and perhaps unanswerable questions for there to be concrete, absolute answers to many of them. What follows are some answers based on my own personal experience or the experiences of other men with whom I have corresponded either personally or via the Restore List (see Bibliography for subscription details). Please keep in mind that this represents my thinking and experience. Your Mileage May Vary (YMMV).

Roy M. Payne
with *Leo Freyer*

What is the foreskin anyway? And what does it do?

Why should I bother restoring?

What about age? Can I be too old or young to restore?

Should I see a doctor before I start? Or visit him as I progress?

Why doesn't my doctor know about foreskin restoration? -- or how a normal foreskin works for that matter?

Where can I find support from other restoring men?

How do I get started? What should I do first?

How do I do it? What method is the best?

What is this thing called a POE?

Should I stick with one method or try several?

What about commercially available restoration devices?

What if I have skin bridges or an uneven circumcision, etc.?

Do I really have to be erect to tape up? How can I tape up while flaccid?

Won't o-rings and devices that capture the skin between two rigid pieces cut off the circulation?

How do I explain this "project" to my partner so I don't sound like I'm crazy?

I sit all day at work. Can I still restore?

How many hours a day should I tug?

Won't restoration cut down on spontaneous sex?

How long does it take to restore?

When will this baggy skin I've been growing start staying over my glans?

What is the "average" skin growth per month?

Does the mucosal inner foreskin grow more slowly than the shaft skin? If so, why?

Isn't this just stretching the skin and not really growing new skin?

Why non-surgical? Isn't there a faster, surgical way?

What about using vacuums or pumps to restore my foreskin?

What do I say if someone sees my tugging device?

...and a suggestion to keep this from happening.

What about urination while restoring? How is that accomplished?

Does it hurt?

What about potential damage? Can I do any serious damage to myself?

Some comments on materials used in restoration devices:

**** Tapes***

**** Places to buy tape***

**** How do I get the tape and its residue off?***

**** Pill tube method***

**** Elastic tensioning materials***

**** Materials for weights***

**** Materials for tapeless tuggers***

Are there any lotions or potions, vitamins or minerals I should use?

How much tension should I use?

Where can I get a small tension measuring device to check the tension on my strap?

How can I monitor my progress? How can I measure my skin growth?

What's a "plateau" and what should I do about one?

What can I expect? Will I really end up with a "normal" looking foreskin?

What is keratinization or cornification?

How long does it take, on average, for dekeratinization to begin to occur and to be complete?

What is this gliding mechanism or “the glide”?

What about tugging and sleep? Is it safe to sleep with my restoration device attached?

Help! I have pubic hair half way out my shaft when I apply tension.

Help! When I’m tugging, my scrotum is pulled half way out my shaft.

Help! My tape keeps coming loose.

Is it possible to increase the size of my penis this way?

Restoration Milestones

- * getting started***
- * wrinkles***
- * roll-over***
- * your first glide (sex starts getting better)***
- * coverage***
- * puckering or taper***
- * your first “piss wash”***
- * fooling the doctor***

Psychological implications of the restoration process

- * Recognizing the harm that was done***
- * Accepting the situation and moving on***
- * Emerging sense of wholeness and well-being***

At what point can I say I have a foreskin – that I’m decircumcised?

Care and Feeding of Your New Foreskin:

- * How should I clean my new foreskin?***
- * I’ve heard intact penises smell. Will I develop an aroma?***
- * Using baby powder or talc or other “fresheners”***
- * What about smegma?***

On forgiving whoever had you circumcised and whoever actually did it

Bibliography – Suggestions for further reading

Brief Glossary

Appendix: Leo Freyer’s “Restoration Methods [and other stuff]”

What is the foreskin anyway? And what does it do?

Simply put, it is the single most erogenous part of a man's penis. It contributes directly to both his pleasure and that of his partner[s]. It serves to protect the glans penis and meatus throughout a man's life. It plays a vital role during sexual intercourse (or masturbation), adding immeasurably to the pleasure and comfort of both partners.

[\[click here to go to Bibliography — Suggestions for further reading\]](#)

[\[back to TOP\]](#)

Why should I bother restoring?

It seems to me that the questions should more logically be:

- * Why was I circumcised in the first place?
- * What can I do about it now?
- * Of what earthly benefit is it to any but a very few men?

There are precious few valid reasons to ever circumcise a boy or man; there are zillions of specious excuses. Circumcision destroys the most sensitive, erogenous, and only moving part of his penis. It creates problems for both him and his sex partner[s]. The purported medical benefits are of such a minor nature that they can't possibly serve as rationales for the extensive damage done. It is akin to removing a finger to avoid hangnails or to keep dirt from getting under the fingernail. If an argument for circumcision does contain a grain of truth [like a slight prevention of UTIs in a small age group] the slight "benefit" is greatly overshadowed by the significant degree of destruction of normal function.

Originally, my reasons for restoring were simple: I wanted to try to regain some of the sensitivity that I had lost to keratinization of my glans over the years; I prefer the natural, healthy appearance of an intact penis, and, because I live in a non-circumcising culture now [Japan], I was tired of being the odd-man-out in locker rooms, hot springs baths, etc. As I learned more about the damage circumcision actually inflicts, I added more reasons such as to enable me to be a more sensitive and gentle lover to my wife.

In summation, this is why you should restore your foreskin: "You deserve to discover the exquisite sensitivity of a penis head [the term "head" refers to the glans penis which is basically void of sensory nerves except for the corona. The primary concentration of sexually sensitive nerves, especially in circumcised men, are in the inner foreskin and frenulum], the nerves of which are kept keenly fresh and alive in the *warm, moist*, sheltered environment of the foreskin. You deserve to experience what the erect penis shaft feels like when the foreskin slips back over the head, giving you the 'extra' shaft skin you need for a more comfortable erection. You deserve to experience the sensuous massage the foreskin gives as it glides back and forth over the penis head and shaft during intercourse. You deserve to know the relaxed tenderness of a vagina that is truly pleased into ecstasy — a vagina that is *truly* loving every moment of your gentle, grinding rhythm; that thrills to the ecstatic *gliding*-thrusting motions that only a penis with a foreskin can give... There are so many wonderful things a circumcised man can look forward to after his foreskin is restored." (O'Hara, 10–11)

[\[click here to go to Bibliography — Suggestions for further reading\]](#)

[\[back to TOP\]](#)

What about age? Can I be too old or young to restore?

Too young, yes. Too old, I don't think so. Let me explain.

I believe that a man needs to be physically and emotionally mature before embarking on this journey called restoration. If he is not physically mature, the size of his immature penis will make using any method but manual tugging a challenge. There simply may not be enough skin to attach any of the mechanical devices. Moreover, it seems reasonable to me that even if he succeeded as a pre-pubescent youth, when his adolescent growth spurt kicks in, he would most likely lose his coverage and need to start all over again. After all, we are not talking about a normal, original equipment prepuce that would necessarily grow with the rest of his body as he matures. Emotional maturity is very important to this process for reasons discussed under ***Psychological implications of the restoration process***. This is a long, tedious, frustrating project and the ability to set reasonable goals and persevere until they are attained is vital to success.

At the other end of the scale, any man who is reasonably healthy and of sound mind owes it to himself and his sexual partner[s] to restore. This is especially true if his libido has dropped off the scale or he suffers from impotence that isn't the result of disease or injury other than circumcision. See the last paragraph in ***Why should I bother restoring?*** above.

[\[back to TOP\]](#)

Should I see a doctor before I start? Or visit him as I progress?

This is pretty much up to you. Most American doctors are ignorant of the structure and function of the foreskin. Most male doctors are themselves the victims of circumcision. So unless you're lucky enough to find an enlightened doctor, you may not get much help or sympathy. In fact, your project might even be ridiculed. In this respect, I am extremely lucky to live in a foreskin friendly culture. Every doctor I have told about my restoration has been accepting and supportive. You may or may not be so lucky. But don't let that stop you from restoring and if you're thick skinned enough to take a doctor's initial skepticism, you might even end up educating him or her — and that would be a good thing.

[\[back to TOP\]](#)

Why doesn't my doctor know about foreskin restoration? — or how a normal foreskin works for that matter?

The vast majority of medical source materials that doctors and nurses learn from in medical school contain limited and/or outdated information about the normal foreskin that all males are born with. [***Grey's Anatomy***, medical encyclopedias, text books, etc.] This is the primary source of foreskin ignorance.

One assumes that most doctors and nurses are knowledgeable about the foreskin. Amazingly, this is NOT true. In contemporary anatomy books the descriptions of the foreskin are essentially 300 years old!

The simplistic and erroneous description of the foreskin being merely “a flap of skin that covers the glans” is virtually UNCHANGED from Medieval times!

Research to determine the basic anatomical and histological properties of the prepuce [foreskin] published in 1996 by Dr. Taylor and colleagues was the first major work of this nature since the 15th century! To the detriment of all — physicians, parents, and infant males — this information has not yet found its way into medical reference and teaching materials. <http://www.medicalpost.com/mdlink/english/members/medpost/data/3701/49AHTM>

You can easily confirm this for yourself by doing some web searches for the description and functions of the foreskin. Try medical web sites, online encyclopedias, *Grey's Anatomy*, anything you like. Then check out this article published in *Mothering Magazine*. You will be astonished at the difference. (<http://www.cirp.org/news/1997:Mothering/>)

The “foreskin ignorance” from medical source materials is “passed on” to the medical professionals during their training. It’s like similar myths which were generated in history due to a simple lack of adequate information. A good example is the one about the Earth being the center of the universe with the Sun, all the stars, and planets rotating about it. At the time the myth was generated, no one had the knowledge to prove otherwise, the premise seemed plausible, and the myth was passed on from generation to generation. Many well educated, powerful, and respected people stood behind the myth and claimed it to be the truth — mostly because it had the inertia of being a time honored tradition, plus they may have received some personal gain [power, money, ego, social standing, etc.] by perpetuating the myth, or they just went along with everyone else because it was “common knowledge.”

Due to the “foreskin ignorance” held by medical professionals it is easy for them to recommend getting rid of the foreskin via circumcision. If it is merely a useless “flap of skin,” its removal is no big loss. And besides, they make money in the process.

Finally, most male doctors in America are themselves circumcised and many of them make a lot of money performing circumcisions. This puts the medical union [A.M.A.] in a double bind. If they face up to the problems caused by their own acts, they not only have to deal with their own personal cognitive dissonance but they also have to face up to the possibility of an overwhelming number of malpractice suits and other damage claims. It’s simply easier for them to remain in denial and keep their heads buried in the sand.

[\[back to TOP\]](#)

Where can I find support from other restoring men?

Start here:

<http://www.eskimo.com/~gburlin/restore/>

and here:

<http://www.norm.org/>

<http://www.noharrrm.org/home.htm>

You can join the Restore List via the first URL above. It’s an open, unmoderated discussion list with over 700 men from around the world participating. Not only will you find helpful fellow restorers there, but good fellowship and an occasional off-topic flame war to stimulate your mind during the often mind-numbing tedium of restoration.

[\[back to TOP\]](#)

How do I get started? What should I do first?

Educate yourself. Read. Learn what options you have. Choose a few that appeal to you and try them. Choose the one that best fits your lifestyle, comfort, and wallet. Then stick with it.

Most guys start with cross tapes to get some slack skin to work with then move on to other methods. You can start out with or move on to t-tapes sooner if you make the leg of the “T” longer. I did this by making the top of the “T” narrower than the recommended 2” — rather than 1” of tape on either side of the center line, I used only 3/8” on either side. It worked fine.

[\[click here to go to Bibliography — Suggestions for further reading\]](#)

[\[back to TOP\]](#)

How do I do it? What method is the best?

The best plan is to experiment with several of the different methods out there and find the one you are most comfortable with. They all work and I personally don’t think any one is necessarily better or faster than any other. There are simply too many variables and no controlled experimental evidence yet to say one method is **the** best. Find the one that best fits your lifestyle, comfort, and wallet.

I mostly used t-tapes. I tried using 3M Micropore tape but was/am allergic to it so I used two other variations. The one explained in detail elsewhere on my home page is Tegaderm and Theraband (T&T). T&T was by far the most comfortable and long lasting for me but it’s also the most expensive and some guys have a lot of trouble working with the Tegaderm. For those reasons, I recommend it but understand completely why most guys don’t use it. In fact, I only used it for about half my restoration. The rest of the time, I used and still use Nichiban’s Mesh Tape, a Japanese equivalent of J&J’s Rejuveness — I think it’s called. I use the 50 mm (2 in) wide tape which I buy over the counter in most pharmacies here in Japan. But, I’m not sure where to tell you to look for the J&J product elsewhere. I understand it’s available over the counter in the States, too, or on line from a company called Grogan’s (for a group discount, be sure to mention “RESTORATION” in the special comment section of your order from Grogan’s) <http://www.grogans.com/restore.html>

I seem to remember reading that J&J’s Rejuveness is a complete wound care system so be sure to just get the tape — you wouldn’t need the other bits and pieces and they are expensive.

