

Surgical Threshold Policy

Circumcision

Definition

Circumcision is a surgical procedure that involves partial or complete removal of the foreskin (prepuce). Nearly all boys have a non-retractile (unable to be pulled back) foreskin at birth and as part of normal development it gradually becomes retractile without the need for intervention. The process of retractility is spontaneous and does not require manipulation. The majority of boys will have a fully or partially retractile foreskin by 10 years of age and 99% by 14 years of age (see reference 1).

Policy

It is the responsibility of referring and treating clinicians to ensure compliance with this policy. Referral proforma should be attached to the patient notes to aid the clinical audit process and provide evidence of compliance with the policy. For patients not meeting the policy criteria, clinicians can apply for funding to the Exceptional Cases Panel by completing the exceptional funding section of the [referral proforma](#).

NHS Cambridgeshire and Peterborough (ICB) will **Only** fund Circumcision according to the following criteria:

1. Absolute indications for circumcision:

- Suspected penile malignancy (see note 1 below).
- Traumatic foreskin injury where it cannot be salvaged (see note 1 below).

Note 1: If penile malignancy is suspected, then referral should be via a two week wait pathway for suspected cancer. In instances of traumatic foreskin injury it may be appropriate to refer to hospital as an emergency admission for surgery.

2. Medical indications for circumcision¹

- **Lichen Sclerosus** (chronic inflammation leading to a rigid fibrous foreskin) - sometimes known as **Balanitis Xerotica Obliterans** (BXO).
- Severe recurrent attacks of **Balanoposthitis** (recurrent bacterial infection of the glans and foreskin – see reference 1) following failure of conservative management.
- **Recurrent urinary tract infections** (UTIs) in children with a structurally abnormal urinary tract.
- **Phimosis** in adults leading to **recurrent paraphimosis**, pain on arousal or interference with sexual function (see reference 2) **or limiting urinary flow**.
- Congenital abnormalities.

3. Circumcision for personal, social and religious reasons is not funded.

Smoking:

Patients who smoke should be advised to attempt to stop smoking and referred to stop-smoking services [see stop smoking policy](#).

Rationale and Evidence

Health Benefits of Circumcision

Circumcision for non-medical reasons is generally not thought to be of benefit to health. There is strong evidence that male circumcision reduces the acquisition of Human Immunodeficiency Virus (HIV) in heterosexual men, but only in areas of high HIV prevalence (see references 3 & 4). There is insufficient evidence of circumcision as an effective intervention to prevent HIV transmission in men who practice homosexual sex (see reference 5).

Circumcision has been proven an efficacious intervention in cases of Lichen Sclerosus, recurrent Balanoposthitis and adult Phimosis. In a multicentre series of 215 men with penile Lichen Sclerosus, medical and conservative management was first attempted. Circumcision was indicated in 34 cases and was successful in 100% of these (see reference 6). Hence, surgery should be reserved for cases where conservative and medical management has been unsuccessful (see reference 1).

There is no current evidence to support an increased risk of penile cancer or cervical cancer in partners of uncircumcised males.

Circumcision to prevent urinary tract infection (UTI) is unproven except in boys with abnormal renal tracts.

There are several alternatives to treating retraction difficulties before circumcision is carried out (see reference 1):

- Simple bathing, topical steroids and antibiotics – for inflammatory conditions, eg Balanitis, Balanoposthitis, Posthitis (inflammation restricted to the foreskin itself).
- Topical steroids – for non retractile healthy foreskin (Physiological Phimosis).
- Gentle compression with a saline soaked swab followed by reduction of the foreskin over the glans is usually successful – where there is inability to manipulate the foreskin back over the glans (Paraphimosis).
- For hooded foreskin: refer patients with complications for assessment.

Risks of Procedure

Risk of general anaesthetic, bleeding, wound infection, altered glans sensation and altered cosmetic appearance are well-recognised complications (see reference 7). Patients will need to abstain from sexual activity for six weeks following surgery.

Glossary

Foreskin:	Also known as the prepuce. It is the free fold of skin that overlaps the glans penis and retracts when the penis becomes erect and is the part that is removed at circumcision.
Paraphimosis:	Paraphimosis, also known as capistraton, is an uncommon condition in which the foreskin, once pulled back behind the glans penis (head of the penis), cannot be brought down to its original position.
Phimosis:	Phimosis refers to the inability to retract the distal foreskin over the glans penis.

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