NHS
Vale of York
Clinical Commissioning Group

10. Circumcision for Adults and Children

Treatment	Circumcision for adults and children for medical conditions
Background	Circumcision is a surgical procedure that involves partial or complete removal of the foreskin of the penis. It is an effective procedure and confers benefit for a range of medical indications. This commissioning policy is needed because male circumcision (defined as the surgical removal of all or part of the foreskin of the penis) may be done for certain medical reasons. NB Female circumcision has no medical benefits and is illegal under the Female Genital Mutilation Act (2003)
Commissioning position	NHS Vale of York CCG does NOT routinely commission male circumcision for cultural or religious reasons; the procedure will only be considered where medically necessary. NHS Vale of York CCG routinely commission circumcision IF there is evidence of one of the following clinical indications: • Lichen sclerosus (chronic inflammation leading to a rigid fibrous foreskin) in males aged 9 years and over • Potentially malignant lesions of the prepuce or those causing diagnostic uncertainty • Congenital abnormalities with functional impairment • Distal scarring of the preputial orifice (a short course of topical corticosteroids might help with mild scarring • Painful erections secondary to a tight foreskin • Recurrent bouts of infection (balanitis/balanoposthitis • Redundant prepuce, phimosis (inability to retract the foreskin due to a narrow prepucial ring) sufficient to cause ballooning of the foreskin on micturition; and paraphimosis (inability to pull forward a retracted foreskin) • Traumatic injury eg zipper damage • Congenital urological abnormalities when skin is required for grafting Otherwise, funding will ONLY be considered where criteria are met. In children **ensure physiological phimosis has been excluded** and consider a trial of topical steroids for up to 3 months. The clinician needs to submit an application to the CCG's Individual Funding Request Panel (IFR), using the referral form to provide evidence of any of the following clinical indications : • Interference with normal sexual activity in adult males • Dermatological disorders unresponsive to treatment Patient information leaflet Circumcision
Summary of evidence / rationale	Nearly all boys are born with non-retractable foreskins as they are still in the process of developing and are often non-retractable up to the age of 3 years old. During normal development, the foreskin gradually becomes retractable without the need for any intervention. The majority of boys will have a

retractable foreskin by 10 years of age and 95% by 16-17 years of age. Inability to retract the foreskin in boys up to at least the age of 16, in the absence of scarring, is, therefore, physiologically normal and does not require any intervention.

In children up to and including 18 years of age, pathological phimosis (non-retraction) must be distinguished from physiological adherence of the foreskin to the glans, which is normal[1]. Non-retractile ballooning of the foreskin and spraying of urine do not routinely need to be referred for circumcision although not all ballooning is related to physiological phimosis and spraying can be due to lichen sclerosus[1].

Parents and patients should be made aware of the risks and benefits of circumcision. Referrals from primary care for physiological phimosis account for a significant clinical workload in consultation time that could be avoided[1]. Conservative management of the non-retractile foreskin is under-recognised and practised in some regions. This is of particular importance in the paediatric population where too many circumcisions are undertaken for physiological phimosis thereby incurring avoidable morbidity[1].

When physiological phimosis is diagnosed in a primary care assessment of foreskin condition, consultation should focus on reassurance and education of parents and child. If there is concern that any pathology is evident, or if there is diagnostic uncertainty, referral to a regional centre undertaking paediatric surgery is indicated[1].

Discrepancy between regional UK circumcision rates suggest a significant number of circumcisions are being unnecessarily performed and commissioning guidance is intended to provide the necessary information to identify and introduce conformity in the frequency of procedures undertaken though better understanding, and differentiation between disease and physiological change in the foreskin[1].

Paraphimosis (where the foreskin becomes trapped behind the glans and cannot go forward again) can usually be reduced under local anaesthetic and recurrence avoided by not forcibly retracting the foreskin. It should not be regarded as a routine indication for circumcision. There are several alternatives to treating retraction difficulties before circumcision is carried out. The BMA has stated that to circumcise for therapeutic reasons, where medical research has shown other techniques (such as topical steroids or manual stretching under local anaesthetic) to be at least as effective and less invasive, would be unethical and inappropriate[2].

Common risks of surgical circumcision include bleeding, local sepsis, oozing, discomfort >7 days, meatal scabbing or stenosis, removal of too much or too little skin, urethral injury, amputation of the glans and inclusion cyst[3]. Furthermore, long-term psychological trauma and possible decreased sexual pleasure have also been reported. There are claims that there may be health benefits associated with this procedure, for example a lower rate of penile cancer and a reduced chance of sexual transmitted diseases (including HIV among heterosexual men)[4]. However, the overall clinical and cost-

	effectiveness evidence is inconclusive. Condoms are far more effective (98% effective if used correctly) than circumcision for preventing STIs.
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