A URL for **The T-Tape Book** can be found in the Bibliography — Suggestions for further reading section. It explains through pictures and in good detail how to make a t-tape. The process is pretty much the same no matter what kind of tape you’re using.

I also tried the pill tube method and I have a set of Foreballs. Both work well, but I still prefer the t-tapes.

[\[click here to go to Bibliography — Suggestions for further reading\]](#)

[\[back to TOP\]](#)

What is this thing called a POE?

The Point Of Equilibrium (POE) is a point on your shaft skin that when pulled forward

puts equal tension on both the inner and outer skin. It usually falls somewhere about or forward of the circumcision scar when you first begin restoration then gradually moves back toward the belly. At one time it was considered of primary importance in determining where to place the center line of a t-tape. With the introduction of the Pill Tube method and later the tapeless tuggers, it became apparent that the POE was significantly less important than original believed. It still is a good idea to try to get the t-tape placed close to the POE but the fine accuracy once prescribed is no longer considered necessary. In fact, some of us once experimented with deliberately taping off the POE to see if we could replicate one man's experience that doing so would jump start skin growth. Too few men participated in the trial for the results to be meaningful, but if you decide to use t-tapes, keep the concept in mind as a possible way to get off a plateau.

[\[back to TOP\]](#)

Should I stick with one method or try several?

Initially, try several methods. Find the one that best fits your lifestyle, comfort, and wallet and, I say, stick with it. Other men say they enjoy changing from time to time for variety if no other reason. If that's your style, too, go for it. In fact, changing methods is one way to get out of a plateau. So keep that in mind, too.

[\[back to TOP\]](#)

What about commercially available restoration devices?

I have limited experience with these. The only one I've personally tried is Foreballs. So what follows is strictly my impression developed from comments made by other restorers — not *Consumer Reports*.

***Foreballs**

An excellent product. Extremely well made of highest quality materials. The maker is reliable, courteous, and considerate. Use requires some loose skin already in place. Effective. Recommended.

***Cut\Uncut**

A packet of o-rings sold on a web site of the same name in Hawaii. Save your money. Go to your local hardware store and buy a selection of o-rings for less than a dollar.

***PUD**

Well made of highest quality materials but too rich for my blood and too bulky for my discretion. Designed to allow urination while the PUD is in place but some men report trouble with this feature. Some men swear by theirs.

***Re-cap EZ**

Some men swear by theirs. Reasonably priced. The maker is reliable, courteous, and considerate. It can be used with an elastic strap, but you also can use the frame for tugging around the house without the elastic strap. You do not need to remove it to urinate. And even with the included frame, it is half the price of the TA. Apparently works well... just not for me.

*Tug-Ahoy

Some men swear by theirs. Nevertheless, you get about six bits worth of bits and pieces plus US\$2.50 worth of know-how for the amazingly low price of US\$100. Make your own tugger from silicone aquarium sealant. Instructions can be found at:

<http://www.uncutentertainment.net/tuggersite/>

[\[back to TOP\]](#)

What if I have skin bridges or an uneven circumcision, etc.?

I have an adhesion — not a complete bridge — on the top side of my penis. It very closely resembles my frenulum and I thought it was normal until I started learning about the damages of circumcision. I also had a bulge on the right side of my shaft which I had always attributed to masturbating with my right hand since the bulge was about where my palm naturally fell when engaged in that activity. When I started restoring, I was unaware that I might need to be concerned about those two things and so, I jumped right in — fat, dumb and happy. Guess what. I was right. There was no need to worry. The adhesion is still there but never caused a minute's trouble and the bulge gradually disappeared as I grew more skin. It probably had nothing to do with masturbation after all.

Skin bridges are a different problem. You probably should have them taken care of at some time if for no other reason than hygiene. Even on a circumcised penis they offer a perfect place for crud to collect and would need periodic cleaning.

Only if you have a **significantly** uneven circumcision would you need to worry about it. If your circumcision scar is uneven but your shaft skin is nevertheless about evenly distributed, you should have no problems. If, however, you have significantly more skin on one side or the other of your shaft you may have some initial difficulties. My own intuition is that with the t-tape, j-tape or pill tube methods — and presumably others — the dynamics of tugging should gradually even out the skin. Other men have reported placing their tapes so that more tension is applied to the side with less skin in an effort to expedite evening out of the skin. This is accomplished by applying the tape at an angle to rather than perpendicular to the axis of the penis with the angle “pointing” to the side with less skin, i.e. its apex comes closer to the belly. Some experimentation on your part may be necessary to determine how much of an angle works best for you.

[\[back to TOP\]](#)

Do I really have to be erect to tape up? How can I tape up while flaccid?

First, this is obviously irrelevant to any and all of the tapeless tugging methods and the pill tube method. As I understand those methods, an erection makes applying the device more difficult.

It simply is easier to apply a t-tape to an erect penis than to a flaccid penis. So when you first start taping, it's less frustrating to apply your tape while erect. As well as being easier to do, it also means that the tape will be able to accommodate any following erections — for instance while you're sleeping if you decide to go on a forced march regime of restoration. Until

you learn how to and get some practice doing it, you will feel like you need an extra set of hands to tape up while flaccid.

There are two ways that I know of and have used to tape up while flaccid.

I'm right handed so I use my left to hold my penis and my right to apply the tape. If you're left handed, reverse the following instructions.

I grasp my glans penis scissors-like between the index and middle finger of my left hand. I then stretch my penis out and hold the base — next to my belly — between my ring and little fingers. With my right hand I apply the tape, going counter-clockwise around the shaft of my penis. This is easiest to do with Tegaderm and Theraband because the Tegaderm is much more forgiving than other tapes. If you get it on a little crooked or with a few wrinkles, it's no big deal.

The other method is to use a noose of some sort of really wide and soft material such as the fat yarn sometimes substituted for ribbon on packages. Slip the noose loosely around the sulcus just behind the glans. Then secure the other end of the noose to something solid and back away until your penis is stretched enough to allow placing the tape. Install the tape in the usual manner but a little loosely. Don't pull the tape too snug as you put it in place, just sort of gently lay it around your shaft.

[\[back to TOP\]](#)

Won't o-rings and devices that capture the skin between two rigid pieces cut off the circulation?

That is indeed possible and so you need to be careful. Use o-rings that are not too small. With rigid devices such as Foreballs, PUD, and some "tuggers" you need to monitor what's going on. Every time you make a "head call" or "pit stop" check for signs of poor circulation such as cold or abnormally colored skin. If you notice *either or any* sign, **stop and check it out!** If your tugging device uses tape, you probably have your tape too tight. If you're using a "tugger" with rigid parts, you may have to adjust the size or tension. Contact the maker as soon as possible for advice.

[\[back to TOP\]](#)

How do I explain this "project" to my partner so I don't sound like I'm crazy?

This may mark me as an M.C.P. [Male Chauvinist Pig] of the first magnitude, but I simply told my [Japanese] wife what I was going to do and why, and asked for her patience and support while I did it. A few days later, she mentioned the old canard about cervical cancer. I replied that that had been thoroughly debunked ages ago and added that if it were true Japanese women would be dropping like flies from cervical cancer. Then I asked her if she actually knew anyone who had cervical cancer either now or in the past. A profound silence followed. End of discussion.

You know your significant other far better than anyone and so you know her hot buttons. For me, the simple, direct approach worked best. If you need to do more convincing, you might show her the book *Sex As Nature Intended It*, or — if you can get your hands on a copy — *The Joy of Uncircumcising*. Explore appropriate web sites together with her. Links on those

sites will take you to others. Sooner rather than later, restoration will be recognized as the healthy, reasonable thing to do that it is.

[\[click here to go to Bibliography — Suggestions for further reading\]](#)

[\[back to TOP\]](#)

I sit all day at work. Can I still restore?

Yes, you can, although using a weight method such as Foreballs or PUD will be more of a challenge than a method that uses some sort of elastic or other non-gravitation tensioning device. The elastic strap is usually worn either around the waist with the penis pulled up against the side of the belly, or down and around one leg or the other. Some men even wear their strap over the shoulder. (Hence the terms tugging up and tugging down.) So whether you're seated or standing you would always have some tension applied to your device.

Weighted devices require a bit of creativity. First, you need to wear loose fitting trousers. Then you need to sit forward in your chair, almost at the edge, with one knee pointed down to allow gravity to work on the device. Obviously, you're not going to want to sit like that for as long as it's going to take to restore so you might want to look into one of those peculiar looking orthopedically correct chairs with no back and a padded rail for your knees ...or forget the weighted device and use an elastic tensioning device.

[\[back to TOP\]](#)

How many hours a day should I tug?

As far as I'm concerned, the jury is still out on this one. Opinions vary greatly and debate can be heated. When I first started restoring, tugging 24/7 was considered mandatory. Now the pendulum has swung to a more relaxed regimen of about 10–12/5. My personal experience has been that I achieved faster growth at 24/7, but I also experienced more minor skin tears and other irritations (problems which lead some restorers to take time out to heal. For more on this see: ***Some comments on materials used in restoration devices: Tapes — Tegaderm***)

Before he was hounded off the Restore List by some rather inane and insensitive comments, the doctor who came up with the Tegaderm and Theraband combination mentioned that some recent research he had read indicated that cyclical tension may in fact accelerate new skin growth. Unfortunately, he was — as I say — hounded off the list and we never learned exactly what “cyclical tension” meant... or if “we” did, “I” missed it. But I'm guessing that the cycles would be on the order of 5 or 10 minute intervals rather than a matter of hours.

As one man wrote, “Facts are simple, no tension, no growth. Time off is time wasted — fact. There may be psychological benefits in having tape holidays but not in skin growth. If people spent more time tugging and less time finding excuses there would be a hell of a lot more skin growth occurring.”

I wouldn't argue with the above. However, the term “wasted” only applies to the actual act of growing skin. Some guys think those psychological benefits are worth the delay of game penalty they pay in skin growth. So be it. It's their decision. And now it's your decision

[\[back to TOP\]](#)

Won't restoration cut down on spontaneous sex?

Unfortunately, yes, it may, if you're using any of the methods that require tape and you're following a gung-ho, forced march regimen of tugging. Most tapes simply can't be removed quickly or easily, Tegaderm being the only exception I'm aware of. This is another excellent argument for **NOT** tugging 24/7 but rather giving yourself some time off every day. This is a non-issue for men using tapeless tuggers or o-rings which can be removed quickly and easily. The good news is that **restoration will make such a difference in your sex life that a few missed opportunities along the way will soon be forgotten and fade into utter insignificance.**

[\[back to TOP\]](#)

How long does it take to restore?

That's sort of like asking how high is up? It depends on many things, not the least of which is where you're starting from, i.e. how much skin you already have. Were you tightly or loosely cut? Can you roll any skin onto your glans while you have an erection? If so, you were loosely cut. Or do you have an all-American clip-cock, tight as a drum when erect? Then there are other factors: your age; your own genetic make up; your personal restoration goals (how much skin you want to end up with); etc. If you're still young, you may be able to grow skin faster than we older guys can. Genetic make up will also influence how fast you can grow skin. Some guys simply grow skin faster than others. So, it really is almost impossible to say how long your restoration will take.

It seems to me that the guys with the greatest difference in flaccid versus erect length reported the fastest coverage gains. That sure seems to be the case for me: with an average flaccid length of about 2/3 my erect length, after 575 days I still didn't have reliable unassisted coverage. Some guys who have reported much more significant differences in flaccid and erect lengths have reported full coverage in as little as six months. So if I were going to formulate a thesis, it would be: Growers will achieve flaccid coverage faster than show-ers. But, I think there are just too many variables to allow any such thesis to be really useful today. It seems better to just say something like, "Get with it; stick with it; it eventually works; your mileage will vary."

With those caveats out of the way, most men take two to four years to reach their goal. It has taken me about two and a half years to get where I am today and I still want a little more skin.

Do some research and serious thinking, then set your goal. When you reach your goal, stop and get on with your life. If you keep moving the goal posts on yourself, you risk ending up obsessed with restoration and never really finishing.

[\[back to TOP\]](#)

When will this baggy skin I've been growing start staying over my glans?

From Leo Freyer:

"Not to sound flippant, but it will stay there when it gets long enough.

"My understanding of the anatomy is this: The genital skin including foreskin, penile sheath

skin, and scrotum all contain a thin layer of what is called dartos muscle. As I understand it dartos muscle is much different from normal muscle tissue. Normal muscle is composed of cells that are long and cylindrical shaped and which overlap similar to how your fingers would line up if you intermeshed them with the fingers of the opposite hand with all the finger tips lined up. When the muscle contracts the cells slide between one another causing the overall length to shorten. Like your fingers sliding between those of the opposing hand and filling the void between.

“The dartos muscle cells are small swirls and work in a circular fashion that constrict surrounding tissue. This causes the scrotum and penile covering to pucker up when exposed to cold and causes the fine wrinkles in genital skin when it gets chilly. It also causes the same skin area to constrict during sexual excitement.

