

An acquired buried penis is when the penis becomes **hidden beneath the skin and fat** of the lower belly, scrotum, or thigh in an adult. It can cause hygiene problems, repeated skin infections, difficulty urinating while standing, and trouble with sex. It is a recognized, treatable reconstructive problem — surgery can free and restore the penis.

About This Condition

“Acquired” means it developed in adulthood (unlike the harmless buried penis some children have). Common contributors include **weight gain** and a heavy lower-belly fat pad, scarring from prior circumcision or surgery, chronic skin swelling (**lymphedema**), and a scarring skin disease called **lichen sclerosis**.

It tends to feed a difficult cycle:

- Trapped skin stays moist and gets **inflamed and infected**.
- Urine spraying onto the trapped skin worsens irritation and scarring.
- This makes hygiene, urinating, and sex harder over time.

Why Repair Helps

Surgery aims to **free the penis**, remove diseased skin, and rebuild healthy coverage so you can urinate standing, keep clean, and resume normal activity — satisfaction after repair is generally high.

LEARN THE TERMS

Buried (hidden) penis

The penis concealed beneath surrounding skin and fat.

Panniculectomy

Removing the overhanging lower-belly fat/skin apron.

Escutcheonectomy

Removing the fat pad just above the penis.

Skin graft

Healthy skin moved to cover the penile shaft.

Lichen sclerosis

A scarring skin disease that can cause or worsen it.

Lymphedema

Chronic skin swelling that can bury the penis.

WILL I NEED TO LOSE WEIGHT FIRST? Often, yes — for weight-related buried penis, losing weight (sometimes with a bariatric referral) improves results and durability, so your team may advise it before or alongside surgery. The repair itself usually **removes the heavy fat pad** at the same time.

How the Repair Is Done

- 1 The penis is **released** from the scar and tissue trapping it.
- 2 Diseased or scarred skin is removed; the shaft is often resurfaced with a **skin graft**.
- 3 The overhanging fat pad/apron is removed (**panniculectomy / escutcheonectomy**); the scrotum may be reshaped.
- 4 It is sometimes done in **stages**; a catheter is placed and drains are common.

How to Get Ready

- **Weight optimization** (possibly a bariatric referral) and **stop smoking** — both strongly affect healing.
- Treat any active skin infection first; follow anesthesia instructions.
- Arrange help at home and time off — recovery is involved.

After Surgery

- Expect a **hospital stay**, a catheter, and drains for a time.
- If a graft was used, **protect it** — avoid sitting/pressure on the area as directed.
- Wound care and gradual return to activity; weight control protects the result.

Call your care team if you have:

- Fever, spreading redness, or foul drainage (infection)
- Graft or wound turning **dark**, opening, or heavy bleeding
- You **cannot urinate**, or the catheter stops draining

THREE THINGS TO REMEMBER

1. An acquired buried penis hides the penis under skin and fat, causing hygiene, urination, infection, and sexual problems — and it is repairable.
2. Repair frees the penis, removes diseased skin (often with a graft), and removes the heavy fat pad; it may be staged.
3. Weight loss and not smoking strongly improve results. Call for fever, a darkening graft, or trouble urinating.