“Plus, normal muscle is voluntary muscle [you can consciously make it contract] while dartos is involuntary [other stimulation like temperature instead of thought make it contract].

“There is a band of specialized tissue at the tip of the foreskin called the Frenar Band which acts as a preputial sphincter keeping the tip of the foreskin snugly closed. But the dartos muscle further back along the shaft skin will act the same way when a restored foreskin is pulled forward of the glans — only slower.

“I’m a nudist and have two friends who are intact. I’ve noticed when their foreskin is slid forward it immediately hugs the glans following its tapered contour. My restored foreskin will be baggy and loose when pulled forward but within a few minutes will pucker in and stay close to the glans.

“As new foreskin is grown the mucosal tissue begins to *go wet*. The mucosal tissue of the inner foreskin when in constant contact with the mucosal tissue of the glans [or not constantly exposed by being pulled back all the time] allows the transudate moisture that normally occurs with mucosal tissue to build up. It stays present instead of immediately evaporating or being rubbed off by contact with clothing. The mucosal excretions contain emollients as well as moisture. Its consistency is slightly tacky and works to hold the inner foreskin against the glans.

“It’s similar to pressing your finger tip on a bread crumb on a table and not being able to pick it up when the finger is dry. But licking your finger to moisten it with saliva will allow enough tackiness to pick up the bread crumb by pressing against it.

“So it is a combination of effects that help the newly growing foreskin to stay in place — a physically increased length, a build up of natural mucosal moisture, and I suspect a ‘memory’ of the foreskin to take the tapered shape of the glans.

“The concept of attaching T-tape at the Point Of Equilibrium (POE) is to apply equal tension to skin on both sides of the T-tape fold so the skin between the POE and sulcus [the line where the inner foreskin connects to the shaft at the edge of the glans] and the skin from POE along the shaft to the body are put under similar tension. Since the length of skin between POE and sulcus is shorter than the length of skin between POE and body there are fewer cells in the shorter section for new cells to grow between. So the skin between POE and the glans appears to grow slower simply because there are fewer cells in a smaller section of skin to generate new cells. This means that the mucosal tissue of the foreskin will appear to take a little longer to grow enough to fully cover the glans and provide increased mucosal area for moisture build up.

“And I think you are right. If there is a slight amount of tacky tape residue on the skin between the POE and glans it will add to the sticky effect and help hold the foreskin in place.”

One further point is that because we are missing the bits 'n' pieces (intact frenulum, frenar bands, etc.) that hold an intact man's foreskin forward and in place we will need a great deal more skin than *normal* to maintain reliable coverage... or content ourselves with other measures such as o-rings or tape tabs to keep the skin in place.

[\[back to TOP\]](#)

What is the “average” skin growth per month?

My average has been about 5 mm (about $\frac{3}{16}$ ") per month. YMMV This depends heavily on time on task, individual genetics, and who knows what all else.

[\[back to TOP\]](#)

Does the mucosal inner foreskin grow more slowly than the shaft skin? If so, why?

This has been the subject of lengthy debate on the Restore List. Some men are adamant that it grows more slowly than external epithelial skin because it is a different type of skin, often comparing the two types of skin to the cheek and lining of the mouth. Others insist that it grows at the same rate but because there is less of it to start out with it *appears* to grow more slowly. I personally find the second argument more intuitively reasonable because I know that injuries to the lining of my mouth heal at about the same rate, if not a little faster, than equivalent nicks and scrapes to other parts of my body. Moreover, my personal restoration experience indicates that the two types of skin *on my body* grew at about the same rate.

[\[back to TOP\]](#)

Isn't this just stretching the skin and not really growing new skin?

Yes and no.

Yes, it can only be a partial restoration. The original nerves and tissues are gone forever. However, my personal experience, as that of many men from whom I've heard, has been that the changes in sensitivity and self-image are dramatic. I discuss my experiences at length and in greater detail in my diary, so here I will simply write that the game is well worth the candle.

No, this is not “just stretching the skin.” Non-Surgical Restoration (NSR) is based on accepted medical practice. Doctors use the same technique in reconstructive surgeries such as breast reconstruction for women who have undergone mastectomy. While it is true that the skin is being stretched somewhat, the purpose of that stretching is not the stretching per se, but the result of it. By putting the skin under tension in such a manner, it encourages the growth of new skin cells, ultimately resulting in enough new skin to create a fauxskin. (As mentioned under *Why should I bother restoring?*, this is not truly a new foreskin because some irreplaceable bits and pieces are gone. Thus, I prefer the term fauxskin. Nevertheless, a fauxskin is imminently preferable to no skin.)

[\[back to TOP\]](#)

Why non-surgical? Isn't there a faster, surgical way?

There are several reasons I would emphatically recommend non-surgical restoration and equally emphatically discourage surgical restoration. As of now...

Surgical restoration:

- necessarily involves giving someone access to your penis with a sharp instrument — again! Once was more than enough for me.
- is very expensive — a conservative guess would be well in excess of US\$20,000 — and takes several months and multiple surgeries to accomplish.
- means the undamaged nerves in the penile shaft skin will be severed during surgery. Increased loss of sensation is a distinct probability.
- has been somewhat successful in a few cases and utterly disastrous in others.

What is a “successful” surgical restoration anyway? Is “success” measured in physical appearance only, or does it include functionality and sensation? Who’s assessment is it — the surgeon who completed the operation without killing the guy, or the patient who wants a functional sex organ? Even if a guy is lucky and has a medically “successful” surgical restoration, he is left with even more scars than he bears now and is out a fortune.

Non surgical restoration:

- is safe — no sharp, pointy things need get anywhere near your penis.
- is fairly inexpensive, but it too takes months — if not years — to accomplish, but the benefits start accruing shortly after beginning restoration.
- has been very successful in nearly every case with no reported disastrous results. (Lack of success is usually directly attributable to lack of determination and perseverance on the part of the restorer.)

Non surgical restoration, done carefully and properly, should leave no new scars. Any scars caused by NSR would be extremely minor, especially compared to surgical scars.

From Wayne Griffiths of the National Organization of Restoring Men:

SURGICAL FORESKIN REPLACEMENT

“The results of Dr Greer’s work, like some other doctors is only 60–70% successful. The cost seems to be prohibitive. Any where from 10 to 50 thousand dollars for full restoration procedures. It takes 3 or more surgeries to complete the procedure. First denuding of the shaft and insertion through the scrotal tissue. Six months later remove and closure. Then another six months later touch up surgery. Then it might be necessary to have electrolysis to remove unwanted hairs. Dr. Greer who is the pre-eminent surgeon in this field has recently recommend that tissue expansion by stretching is the most successful method of restoration and should be used by everyone who can.

“One fellow has recently gone through similar surgery by a LA doctor and the first graft sloughed off. Six months later another graft sloughed off. Now he is minus lots of skin and out over 10 thousands dollars. I have spoken with him recently and the doctor has been sued and is no longer able to practice medicine. He left this young man with a flap of skin and no

foreskin. He [the young man] is looking for some other physician to cut it off. He will have many scars and no one knows the end result.

“If he had started stretching and kept it up faithfully he would now have considerable extra skin, but he is minus quite a lot of skin and money. There is a list enclosed of doctors that we know of who are willing to do augmentation surgery, which does not remove skin, but contours the skin to keep it over the glans after stretching.

“The latest case of surgical restoration is a fellow in England who had the Pryor method used — sort of a scrotal wrap. It was done once and it went gangrenous. Then the doctor tried again. Again it went gangrenous necrosis and sloughed off. He now has a completely denuded corpus cavernosa, that is there is no shaft covering at all. He has filed suit and it settled out of court for £800,000. Needless to say he is devastated both physically and emotionally. Money doesn’t replace his manhood nor provide pleasure.

“Although we all want instant foreskins, it is just not possible. The surest, least intrusive and most successful method is skin expansion. It does not take any longer than the surgical techniques, but is 95% successful without any scars and no where as expensive.”

[\[back to TOP\]](#)

What about using vacuums or pumps to restore my foreskin?

Don’t. They won’t provide lasting results and in fact may cause serious permanent damage to your penis.

[\[back to TOP\]](#)

What do I say if someone sees my tugging device?

About three years ago, if someone had proposed publishing pictures of my penis anywhere, I would have swallowed my teeth. Now, they’re on the WWW — and I put them there myself! A couple of years ago, if a casual acquaintance or worse yet a stranger had known that I was restoring, I would have been completely mortified. That was then; this is now. Last year I showed one interested colleague my t-tape in place. I showed several other interested colleagues pictures of my restoration progress and method that I have on my PowerBook that I take with me to work. I’ve told anyone interested about the horrors of circumcision and the wonders of restoration. I suppose most men go through more or less the same metamorphosis so that eventually they are less inhibited about this project. So, if someone inadvertently sees your device and asks about it, take a deep breath, screw up your courage, and as calmly as possible tell him exactly what you are doing — “I’m restoring my birthright, my foreskin,” or “I was sexually mutilated as a child... [slight pause] someone cut off my foreskin. I’m in the process of recovering from that damage as much as possible.” If he asks any follow up questions, answer them truthfully and simply. Let him ask the questions at first. Don’t try to persuade him to restore until he indicates he’s ready to be persuaded. Keep some copies of information such as a list of books or web sites handy to give to anyone who shows interest. NORM has some 3x5 shirt pocket sized cards that are handy for this. Those who have ears to hear will listen. Don’t worry about the others.

...and a suggestion to keep this from happening.

With most methods, the likelihood of someone seeing your device is small because your modesty will probably send you to a toilet stall rather than use a public urinal. If you're using a weight method, such as Foreballs or a PUD, you can secure a thread or string to the device and attach it to your clothes with a safety pin so that if the device does come loose it won't fall to the floor. Or, you can simply take your chances and if it does fall to the floor, brazenly bend over, pick it up, and mutter something like, "Damn! I really do have to remember to fix that hole in my pocket."

[\[back to TOP\]](#)

What about urination while restoring? How is that accomplished?

First a word of caution: pee early and pee often... especially if you're using a tape method. It takes a few seconds to undo everything so that you can urinate and if you wait too long those can be rather anguished seconds.

One of my colleagues (who is also restoring) and I used to always bitch about the puddle below the urinal in the faculty men's room. He mentioned it again recently and I countered that I had now noticed that if one didn't scat back (retract the skin from over the glans) far enough, one contributed to the mess. We had a good "private" laugh about that. The other American at the table had a completely nonplused look on his face. An intact Welshman — who knows about my restoration — joined the laugh.

Now some specifics:

With almost any method, *with the possible exception of multiple o-rings*, your modesty will probably send you to a toilet stall rather than use a public urinal. The way I do it is, on the way in, rinse my hands. Once in the stall with the door closed, drop trou' including skivvies. Then disconnect the elastic strap from my t-tape, remove the rubber band from around the tape, and unfold the t-tape. Remove the packing. Scat back and then fold back the tape so it doesn't get wet. (Compared with folding the tape back and then scatting back I've found that this sequence also helps avoid pinches and ouchies to the skin at the point where the t-tape folds over the skin.) Urinate and milk my penis as dry as possible and blot with a bit of tissue. Until you learn how to control your stream again — trust me, it's different with a fauxskin —, you may want to sit down to urinate to avoid messes. Using the t-tape, pull the skin forward and insert packing. Then refold the tape, replace the rubber band, and reconnect to the elastic strap. Pull up my britches, flush, leave, rinse hands on the way out.

The process is essentially the same with the pill tube/film canister method except that you simply urinate through the tube or canister and then dry it with some tissue before reapplying tension.

Although the makers of the PUD claim that you can urinate through it, some men have reported that the results are less than satisfactory and that they have found it best to remove the PUD before taking care of business.

Foreballs must be removed so you have to loosen the retaining device or tape first and then reattached it when finished.

Same with a “tugger” only there’s no tape to deal with.

[\[back to TOP\]](#)

Does it hurt?

If done properly, there should be **NO** pain. In fact, pain indicates that something is wrong and needs to be changed ASAP. Weight or other tension applied will be a mixed bag at first, sometimes distracting, sometimes erogenous, sometimes exhilarating, but always exciting... and always frustrating because if reason and common sense prevailed we wouldn’t have to be doing this in the first place!

[\[back to TOP\]](#)

What about potential damage? Can I do any serious damage to myself?

This is closely related to *Does it hurt?*, above. If you follow the basic guidelines for NSR, then you should do yourself no harm. It *is* possible to use too much tension with many of the methods. However, long before you do yourself any serious harm, you will probably experience minor but painful skin tears that will tell you loud and clear to back off.

The concept of skin expansion which is the basis of NSR does not require a great deal of tension to accomplish its purpose. At the outset, about 250 grams (8 oz) of tension should be more than adequate. That amount of tension is hardly enough to do any damage to an adult penis. As more skin develops, it is possible and desirable to increase the amount of tension. However, common sense will tell you that if there is the least bit of pain, you should take immediate steps to correct the problem.

So while serious damage is theoretically possible it is very unlikely.

[\[back to TOP\]](#)

Some comments on materials used in restoration devices:

** Tapes*

Most any kind of surgical or similar tape will work well. One concern may be allergies to the tape. To check to see if you’re allergic to a particular brand of tape, simply place a small piece of the tape somewhere on your body. Some suggested places are your side, high inside your arm, and your hip — any place that is relatively hairless will do. Leave the tape in place for a day or so. If no itching, puffiness, or other sign of an allergic reaction develops, it’s probably safe for you to use that tape.

The differences in tapes are their physical characteristics. Some are rigid in both directions, some rigid in one direction but slightly stretchy in the other, and some are stretchy in both directions. Some are a woven cloth material while others are made of flexible material. Some are fairly expensive and others inexpensive.

A few tapes that guys report using:

3M Medipore

no information — I've never seen the stuff.

3M Micropore

Relatively inexpensive paper tape supposedly hypoallergenic. However, I am allergic to its adhesive. I also find the relative stiffness of paper tapes to be uncomfortable, especially on my penis.

Johnson & Johnson (J&J) Rejuveness

The Japanese equivalent, which I have used, is Nichiban Mesh Tape. Both are very soft and pliable cotton tapes with release paper backing that makes assembly of t-tapes a breeze. A little more expensive than Micropore and darn well worth it.

Hypafix

no information — I've never seen the stuff.

Mefix

Reportedly (I've never seen the stuff) a type of felted cloth tape, comfortable — maybe a bit more expensive than paper tapes but not much.

Tegaderm

The ultimate restoration tape! One of the several purposes Tegaderm was developed for, is to cover non-infected, non-draining wounds to allow them to heal without scarring. So, it's perfect for continued taping while recovering from sores and skin tears. I know. I've done it. Unfortunately, it's more expensive than Micropore and as another gentleman pointed out on the Restore List, it's amazing how much some guys will shell out for temporary pleasures (e.g. alcohol, tobacco, pizzas) while complaining about the cost of something that will improve the quality of the rest of their lives.

3M NexCare Advanced Holding Power cloth tape

no information — I've never seen the stuff.

J&J white waterproof tape

no information — I've never seen the stuff.

Duct Tape

I don't think I would want to use this stuff, too much residue, too stiff, etc.

Scotch Tape [cellophane]

This one's not for me for the same reasons as duct tape plus sharp edges may cause problems such as "paper" cuts, etc.

[\[back to TOP\]](#)

*** Places to buy tape include:**

- your local pharmacy or drug store
- large discount chains such as WalMart
- on the WWW at Grogan's: <http://www.grogans.com/restore.html> (for a group discount, be sure to mention "RESTORATION" in the special comment section of your order from Grogan's)

[\[back to TOP\]](#)

*** *How do I get the tape and its residue off?***

You remove the tape verrry carefully... or risk tearing your skin and that stings like fire! Trust me. Been there; done that. Actually, most kinds of tape should come off fairly easily when you shower or bathe. When you first get in the shower, make sure to get your tape thoroughly wet. Then apply some soap to the tape and let the whole thing soak while you finish your shower. The tape should then peel off fairly easily. Some guys report success with a similar procedure while they shave — first they wet and soap up the tape, then shave, then remove the tape while in the shower.

I live in Japan and take Japanese style baths which means first I wash then I get in the tub and soak in hot water for a while. I remove my tapes while I'm soaking.

I have only used Nichiban Mesh Tape (which is reportedly the same as J&J's Rejuveness) and Tegaderm and Theraband (T&T) in my restoration. These tapes leave no sticky residue. However, I understand that 3M Micropore and maybe one or two other brands of tape do leave residues, especially if left in place for extended periods (more than 24 hours.) Unfortunately, my personal experience gives me no first hand solution to the problem of removing tape residue. I understand that some guys use lotions, hand creams, or a commercially available product to remove tape residue. Some of those products:

- Tea Tree Oil
- Citrus Oil
- Fast Orange — a citrus-based hand cleaner
- De-Solv-It, Vegetable Oil
- PDI [Professional Disposables Inc.] Adhesive Tape Remover Pads

[\[back to TOP\]](#)

*** *Pill tube method***

You can find complete instructions for using this method on other sites on the WWW. Its name comes from its original main component, a kind of aluminum tube in which vitamins are sold in Australia. Both ends are cut off to form a tube. Thus the name Pill Tube. Because that particular kind of pill tube is not available in North America, all sorts of other things have been substituted. One of the most common substitutes is a 35 mm film canister. Others that come to mind are pvc pipe and gel grip bicycle handle bar grips. The skin of the penis is gently rolled onto the tube and secured in place with tape. Then tension is applied.

[\[back to TOP\]](#)

*** *Elastic tensioning materials***

The most commonly used tensioning material is an elastic strap with some sort of clip on either end. An easy way to get two straps is to buy the cheapest suspenders you can find — the kind with clips rather than button straps and especially look for the kind that are

held together in the back with a metal gizmo rather than the kind that are sewn together. By cutting the metal gizmo you can easily separate the two straps and, voilà, two adjustable restoration straps. The 3/4" to 1" wide dress suspenders reportedly work better than the 2"– 3" wide "lumberjack" suspenders. Clip design is a consideration too. Some of the alligator style clips have a row of saw toothed ridges around the edge. Some men say that these tend to be rough on clothing and sometimes slip off tape and that the metal clips with wide plastic rows of cog tooth shaped inserts grip better and are kinder to clothing. I personally prefer what I consider the greater holding power of the all metal clips. It's up to you. You may want to tape a small cotton pad over the adjusting clip to keep it from digging into your leg when tugging down or into your body when tugging up. You can make your own strap from some 1" wide elastic from the notions section of a department store or from a "sewing center" type store. You can also get suspender clips there, or you can use something like the clips used to hold on name tags (available in office supply stores).

Finally, there is Theraband. Theraband is used in physical rehabilitation/therapy work. It's a strip of latex about six inches wide (also comes in a tube form) and comes in rolls several yards long. The "red" strength of Theraband is recommended for Tegaderm and Theraband(T&T). The same piece can be used over and over as the Tegaderm can be peeled off fairly easily by stretching the Theraband. The original design of T&T called for using about 2' of Theraband for tensioning. I didn't like the stuff catching the hairs on my legs so I shortened the Theraband to about 4" – 6" and then used a strap made from a pair of suspenders. (See complete details elsewhere on this site.)

[\[back to TOP\]](#)

*** *Materials for weights***

Some men make their own weighted restoration devices rather than invest in a set of Foreballs or a PUD, etc. That's fine so long as you're careful to use appropriate materials such as surgical grade stainless steel. We all know that lead is easy to work with and heavy for its size. What we tend to overlook is that it is also toxic. Don't use lead without first coating it with something to keep your skin from coming into direct contact with it. One solution is a product called PlastiDip, if I remember correctly. It's the stuff you buy to dip the handles of tools such as pliers in.

[\[back to TOP\]](#)

*** *Materials for tapeless "tuggers"***

If you enjoy tinkering and want to make your own "tugger" be sure to use a pure silicone sealant, not the calking sealant which contains mildew inhibitors and other chemicals that are hazardous to the health of your best buddy. Silicone aquarium sealant has been recommended by guys who have made their own tuggers.

[\[back to TOP\]](#)

Are there any lotions or potions, vitamins or minerals I should use?

Lotions and Potions first:

I only used a skin moisturizer lotion on rare occasions. I keep Mentholatum brand AD cream on hand for an allergic reaction I get during cold weather, and so that is what I used on my penis for dry, flakey skin a few times. I personally saw little if any need for lotions, but some men use them and swear by them. I'll leave the decision up to you. Just remember that if you're using a taping method any residual oil left on your skin from the lotion may well cause early tape failure so be sure to wash thoroughly before taping up.

Vitamins and Minerals:

Dietitians and doctors tell us that if we're eating a well balanced diet we don't need vitamin or mineral supplements. That may well be true, but... I take a daily multivitamin (Centrum Silver) and when classes are in session and I'm out and about and in crowds, I also take supplemental vitamin C to reduce the severity of any colds I may catch. Other men are enthusiastic about all sorts of vitamins, minerals, and other supplements. If you are, too, fine. Use them. If you're using them at the recommended rate, they most likely won't do any harm and, who knows, they may even help.

[\[back to TOP\]](#)

How much tension should I use?

Start out light, say about 250 grams (8 oz) and, over the months, as you develop more skin and greater tolerance to the weight/tension, increase it up to about 500 grams (1 lb.)

My experience is that when using an elastic strap, weight/tension precision is hopeless to maintain. Either the strap slips or moves or what it's anchored to (sock, skivvies, etc.) does and the tension changes. If I adjust the tension while standing, as soon as I sit down it changes. As a teacher, I move around the class a lot and change from standing to sitting to squatting to bending over at the waist and back to standing constantly. So, I honestly wouldn't try to claim any one tension level. Anyway, recently there is some speculation based on reported research that irregular or intermittent tension is preferable to constant tension.

The human body is a dynamic constantly changing organism. Each is different in its own ways. Trying to impose a precise amount of weight/tension for a specific number of hours per day — just for the sake of hitting those numbers — not only presents a daunting challenge but seems contrary to good sense. I think it preferable to use the body's own built-in feedback systems to gauge the amount of tension, and duration of daily use, that is suitable for your own unique set of body circumstances. Use a weight/tension that is comfortable for you, and remove it periodically to allow the tissues stressed by tugging to recover. Even the most dedicated body builders and athletes put down the weights or take a break from stressing their body.

[\[back to TOP\]](#)

Where can I get a small tension measuring device to check the tension on my strap?

Your strap itself can be such a device. Attach a piece of string about 3" long (exact length doesn't matter) to your clip and tie an overhand knot near the end of it. In the U.S. one fluid ounce of water weighs 1 oz. Hang a lightweight plastic container from your strap and put 8 oz. of water in it. Using a fine waterproof marking pen, make a mark where the knot comes when you stretch the string back along the strap. Add 1 oz of water and make another mark. Do this repeatedly until you reach 16 oz. This covers the range of tension that you're likely to want to use. It helps if you label the 8 oz, 12 oz, and 16 oz. marks. When you want to check your tension, just stretch the string back along the strap and see where it comes on your scale.

[\[back to TOP\]](#)

How can I monitor my progress? How can I measure my skin growth?

I recommend three things: journals, pictures and measuring.

A journal or diary is a useful place to keep the other two recommendations as well as to note other things about your restoration experience. As the days become weeks and the weeks, months and the months, years, you can look back over your diary to more accurately evaluate your progress. It's also a good place to vent and blow off some of the steam of anger and frustration that frequently arises during restoration. While some of us have published at least sanitized versions of our diaries on the WWW, there is no requirement or expectation that that be done so you can make it as personal and explicit as you want.

Pictures — at least a “before” picture — are useful because as with most body changes skin growth is so slow as to be almost imperceptible. So you may think you're not making much progress but by comparing how you were a month, two months ago, etc., you'll be able to notice the differences. I made monthly pictures until I had achieved flaccid coverage. Then I stopped taking them. Some of them are posted elsewhere on this site.

Measuring — I recommend using Daniel Jarrett's measuring system. His system is: “you make a dot with a pen about halfway down your shaft [the center line of your t-tape can also serve this purpose] — you then measure the distance from this dot, when the skin is gently pulled taut (back towards the body) from the back of the corona at the top of the shaft, and write this measurement down. Next — again pull the skin gently taut — this time away from your body, and measure the distance from the base or abdominal wall where God stuck your penis on! :-)) to the dot. Now add these two measurements together and viola! — you have your shaft skin length.”

I also recommend measuring no more frequently than once a month or so. If you measure much more frequently, you probably will end up confused and frustrated because skin is so darned hard to measure accurately and consistently. If you keep a record of these measurements you will be able to track your progress clearly and you will be able to notice if you at any time reach a “plateau.”

[\[back to TOP\]](#)

What's a "plateau" and what should I do about one?

A plateau is just what it sounds like: when the line on your growth chart stops going up and levels off. I'm not sure exactly what causes plateaus, but I do know that changing something about your method, or changing your method entirely usually restarts growth. If all else fails, try taking a week or two break from tugging. That's been known to help also.

[\[back to TOP\]](#)

What can I expect? Will I really end up with a "normal" looking foreskin?

One of the initial appeals to me of Tegaderm and Theraband (T&T) was that it would help develop a nice taper. However, the means of developing that taper with T&T can easily be adapted to other t-tape methods. Simply slip a doubled small rubber band around the t-tape just in front of the point where your developing skin starts/stops before applying tension. That will hold the developing skin into a more tapered shape.

Reports from users of other methods (Pill Tube, etc.) indicate that they, too, develop an esthetically appealing taper. The key to this is probably as much genetic as anything. We have no way of knowing what our "factory installed" equipment would have looked like. While most natural (intact) men have foreskins that taper, reportedly some don't. You can work on training your Dartos muscle to close over your glans by using the rubber band method mentioned above and/or wearing an o-ring or tape-ring when you aren't tugging. If your Dartos muscle is genetically disposed to taper, it eventually will.

Three small "public victories" of sorts will help further answer this: (1) On a visit to my urologist, I wasn't taped and I had taken off the o-ring I wear as a "security blanket." My penis behaved like a real gentleman, and my doctor changed his drawing of me from mutilated to covered (YESSSS!) (2) Shortly after that, the doctor who was documenting my restoration said I now have a virtually normal penis — he's an intact Brit so should know. (YESSSS! YESSSS!) and (3) Then I went to see my orthopedist about a hip problem. He is aware of and supportive of my restoration; he, too, saw me as a complete clip-cock; and he supplied me with Tegaderm at his cost. While examining my hip, he couldn't help but notice my penis — I was just wearing boxers, a tee-shirt, socks, and an o-ring — and he remarked about how much beautiful [his word] progress I had made. (YESSSS! YESSSS! YESSSS!) I wonder if these gentlemen realize exactly how meaningful their support and encouragement is to me.

Early in my restoration I used a set of Foreballs with good results. There never was any trouble "inserting" either the smaller or the larger of the balls into my developing fauxskin. I'm now in what I consider the "finishing touches" stage of my restoration and I thought I'd give my ol' buddies, the Foreballs, a try after several months. Well, imagine my astonishment when I could not insert even the smaller of the two Foreballs without significant discomfort — not pain, mind you, but truly significant discomfort! The orifice of my new fauxskin simply did not want to accommodate that bearing that it had swallowed whole with room to spare a few short months ago. Also, my frenulum remnant did not want to allow the skin to be pushed so far away from my glans. And recently I've noticed that when I scat back for a pee my glans no longer sort of oozes out of its new foreskin, but rather it pops out only after a bit of gentle

pressure. Interestingly, during sexual arousal/activity, there is no problem. The foreskin retracts comfortably and then glides to and fro quite easily and sensually. YMMV, but I am very, VERY happy with the closure and tapering I've achieved.

[\[back to TOP\]](#)

What is keratinization or cornification?

The surface of the glans penis is not skin. It is extremely thin mucus membrane. The glans penis was never intended to be constantly exposed. It is designed to be an internal organ, to be soft and somewhat spongy even when erect. This keeps the nerves of the corona sensitive and it facilitates intercourse. However, circumcision removes the natural protection of the glans and it is thus exposed to constant abrasion from clothing and pubic hair as well as drying from the air. In reaction to those irritants, it develops layer upon layer of protective tissue from keratin (a tough, fibrous, insoluble protein). This process is also sometimes called cornification. While this new tissue protects the glans from abrasion and drying, it also "protects" the nerves of the corona from stimulation during sexual activity.

[\[back to TOP\]](#)

How long does it take, on average, for dekeratinization to begin to occur and to be complete?

This depends on several things. The two most important things seem to be (1) the amount of time your glans is in contact with your inner foreskin remnant and (2) how long if at all your glans is exposed. The less it's exposed as it was while you were circumcised and the longer it's in contact with your inner foreskin remnant, the faster it will start to "return" to normal. This whole process is also called "going wet" because of the newly developed mucosal quality of the skin and glans. Generally speaking, the process will begin almost as soon as you start restoring and your glans is protected. Some men who use t-tapes try to delay this process as long as possible by using various packing materials because obviously the moisture will affect the adherence of their tapes. This should not be a significant problem with the pill tube/film canister method. The tapeless tigger methods are relatively new so I don't really have very much information about this aspect of their use although I would expect dekeratinization to be fairly fast with them, provided the restorer uses an o-ring or tape ring to keep his glans protected while not tugging. So, assuming that you keep your glans covered one way or another most of the time once you have enough skin to do so, dekeratinization should be finished within at most a couple of months (remember, it starts almost as soon as you start restoring). This usually works out to within the first ten to twelve months.

[\[back to TOP\]](#)

What is this gliding mechanism or "the glide"?

"The interaction of the foreskin, penis shaft, and vaginal walls is passionate, sexual poetry in motion. The natural penis's coital 'glide-ride' gives both partners a thrilling lesson in sensual schooling they shall not soon forget..."

“...so below is a comparative example, which will help you understand the foreskin’s gliding mechanism.

“1. Take the first finger of your left hand and hold it in front of you horizontally, as if you were pointing to something to your right, but with your **knuckle skin facing up**.

“2. Next, take the fingertip of your right hand first finger and place it, flatly, on top of your left-finger’s center knuckle. In this example, your left finger represents the penis; its loose knuckle skin represents the extra skin on the natural penis shaft. Your right finger is the vaginal wall, and its fingertip is the vaginal opening.

“3. Now move your left finger (penis) forward and backward to the extent your knuckle skin allows. Notice that although the ‘penis’ is moving in and out, it is, however, actually **gliding** on its own skin. Because it is gliding on its extra skin, there is no friction to the ‘vaginal opening’ (right-hand fingertip).

“(IMPORTANT: Note also that because the penis shaft is able to move forward and backward within its own skin, the skin itself, relative to its position against the vaginal opening, virtually doesn’t move. **This allows the vaginal fluids to remain within the vagina because they are not dragged out with every stroke.**)” (O’Hara, 70-71)

Now compare the above with what happens with a circumcised penis:

“The circumcised erect penis usually has little or no slack skin on its shaft. As a result, it has no gliding mechanism, and during intercourse the tight-skinned penis and the vagina experience an abnormal degree of friction.

“Let’s go back to our finger comparison for a moment to see how this lack of shaft skin changes the feeling of intercourse...

“1. Connect your left knuckle skin and right fingertip as in the previous example.

“2. Next, turn your bottom finger over so that the undersides of both fingers are touching.

“3. Now slide your ‘penis’ finger back and forth 15 or 20 times. As you do, you will notice frictional discomfort because skin is rubbing against skin. This feeling of skin sliding against skin is entirely different from the comfortable gliding action you got on your knuckle skin in the previous example.

“With circumcised intercourse, there is **constant** friction. Vaginal lubrication helps to dampen friction somewhat, but with every outward stroke, the penis head (which is configured like a one-way valve) acts to pump lubrication out of the vagina and exposes it to the air, where it dries out due to evaporation. With constant friction and decreasing lubrication, at some point, intercourse will begin to feel discomforting for either or both partners.” (O’Hara, 74–75)

A “movie” of a gliding foreskin, “UnCircumcised/Intact Penis Demonstrating Rolling Motion of Foreskin Over Penis Glans,” can be found at:

<http://www.halcyon.com/elf/altsex/penis.html>

[\[back to TOP\]](#)

What about tugging and sleep? Is it safe to sleep with my restoration device attached?

If you’ve applied your t-tape or T&T while erect, yes, it’s perfectly safe to tug while sleeping. When I first started restoring, the accepted wisdom was that tugging 24/7 was important for fast results.

However, one caveat: Don't sleep with anything that is rigid or smaller in circumference or diameter than your erect penis attached to your penis. I did. Once. And I can tell you that an erection with a small o-ring in place is not a pretty picture unless you have LOTS of shaft skin... so don't go to sleep with one on until you've almost finished your restoration. I personally doubt that one would do very much irreparable damage to his penis given normal reactions/reaction times, and especially in comparison with what has already been done, BUT the experience is terrifying and let's face it, we've been traumatized enough by our initial circummutilation. We sure as hell don't need any more of that kind of crap comin' down on us! When this happened to me I was so terrified that I couldn't vocalize anything, not even a sob much less a scream. I thrashed around, threw the covers off the bed, and, sitting bolt upright, I dug and clawed at the "demon" until my penis was freed. Only then was I able to utter a sound and it came out as a garble of senseless sounds and sobs all of which really frightened "the bride" — not that I was Mr. Joe Cool at the moment either. But somehow or other, all of this may have been therapeutic... sort of like I was finally able to "defeat" and "throw off" the circumciser. Since that night I've felt a whole lot more in control of "my body," in fact experiencing it as "my" body, totally and completely, for the first time... ever!

[\[back to TOP\]](#)

Help! I have pubic hair half way out my shaft when I apply tension.

This is basically a beginner's problem in my experience. When I first started restoring, I too had pubic hair half way out my shaft when I applied tension — for that matter, it was the same when I had an erection... made using a condom a real challenge. Anyway, as new skin developed, I found my "hair line" receding until today there is hardly any hair on my shaft either while tugging or with an erection. Just another example of the damage done by circumcision and a benefit to be gained from restoration.

[\[back to TOP\]](#)

Help! When I'm tugging, my scrotum is pulled half way out my shaft.

This, too, is a beginner's problem just as with pubic hair. Be patient. As you develop more skin your scrotum will no longer be pulled so far forward. Assuming your goal to be full coverage while flaccid, as you get closer to attaining that goal, your scrotum will hang more and more naturally. If you're really, really hung up about this, look into using the Recap-EZ. Check the Bibliography – Suggestions for further reading for contact information. Above all, I absolutely do not recommend — I firmly discourage — the use of such things as "ball stretchers" to try to take care of this problem. They are at best hazardous to your testes; at worst, they **can** leave you a eunuch.

[\[click here for more information about the Recap-EZ\]](#)

[\[back to TOP\]](#)

Help! My tape keeps coming loose.

There are several causes for tape failure including oily skin, perspiration (sweat), Cowper's

glands fluid (pre-cum), and urine. And there is a solution for each.

If your tape releases because of natural skin oils even though you're practicing good, regular personal hygiene, try swabbing your penis with some tincture of benzoin or witch hazel before applying your tape.

Some guys report that they produce a lot of Cowper's glands fluid when they first start taping or off and on during the course of their restoration. The work around for this is simple: use some sort of absorbent packing inside the tape. Suggested materials are facial tissues — one or two folded/wadded into a "Hershey's Kiss" shape with a concave base to fit against your glans then placed against the glans inside the t-tape; or one man suggested using an "ob tampon" — remove the tampon from the insertion stick, sort of fluff it up with your fingers, then insert it as with the tissue above. If you produce lots of this fluid, you'll need to change your packing frequently; probably every time you urinate.

The above two solutions also help with urine. Remember the old grade school rhyme, "No matter how much you shake and dance, the last three drops go down your pants"? Well, those last three drops several times a day can cause premature tape failure. So learn to thoroughly milk you penis after urination to get out those last three drops. Blotting with a bit of tissue also helps. And then insert some absorbent packing as above before reapplying tension.

What about sweat? An open ended section of a sock, such as a tube sock or a baby's sock, slipped over your penis and tape before applying tension will protect your tape. Another solution that works when you are tugging "up", i.e. against your belly, is to fold a paper towel (I prefer Bounty brand) into half then half then half so that you have eight layers about 5.5" x 3" then place this pad between your belly and your penis and tape. You should change this pad as required throughout the day.

[\[back to TOP\]](#)

Is it possible to increase the size of my penis this way?

Some men, me included, have reported increases in penis size. Some report increased flaccid size; others report increased erect size. It's normal and important for part of the corpora cavernosa to be within the body, but circummutilation often removes too much skin which means that too much of the corpora is forced to remain inside the abdominal cavity. My personal theory on this is that as more skin is grown it allows the corpora that have been held partially inside your body to come out to where they should have been all along. Another theory is that the tension of tugging also stretches the suspensory tendons thus allowing the penis to lengthen itself. The trouble with that theory is that the increase in size — at least in my case — happened within the first three or four months of my restoration and since then there has been no further change. It seems to me that if the tendons were being stretched then to allow the increased size they would have continued to be stretched.

In any case, increased size is at best a mixed blessing. Most men are well within the "normal" range and don't really need a larger penis... especially when you consider that it just means they will have to grow that much more skin to reach their respective restoration goals.

[\[back to TOP\]](#)

Restoration Milestones

** getting started*

“A journey of a thousand leagues begins with a single step.” — Lao Tsu.

That single step is the most important. Congratulations! You're on your way to a new you. the fourth day of my restoration process I wrote the following in my diary:

“I have already noticed some change in the color and sensitivity of the glans (it's more red-pink rather than the former gray-purple). I'm really happy so far and feel very good about the prospects. I like how I feel about myself and I like how my penis feels. I already feel more whole, more complete somehow.”

[\[back to TOP\]](#)

** wrinkles*

In hardly any time at all you'll begin to notice more wrinkles in your shaft skin when your penis is flaccid. While exciting and encouraging, these may well not reflect new skin. During the first days of restoration it seems that the skin sort of stretches in the same way that crepe paper will stretch. Once that elasticity is stretched out, new skin growth will begin in earnest. This is sometimes called the Shar Pei look.

[\[back to TOP\]](#)

** roll-over*

Hardly anything is more exciting than the first time your newly developing fauxskin rolls over the corona of your glans voluntarily, all by itself. Sometimes, once a man's progress reaches this stage, his progress to completion is really fast.

[\[back to TOP\]](#)

** your first glide (sex starts getting better)*

A couple of years ago, a man named Mel and his wife were expecting the birth of a son. Mel was circumcised and naturally wanted his son to look like him. So he made a very rational decision and restored his own foreskin. He posted the following to the Restore List about his first experience of the glide.

Hello...

i posted the other day about how i experienced GLIDING ACTION, for the first time, while making love with my wife...

I had mentioned HOW GREAT THIS WAS!! and that i wanted to provide a little more detail if anyone was interested... well, a few of you posted back to me... and i lost your individual e-mails... so i thought that i would just post it to the group... it really is not that bad (in terms of graphic details)... but i thought that i would give this gentle warning so that you could delete... before you read too much... if you did not want to read too much...

OK... so you are still here...

Details...

I really had not intended on any of this happening... it all just happened almost instinctively...

my wife and i were BEING TOGETHER... having some foreplay (btw — she knows i'm telling you this)... anyway... when we were ready to take it to the next level... i gathered up the foreskin that i do have... pinched it on the bottom in front of the glans (to make it as tight as possible)... and slowly circled myself around the outside of her... trying to distribute some natural lubricant... anyway... after a minute or two (not sure how long) of this, we were ready for me to come in... i still held what i had in front of my glans... and kinda used my fingers to shove my foreskin into her (not my penis yet)... this was not too easy... it is not like i have a foot long foreskin or anything... but i did manage to get some in before i inserted my penis... well, once my penis was in... it just kind'a POPPED into her all the way, right past the foreskin... THIS FELT JUST WONDERFUL!! then, as i was thrusting, i noticed that i could withdraw really far, with my foreskin still being caught (kind'a — not sure how... not sure why... did not really care)... this allowed me to basically protect my glans from the great feeling of being inside her... and allowed me a place to go to cool down when i got too close to the edge... actually, pulling myself out... during our intercourse was just wonderful... i could feel the tension on my foreskin, as i pulled out... then, when i went to thrust back in... i POPPED out again... MAN THIS WAS GREAT!!!... i could really feel my skin popping over the back edge of my glans... this never happened before... AND LET ME TELL YOU!! MY WIFE ALSO LOVED IT!!

she said that she could feel this skin moving... that i felt wonderful, too...

this was a couple of days ago... we have not had intercourse since this... i hope to GOD that this was not a one time event... so i'm going to be trying this again next time...

the orgasm i had was just FANTASTIC!! it felt so wonderful to be able to be inside her... but yet, be protected from excess stimulation by pulling out slightly and slipping back inside my foreskin...

although i am so glad i'm restoring my foreskin... with each GREAT experience comes a sad thought... which is the following... "Oh, you mean that if my parents did not have me circled ALL OF MY ORGASMS THROUGHOUT MY ENTIRE LIFE WOULD HAVE FELT THIS GOOD??!!"

i know that we can not dwell on the past... but it just drives me crazy to think of all that i have missed... all that i have lost... and all that i will never really have...

anyway... i hope you guys did not find this offensive... i just thought that some might find it useful...

take care...

mel

and my diary note from day 226:

"I can really feel a big difference during sex now, too. I don't get roll-over but I can

definitely feel my penis move within its own skin and have learned to really enjoy gentle thrusting — actually more rocking than thrusting — during copulation. The bride enjoys that more, too. And, I have less trouble maintaining an erection now. For the past several years — since about age 50 — sometimes I would simply wear out before I could climax. The old fashioned frantic thrusting only happens at climax when I sort of lose control, I guess. Copulation is no longer work but the pleasure it was meant to be!”

[\[back to TOP\]](#)

* *coverage*

Like the Little Engine That Could, you knew you could, you knew you could, you knew you could! YESSSS!

[\[back to TOP\]](#)

* *puckering or taper*

A quote from correspondence with another restorer:

“The open end of a restored skin will often remain until you have a fair bit of overhang, maybe an o ring would help closure slightly, but I say keep [tugging], forget the o ring and get that extra skin needed sooner. I found my skin closed over very tightly within a few minutes of removing tape. It was so tight it actually depressed the glans.”

[\[back to TOP\]](#)

* *your first “piss wash”*

From Paul Russo’s restoration diary:

“I cried today. I went snowboarding at midnight on the full moon with some friends. Well, it was almost a full moon. It was cold down in the trees, warmer than at the top of the mountain with all the wind, but it was still very cold. I had to pee. It can be a difficult thing to do with all the layers of clothing. I never restore while snowboarding because it makes it even more difficult to pee than usual. I pulled out my penis past all these many layers of clothes. The new, short foreskin was a convenient kind of handle. Pulled like this, the skin covered the head completely, just like a real foreskin would. When I started to pee I felt something that I had never felt before, something intact guys probably feel every day. I felt the warmth of the urine fill the space under the skin for an instant, just before shooting out of the opening. I was overwhelmed by a sense of loss. I don’t know what else to say.”

[\[back to TOP\]](#)

* *fooling the doctor*

On day 248 of my restoration, I had an appointment with my urologist to get a

testosterone shot. While I was there, he examined my penis, too. “When he drew his diagram of it in my record, he drew my penis as **decircumcised** for the first time! That is a sort of milestone and makes me feel good about my — to my eyes, limited — progress to date.”

[\[back to TOP\]](#)

Psychological implications of the restoration process

** Recognizing the harm that was done*

“...now that the problems caused by circumcision are being brought into the open, isn't it better to be aware of the problem and to know that there is something you can do to correct your situation? Isn't it better to face up to this situation now...”

“After overcoming your initial denial and conceding that there is a problem, you will be glad you have finally found the root of the problem. You'll begin to feel happy about growing a little ‘jacket’ for your most prized possession. You deserve it, and so does she.” (O'Hara, 50)

[\[back to TOP\]](#)

** Accepting the situation and moving on*

“Once you've gotten over your denial, and your subconscious ‘tells’ your conscious mind that something really is missing, it will be a time for grieving. But after a time, you must let yourself get over it, because you **can** restore your foreskin. Everything isn't as bleak as it might now seem, for restoring your foreskin and giving real sexual satisfaction to your female partner, while you, yourself, experience new levels of pleasure beyond your highest expectations, is the best thing that's ever going to happen to you in this lifetime.” (O'Hara, 50)

[\[back to TOP\]](#)

** Emerging sense of wholeness and well-being*

From the final entry in my restoration diary:

“Maybe all of this difference is in my mind. I don't believe it to be so, but maybe it is. So what? At least 90% of the pleasure of sex is in the mind anyway, I'm told. At any rate, I'm ecstatic! I love my new penis. In locker room or public bath situations I'm no longer mortified to be seen naked. In those situations now, as I've written before, I feel naked but not exposed. I used to half jokingly say my physique was like an olive on toothpicks: skinny arms and bird legs with a fat belly. Now I'm much less sensitive about my less than Adonis like body. Perhaps this is a result of no longer living in a youth worshipping culture. Maybe it's because I've matured some. More likely it's because I am more comfortable with my body **since I took charge of it**—and restored my foreskin—for I surely am that: more comfortable with my body. I now really like my body. In fact, I'm rather proud of it, especially my “new” penis—even when I'm wearing an o-ring.

“After I started restoring, I would occasionally have bouts of anger and rage that would

leave me depressed. But to be honest, the excitement of the project and the support I've gotten from my wife, a couple of colleagues, and three doctors here [in Japan] has kept me going and kept my spirits up. The last note in my diary about more than passing depression or anger was on day 250. I wrote that I had been depressed for a couple of days about lack of progress.

Thinking back now, I realize that there is a tremendous difference in the depression I felt on those days and the deep dark misery I would go through before. This depression inspired me to action whereas the other left me despondent. When I realized one morning well over a year ago that I hadn't really been truly depressed for over a year, I just promised myself to keep it that way. Somehow or another I've managed to keep that promise. Maybe, in the final analysis, my earlier bouts of depression weren't truly "clinical" depression even though several psychiatrists and psychologists said they were. Whatever the decision, I am greatly relieved to not have it to deal with anymore. I really believe that the depression is gone completely.

"This enhanced self-image by itself is enough for me to encourage a circumcised man to embark on restoration but there's more. I have never felt so much a man. Not when at war (I'm a decorated Vietnam veteran), not when my son was born, nor at any other time. Now that I more closely resemble the vast majority of men in the world, I feel more like one of them and more "at one" with them. I see the beauty and power in the men of all ages around me and I rejoice in it and in them. I am proud to be one of them."

[\[back to TOP\]](#)

At what point can I say I have a foreskin — that I'm decircumcised?

It's entirely up to you. It's your penis. It's your fauxskin. It's your call.

There apparently is almost as much variation among "normal" — intact — foreskins as there is among the men sporting them. So, you be the judge. If you're like me, somebody else judged for you one time a long time ago and judged terribly wrong. Now it's our turn.

A restored man will need more skin than an intact man to insure reliable coverage because the frenulum has been severed and can't hold the prepuce forward as it does on intact men. Casual observations in locker rooms, etc., have told me that I now have at least as much skin as the average intact guy. But the coverage is still entirely unreliable... and the glans always pops out at the most inconvenient time possible.

[\[back to TOP\]](#)

Care and Feeding of Your New Foreskin:

How should I clean my new foreskin?

As you shower, wash the outside in the normal manner. But the inside is an entirely different matter. A simple rinse with fresh, warm water is sufficient. In fact, you should not use any soap on your newly resensitized glans and inner foreskin just as you would not consider washing your mouth or eyes with regular soap. It will upset the natural pH balance and it will dry out the normally mucosal tissue.

An emergency cleansing method is known as a "piss wash." You simply keep the fauxskin forward when you urinate and allow the urine to swirl around inside and flush out the

fauxskin. (Someone posted to the Restore List that this was recommended by knowledgeable military physicians during one of the World Wars to the troops when they were in the field and water was scarce.)

[\[back to TOP\]](#)

I've heard intact penises smell. Will I develop an aroma?

Yes and there's not a thing in the world wrong with it! It's normal. It's natural. It's healthy. As with the rest of your body, as long as you're following normal, regular personal hygiene as in *How should I clean my new foreskin?* above, the odor should remain mild and inoffensive.

[\[back to TOP\]](#)

Using baby powder or talc or other "fresheners"

Not necessary at all and most assuredly should not be applied to the glans or inside your new fauxskin. Would you put any of those things in your eye? Of course not. And the reasons are obvious. Well, pretty much the same reasons apply to your new fauxskin. A simple daily fresh water rinse will keep you fresh as a daisy.

[\[back to TOP\]](#)

What about smegma?

There's not a thing in the world wrong with it! It's normal. It's natural. It's healthy. Every human, male and female, produces it. A simple daily fresh water rinse will keep you fresh as a spring breeze.

[\[back to TOP\]](#)

On forgiving whoever had you circumcised and whoever actually did it:

Forgiving others is indeed one of the most difficult things to learn to do in life. Harboring hatred and resentment is among the easiest. And yet every hate and every resentment kept is like a stone around the neck or in the belly. The accumulated weight eventually crushes the bearer. Perhaps the most difficult thing of all is to learn to forgive oneself. It's a lot like love: if you don't love yourself, how can you love anyone else? If you can't forgive yourself, how can you truly forgive others? Properly used, forgiveness is one of the most generous, most salubrious, most powerful gifts in the world; abused, it is one of the most hypocritical and deadly. On the one hand we are taught [New Testament] that to forgive is divine; on the other [Old Testament], we are taught that to forgive one's enemies is to heap burning coals on their heads. Thus the difficulty in learning to forgive. Forgiving to "heap burning coals on one's enemies' heads" is not true forgiveness — it's vindictive, petty. Forgiveness to "earn points" with one's God is not true forgiveness — it's hypocritical and self-serving. Implicit in forgiveness is a recognition that I, too, am far from perfect and therefore in need of forgiveness. Forgiveness must be absolute and all encompassing, no conditions are allowed, no quid pro quos. Sometimes it's best to leave the formal forgiving unarticulated, for hardly

anything sounds so pompous as, “I forgive you.” Forgiveness is often best demonstrated by deeds and left unspoken. Forgiveness to become “at one” and “at peace” with oneself, and/or one’s neighbor, and/or one’s God is true forgiveness... at least that’s the way I’ve come to understand it over the past five — almost six — decades. It’s damnably hard to do, but, man, is it ever worth it! ...and I’ve found that it beats the socks off harboring resentments and hatred!

[\[back to TOP\]](#)

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[\[back to top of FAQs\]](#)

Organizations:

Circumcision Information and Resource Page (CIRP), <http://www.cirp.org/>

Doctors Opposing Circumcision (DOC), <http://faculty.washington.edu/gcd/>

National Organization of Restoring Men (NORM), <http://www.norm.org/>

National Organization of Circumcision Information Resource Centers (NOCIRC),
<http://nocirc.org/index.html#directory>

National Organization to Halt the Routine Mutilation of Males (NOHARMM),
<http://www.noharmm.org/home.htm>

NORM-UK, <http://www.norm-uk.co.uk/psycheff.htm>

For information about:

• *Dile*, <http://members.aol.com/dileinsert/page/index.html>

• *Homemade tuggers*, <http://www.uncutentertainment.net/tuggersite/>

• *PUD*, <http://www.abody.com/>

¹ The author, Jim Bigelow, has the remaining copies available for sale.

NOTICE to webmasters: Refer all sales to Jim Bigelow at UNCIRC and note that the tax for CA and shipping costs have changed. the book price is still \$19.95.

The address is still P.O. Box 52138, Pacific Grove, CA, U.S.A. 93950.

Tax for CA residents is now 7% from Monterey County. = \$1.39.

Shipping and handling is as follows:

- book rate \$2.50
- Priority mail \$4.50
- Foreign surface \$5.00
- Foreign air mail \$11.00

NORM has a few copies, and can be paid through www.paypal.com

- *Recap EZ*, <http://restoringbranden.com/recap.html> **and** recap_ez@hotmail.com
- *t-tape Book*, <http://www.teleport.com/~curt/ttape/tbook.html>
- *The SIR, DILE-X, and the AFT Tape*,
<http://www.geocities.com/superchicken65/PPjournal.html>
- *Tegaderm and Theraband*, <http://homepage.mac.com/rmpayne/>
[\[back to TOP of this section\]](#)

Restoration Diaries:

Paul Russo

<http://net.indra.com/~shredder/restore/index.html>

Don Kettle

<http://www.oil.ca/~dkettle/jrnlframe.htm>

Dan's Foreskin Restoration Journal

<http://www.geocities.com/superchicken65/PPjournal.html>

Roy M. Payne,

<http://homepage.mac.com/rmpayne/>

[\[back to TOP of this section\]](#)

Anatomy and General Information:

DMOZ'S Open Directory Project [ODP] Foreskin restoration web sites.

http://dmoz.org/Health/Men%27s_Health/Foreskin_Restoration/Restoration_Diaries/

Principles of Foreskin Restoration,

<http://www.infocirc.org/rest-e.htm>

Foreskin Restoration Page,

<http://www.eskimo.com/~gburlin/restore/>

Restoration advice — The Stretching Procedure

<http://www.eskimo.com/~gburlin/restore/uncirc.txt>

Restoration Biomechanics,

<http://www.gold.com.br/~rncosta/tugmech.html>

Chymmyl's Foreskin Restoration Resource

[contains the contents of Derrick Townsend's award winning site]

<http://www.themenscenter.com/foreskin>

The Sexual Anatomy of Men,

<http://www.halcyon.com/elf/altsex/penis.html>

Male Sexual Anatomy,

<http://www.geocities.com/Wellesley/1889/maleana.html>

Male Sexual Anatomy (Paul Russo's site),

<http://net.indra.com/~shredder/intact/anatomy/>

The-penis.com,

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http://www.fortunecity.co.uk/village/loverslane/178/docs/penis_resources.htm
Foreskin Restoration mailing list discussion forum [Restore List]
<http://www.eskimo.com/~gburlin/restore/rest.html>
<http://www.infocirc.org/rest-e.htm>
[scroll down to "Mailing List"] [note: These are both the same list — just two different web sites that tell about it] [DO NOT be embarrassed about asking questions on Restore List — that is what the list is for — sharing information. The only inappropriate question is the one that is NOT asked.]
Restore List Archive and FAQ [contains insightful info and is a good resource — has not been kept current due to health problems]
<http://www.oil.ca/~dkettle/rstr/archivefaq.htm>

AMA Report on Neo Natal Circumcision,
<http://www.ama-assn.org/ama/pub/article/2036-2511.html>

Similarities in Attitudes and Misconceptions toward Infant Male Circumcision in North America and Ritual Female Genital Mutilation in Africa. By Hanny Lightfoot-Klein,
<http://www.fgmnetwork.org/intro/mgmfgm.html>

[\[back to TOP of this section\]](#)

Brief Glossary

adhesion: the joining together, by fibrous tissue, of bodily parts or tissues; in this case, as a result of circumcision, of the glans penis to the skin on the shaft of the penis

circumcision scar: the circumferential scar tissue at the point at which the prepuce was severed from the penis at circumcision.

cognitive dissonance: psychological discomfort resulting from some belief long held to be true being shown to be false, wrong or inaccurate.

controlled experimental evidence: I use this term to mean evidence which results from research designed and conducted so that it meets basic criteria for sound, reliable statistical analysis. Examples of things which cast immediate doubt on nearly any research report are: reliance on unanalyzed self-reporting and use of anecdotal evidence. (For a complete discussion of this subject, one source to consult is *The Research Manual* by Hatch and Lazaraton.)

corona: The prominent elevated rim which is the base of the glans penis.

corpora cavernosa: (lit: cavernous bodies) Vascular (blood vessel) spaces in the erectile bodies of the clitoris and penis that trap blood during sexual arousal causing these bodies to enlarge and to erect.

Cowper's glands: a pair of small glands with ducts opening into the male urethra; during sexual excitement they secrete a mucous substance colloquially called pre-cum.

flaccid: Weak; lax; soft, e.g. an unerect penis — remember, as with all other words in English with a double “c” in them, the preferred pronunciation is a “ks” sound: [flaksid] not [flasid]

foreskin: The prepuce. The loose retractable skin sheath at the end of the natural penis or clitoris. In the male, the area of the penis where the majority of the sexually sensitive nerves are concentrated. The *erogenous tissue* of the penis.

frenulum: The cord-like structure on the under (ventral) side of the glans penis that connects the glans to the foreskin (similar to the structure at the base of the human tongue).

glans penis: The distal end, or terminal rounded end of the penis. Often called its head.

histological: of or pertaining to the branch of biology concerned with the microscopic study of the structure of tissues; the tissue structure of an organism or part, as revealed by microscopic study.

impotence: the inability to get an erection or to maintain it long enough to accomplish coitus.

inner foreskin: the inner foreskin is not epithelial skin but mucosa not unlike the inside of the eyelid. The skin remaining between a man's circumcision scar and his sulcus is usually inner foreskin.

libido: the sexual urge or instinct; horniness

meatus: A passage or opening; especially the orifice (opening) of the end of the male's urethra.

non-surgical restoration (NSR): using skin expansion techniques to develop a foreskin following genital mutilation.

pre-cum: The secretion of the Cowper's glands; Cowper's glands fluid.

prepuce: the foreskin

preputial: of or pertaining to the foreskin

restore/restoration: used in this text to mean the development of a foreskin replacement following genital mutilation.

scrotum: the pouch of skin holding the testicles.

shaft: the part of a penis from the man's mons pubis (belly) to his sulcus.

shaft skin: the skin covering the shaft of a penis. It is only attached to the penis at the ends, not along the length of the shaft. It is intended to allow the penis to gently thrust within itself.

skin bridge: similar to an adhesion except that there is a gap between the shaft and the fibrous tissue of the bridge. Some bridges are large enough to accept the insertion of a pencil.

sulcus: the groove at the base of the glans penis where the corona joins the shaft.

tug/tugging: a slang term for non-surgical foreskin restoration, i.e. using skin expansion techniques to restore a foreskin.

[\[back to TOP of FAQs\]](#)

Info for the new guys

✧ Restoration methods ✧

[and other stuff]

Version 5 — replace older copies with this version [Note: The version number increases as I add stuff to the list.]

Leo Freyer

Most guys interested in non-surgical foreskin restoration, but new to the subject, are often bewildered by the various methods, techniques, devices and terminology used in foreskin restoration. I put together this list to help describe [in one place] many of the methods, devices and materials used — and included a few pointers. It is not a complete list by any means — just those that I know about, or can remember. I hope it provides a convenient overview for the new guys. Welcome to the world of Tugging!

Many of the devices listed here are pictured or described on web sites listed in this online directory: http://dmoz.org/Health/Men%27s_Health/Procedures/Foreskin_Restoration/ [individual links from the directory are listed below with each device/method]

Additional information:

Book - *The Joy of Uncircumcising* [currently out of print but some copies are still available] [check your library - many have it] <http://www.norm.org/joy.html>

Video - Restoration in Focus <http://www.noharrrm.org/focus.htm>

The Restoration Mailing List RESTORATION ARCHIVE AND F.A.Q.

<http://www.oil.ca/~dkettle/rstr2/archivefaq.htm#TOP>

• Note: Web site addresses change frequently. Version one of this e-mail was originally posted to Restore-List 23 Jan 2001. All URL's herein were current and active as of that date.

Happy tugging! Leo

— *Restoration methods* —

Manual tugging — grasping the skin with the fingers and manually tugging on it. [there are other manual tugging methods in addition to the one shown here — experiment to find what suits you] <http://www.restoringbranden.com/manual.html>

Tape methods:

Cross tape — Pulling the skin forward of the glans enough to put a strip of tape across the end of the penis — can be a single strip of tape or two strips in an X shape.

<http://adult.eskimo.com/~gburlin/restore/image.html>

Tape ring — Pulling the skin forward of the glans and placing a ring of tape around just snug enough to keep the skin from gliding back past the glans on its own. Can also be made from a narrow piece of elastic sewn together to form a small band.

<http://adult.eskimo.com/~gburlin/restore/image.html>

T-tape — Two strips of tape attached lengthways that form the shape of a T when viewed from the end. The leg of the T has the adhesive sides stuck to each other. The top of the T has the adhesive side facing out so it can be applied around the penile shaft. For application an erection is required so the tape will not later form a constrictive circle smaller than the shaft and cut off circulation. For application, the leg of the T is folded over flat against one side of the top of the T so the tape can form a ring around the penis. The seam of the T-tape is placed at or near the POE (Point Of Equilibrium — where the skin on both sides of the T-tape seam can be pulled with equal tension). Once applied, the leg of the T is gathered forward and attached to the tensioning mechanism — generally a homemade elastic or suspender strap.

<http://www.teleport.com/~curt/ttape/tbook.html> POE Video

<http://www.oil.ca/~dkettle/poevid.htm>

J-tape — This is similar to T-tape but with a different configuration for making and applying the tape. Pieces of tape are applied in individual segments around the circumference of the penis instead of a single strip as the T-tape does.

<http://www.oil.ca/~dkettle/rstr2/archivefaq.htm#J-TAPE>

G-tape — A modified version of a T-tape which applies more tension to the dorsal [top] skin of the penis. <http://geocities.com/kotuggin>

T 'n' T [Tegaderm and Theraband] — Tegaderm is a brand of flexible tape. Theraband is stretchable rubber material frequently used in medical or exercise applications. It comes in either band or tubing styles and of various thicknesses for different tensions and is color coded in eight levels of resistance. The tape and rubber can be combined to make a restoration device. Most guys use one of the two lighter weights of Theraband color coded yellow and red.

<http://www.oil.ca/~dkettle/rstr2/archivefaq.htm#TEGADERM%20&%20THERA-BAND%20ELASTIC%20ST>

<http://homepage.mac.com/rmpayne/resources.html>

<http://www.thera-band.com/resistive.html> <http://www.stretchwell.com/>

<http://www.kasenterprises.com/theraband.html>

<http://www.backworld.ca/physio.theraband.html#4>

AFT — Adjustable Frenar Tape A taping method that uses a draw string closure to retain various internal packing devices. <http://www.geocities.com/superchicken65/DILE-X.html>

Tape brands:

<http://www.oil.ca/~dkettle/rstr2/archivefaq.htm#TAPE>

[Most guys use one of the medical tapes]

The differences in tapes are their physical charastics. Some are rigid in both directions, some rigid in one direction but slightly stretchy in the other, and some are stretchy in both directions. Some are a woven cloth material while others are made of flexible material. Some are fairly expensive and others inexpensive.

3M Medipore

3M Micropore

Mefix

Hypafix

Rejuveness

Tegaderm

3M NexCare Advanced Holding Power cloth tape

Johnson and Johnson white waterproof tape

Duct Tape

Scotch Tape [cellophane]

Tape removal: <http://www.oil.ca/~dkettle/rstr2/archivefaq.htm#TAPE%20REMOVAL>

Soap and Warm Water

Tea Tree Oil

Citrus Oil

Fast Orange — a citrus-based hand cleaner

De-Solv-It

Vegetable Oil

PDI [Professional Disposables Inc.] Adhesive Tape Remover Pads [Cat. No. B16400]

<http://www.pdipdi.com/Docs/special.htm#ad>

Adhesive helper:

Tincture of benzoin [also know as Friar's balsam]

Used around a wound (not on or in it) prior to applying a bandage or dressing to improve adhesion. Let it dry for about 30 seconds and the Benzoin's stickiness will help keep closure strips and other dressings in place better. [often found in first aid kits]

Info from bottle label: Forms a coating over a wound. For protecting recurring canker sores.

Tincture - definition http://www.healthlink.com.au/nat_lib/htm-data/htm-def/def216.htm

King's American Dispensatory http://www.ibiblio.org/herbmed/eclectic/kings/styrax-benz_tinc.html

Rings: <http://www.oil.ca/~dkettle/rstr2/archivefaq.htm#O%20RINGS%20>

O-ring — commercial — Standard off-the-shelf items, usually available in hardware and automotive stores. A ring of rubber, silicone, neoprene, or similar material with a circular cross section - like a piece of spaghetti formed into a ring. The skin is pulled forward of the glans and inserted through the O-ring. A combination of backward tension from the skin and forward pressure from the penile shaft holds it in place. Multiple O-rings are often worn in various sizes and configurations when the skin tube is long enough to accommodate them. <http://adult.eskimo.com/~gburlin/restore/techs.html>

Cut-Uncut — Basically a set of different sized silicone O-rings similar to what you could buy at a hardware or automotive store.

O-ring — homemade — A ring, generally made of silicone, with a square, rectangular or oval cross section. Worn in the same way as a commercial O-ring.

Sleeve — homemade — Same as a homemade O-ring but is much wider than it is thick. Worn in the same fashion as O-rings. Frequently made from silicone. Some are made by imbedding O-rings in the silicone as stiffeners — make the sleeve half thickness and let cure, then place O-rings over the sleeve and apply second layer of silicone.

Elastic ring — a small rubber-band shape made by sewing a piece of elastic into a ring. The elastic is usually 1/4 to 1/2 wide. Used in the same manner as an O-ring, sleeve, or tape ring.

Silicone:

The silicone used to make home-made O-rings and sleeves is pure silicone or aquarium grade

silicone. It usually comes in tubes like caulking. Most caulking materials contain ingredients that kill mold or mildew. These ingredients can cause allergic reactions when placed on the skin. Aquarium silicone must not contain anything that could leach out of the silicone and get into the water and harm the fish, so it is pure silicone or 100% silicone with nothing else in it. Pure silicone is also found along with caulking materials in the hardware store. You just have to read the labels carefully to make sure there are no additives.

Weights:

Foreballs — Custom made commercial weight in the shape of a figure eight or dumbbell - foreskin is pulled over one end and taped in place. <http://www.noharrrm.org/foreballs.htm>

PUD — [Penis Uncircumcising Device] — Custom made commercial weight in the general shape of a solid cylinder, bullet, or penis with the attachment end hollowed out to accommodate the glans. Skin is pulled over one end and taped in place.

<http://www.abody.com/foreskin.html> <http://adult.eskimo.com/~gburlin/restore/pud.html>

Homemade — Of any style, shape and material the maker desires - generally made of steel or lead - usually covered with skin-safe non-toxic coating.

<http://www.themenscenter.com/foreskin/methods/weightedcone/>

Snap-On T-tape weight — homemade — Uses the lid and top of a plastic Ibuprofen bottle to attach a D-size battery or similar weight to the end of a T-tape.

http://www.geocities.com/don_touch_me/index.html

QBMan's T-tape Weight — A homemade weight made from a stack of washers held together by a bolt. Attachment is via a nylon wire tie loop and suspender clip.

<http://www.oil.ca/~dkettle/ttweight.htm>

A safety line is sometimes used in case the weight happens to come loose at an inopportune time [when you are on stage giving a presentation to a packed house for example] Usually a line is attached to the weight and then safety pinned to the SHIRT. Attaching the safety line to underwear or trousers is usually NOT recommended since they are usually removed more often during the day. If you inadvertently forget about the safety line being attached and pull down your pants in the restroom you could hurt yourself.

Cones:

Nozcone — Homemade device in the general shape of a baby bottle nipple or hourglass shape with one end much smaller than the other — glans is inserted into the cupped end and the skin is pulled over the cup and then taped in place — a weight is attached to the small end for tensioning. <http://www.restoringbranden.com/nozcone.html>

Second Skin cones — Commercial rubber cones with concave bases — application is similar to Nozcone. <http://art.net/Studios/Hackers/Hopkins/Don/text/second-skin.html>

Homemade — Home crafted to any shape using non-toxic modeling material. Material usually has to be placed in oven for curing and is fairly rigid when finished.

<http://adult.eskimo.com/~gburlin/restore/image.html>

Friendly Plastic Fimo Sculpey

Some guys cut off the end of an ear syringe bulb for a more flexible hollow cone.

Pill Tubes: [also known as film tubes]

<http://www.oil.ca/~dkettle/rstr2/archivefaq.htm#THE%20SIDES%20PILL%20TUBE%20RESTORATION%20> Filmtube Demo

<http://www.restoringbranden.com/filmtubedemo.html>

The concept of a tube is to make a hollow cylinder slightly smaller than penile shaft size. The tube is held against the glans [or slipped over it] and the foreskin then rolled over the tube a short distance and taped to the tube. Tension is then applied to the tube via weight or elastic. The concept is similar to a T-tape where attachment is made all the way around the penis to apply tension. T-tape requires an erection [or close to it] to be applied. For those who can't easily manage to get an erection every day, the tube is a viable alternative. And it is generally easier to apply. However, experienced T-tapers will dispute that last comment. :-)

One of the original designs used a pill bottle (one of those metal or plastic containers that prescription pills or vitamins come in) as the starting material. Both ends were then cut off to form the cylinder. Hence the name "Pill Tube" method. Alternate materials use aluminum or plastic film canisters [with the ends cut off — film tubes], PVC pipe used for plumbing, plastic tubing, toothpaste and shampoo tubes, and similar materials.

<http://www.oil.ca/~dkettle/rstr2/archivefaq.htm#Toothpaste%20Tube%20for%20the%20Pill%20Tub>

Bill Sides, an Australian engineer, is generally credited with inventing the Pill Tube method. While the Tube method works well for many guys, there are a some cautions. First, the material used should be non-toxic— do not use lead pipe! Second, since the skin is pulled over a fairly rigid cylinder, any accidental bumping can cause a severe Oweee!!! to the foreskin. And the ends of the cylinder should be smoothed, or rounded, or padded to avoid any sharp edges.

Tape-less devices:

RecapEZ — Custom made device with attachments that allow it to be used as a tugger or weight. Basic construction is a frame that retains the skin at the base of the penis while tensioning at the other end. The skin is captured between a nipple shaped cone and an outer ring. <http://restoringbranden.com/recap.html>

<http://communities.msn.com/isapi/acssrv.dll?action=homepage&commid=RECAP>

Tug-A-Hoy — Custom made device that captures the foreskin between an inner shell and outer shell. Tension can then be applied by elastic or weight. <http://tugahoy.com/>

Dave's Home-made tugger — Similar skin capturing concept as Recap-EZ and Tug-A-Hoy where the foreskin is retained between a silicone cone and matching silicone sleeve. Tension is then applied to the end of the device. Easily made from common materials.

<http://www.uncutentertainment.net/tuggersite/>

SIR — S = syringe (adult ear type/modified to size), I = inner tube (bicycle), R = O-ring A homemade device using the listed components

<http://www.geocities.com/superchicken65/PPjournal.html>

Internal Expansion devices:

R2K — Commercial device made of metal that is placed against the glans, then the foreskin is drawn forward over it and retained by a tape ring. The device can then be adjusted for internal

tension. <http://www.4restore.com/>

DIAL — Dual-action Incremental Longitudinally Expanding (DILE) Insert — Both manufactured and homemade. An internal packing device which can be adjusted to provide tension. <http://members.aol.com/dileinsert/page/index.html>

<http://www.oil.ca/~dkettle/rstr2/archivefaq.htm#DILEP>

<http://www.restoringbranden.com/dile.html>

DILE-X — A homemade version of the DIAL using different components.

<http://www.geocities.com/superchicken65/PPjournal.html>

Packing:

The term “packing” has two connotations. One is a moisture absorber — a wad of tissue lightly placed inside the foreskin pocket. The other is for placing additional tension on the inner foreskin — this is the most common meaning.

When enough new skin has been grown, and the skin is pulled forward, it forms a pocket [the preputial sac] like the original. Various materials are stuffed into this pocket to add extra tension. Since the skin is usually attached to the tugging device by a tape ring of some kind (T-tape, J-tape and Pill Tube being good examples) the penile skin between the tape and base of the penis will generally receive most of the tension. Packing is used to apply some extra tension to the inner foreskin.

Materials reported being used as packing are: Nerf Arrows, various densities of foam cut or formed to shape, wine corks, cotton balls, Kotex, Tampex inserts, gauze, thick First-Aid bandages, and wadded up tissue paper. Generally something compressible, soft and non-toxic is used. Some sort of absorbent [and disposable] material is placed between the glans and the packing to avoid any bacterial build up.

Regular washing and sterilization of reusable packing is highly recommended. A solution of one part bleach and 9 parts water [a 10% solution] kills most bacteria and viruses. Hydrogen peroxide has also been recommended. If the packing is not heat or water sensitive it can be boiled in water.

Straps:

Straps used for tensioning are usually homemade using elastic bought at a yard goods store or from a pair of suspenders. Suspenders have the advantage of already having clips attached and are usually adjustable in length. Home made elastic straps can be made in any custom configuration with alligator clips, Velcro closures and connectors, foot loops, custom lengths, padding, and any degree of stretch-ability depending on the elastic used.

Anchor point attachment can be to a foot loop, leg loop, sock, elastic sports knee brace, underwear, belt, other clothing, or to the strap itself.

Strap configurations can be routed straight down the leg, around the leg, around the waist, over the shoulder, or around the back of the neck.

Covers:

Some men are sensitive to their penis rubbing against underwear or other materials. As protection some guys wear an infant baby sock or a condom.

Manhood — a commercial under garment for men — a tube sock shaped 2-ply item that is worn on the penis. <http://www.manhood.mb.ca/>

Cyclical vs. continuous tension:

Tugging Biomechanics <http://www.gold.com.br/~rncosta/tugmech.html>

Attachment methods overview:

Promoting new cell growth requires the skin to be placed under tension. To accomplish this, some method of attaching the tension to the penile skin is required. There are some issues that must be considered when determining an attachment method.

1. The penile skin is unique in design and function. Its physical form is a skin tube that fits over the inner shaft. The skin tube is not connected to underlying tissues. This mobility allows it to move freely about the shaft in any direction. [similar to the way the eyelid glides over the eye] Normally the skin tube is longer than the shaft it covers. The skin tube is attached at both ends of the penis. This means that all its internal systems (blood, nerve, lymph) must enter and exit from one end or the other of the tube. Normal cutaneous skin that covers the rest of the body is quite thick and composed of several layers. The penile skin tube is quite thin. By virtue of its thinness, its system of blood vessels is small and nerve endings are close to the surface.

Tensioning the skin tends to constrict blood vessels.

The penis does not “get fat” or “put on weight”. It does NOT store fat under the cutaneous skin as other parts of the body do.

2. Because of the foreskin’s physical characteristics, methods of attaching tension to it fall into four general categories:

- a) Surface adhesion [tape]
- b) Capturing the skin between two surfaces [tape-less tuggers]
- c) Friction [O-rings and sleeves]
- d) Some combination of the above.

3. Tension for restoration is applied along the axis of the penis so the skin will be encouraged to grow lengthwise only and not outward. The exception is for phimosis — a tight foreskin that cannot be retracted past the glans. This condition is normal for intact children and is generally resolved on its own as the child matures by nocturnal erections, masturbation, retraction during urination and normal manipulation of the foreskin. If it becomes a problem after puberty, the tip of the foreskin can be gently stretched outward over a period weeks to enlarge its diameter enough to comfortably retract over the glans.

4. Caution must be exercised with any attachment method that captures the skin and compresses it between two surfaces. Excessive compression can cut off blood flow.

5. Any restoration device must allow for urination and erections. Easy access [for urination] and ease of removal [for spontaneous sex, an erection that is excessively restrained by the restoration device, or some warning pain caused by the device attachment] are considerations.

Tensioning overview:

1. Retention — The simplest of methods which merely places the foreskin in its desired position over the glans and retains it there. This “trains” the foreskin to be where it is supposed to be and hopefully shapes it to pucker at the end. An internal tension is exerted on the skin by

the shaft pushing forward.

2. External tension — Generally applied by one of two methods:

a) A stretchy elastic material which is usually adjustable in some way so tension can be varied to achieve the desired amount.

b) A weight which lets gravity do the work.

3. Internal tension — Often referred to as packing. The intent is to apply more tension to the inner foreskin when the primary attachment circle is applied further down the shaft skin.

Packing can be an expandable material like foam. Some internal tensioners are mechanical, like the DIAL, DIAL-X, and R2K.

4. Several restoration devices combine aspects of the above methods.

5. Vacuum devices are **not** recommended because they can irreversibly damage the internal structures of the penile tissues.

6. The “Golden Rule” of tugging is “If it hurts, don’t do it”. Common sense is the main guide for tuggers. Pain is the body’s warning signal that something is amiss. It tells us to investigate our tugging process and look for the cause, then we can make adjustments. Pain or discomfort could be caused by a piece of folded tape that is pinching the skin, a device that isn’t adjusted properly, too much tension, an erection that is trapped by the tugging device, an allergic reaction to a tugging material, over zealousness, an inflammation, or any number of causes.

Tugging should be a pleasurable activity that fits well into your life style. Experiment with different methods, modify or alter your current process, select one or more methods that are comfortable and effective for you. You are the only one that will be able to tell if your process is right for you.

[\[back to TOP of FAQs\]](#)