

Procedure that requires prior approval

Thames Valley Priorities Committee Commissioning Policy Statement

Policy No. TVPC63 Male Circumcision

Recommendation made by
the Priorities Committee: July 2017

Date of issue: November 2017

Male circumcision will be funded in the following indications:

- **Penile malignancy**
- **Traumatic foreskin injury** where the foreskin cannot be salvaged
- **Pathological phimosis** where scarring of the foreskin makes it non retractable. A common cause of pathological phimosis is lichen sclerosus (LS). Referral to secondary care for management should be made. Circumcision will be considered after failure of the use of topical steroids for 1-3 months or in severe disease when a dermatologist or urologist advises that circumcision is the only appropriate management. In the event of an uncertain diagnosis a histological assessment should be performed prior to circumcision.
- **Recurrent paraphimosis** where the foreskin is retracted and cannot be returned back to the end of the penis using conservative measures.
- **Recurrent balanitis / balanoposthitis** of more than 3 episodes per year, where hygiene measures and the use of other conservative measures, where appropriate, for example emollients, topical steroids, anti-fungals, oral antibiotics have been tried and failed.
- A child suffering with recurrent or chronic balanitis / balanoposthitis should be referred to secondary care.

In addition:

- In children pathological phimosis must be distinguished from physiological adherence of the foreskin to the penis, which is normal. It is reported that the proportion of partially or fully retractable foreskin by age is as follows:

Birth	4%
6 months	20%
12 months	50%
3-11 years	90%
12-13 years	95%
14+ years	99%

- All children who are capable of expressing a view should be involved in decisions about whether they should be circumcised, and their wish taken into account. For further advice including information on parental consent, refer to: The law and ethics of male circumcision Guidance for doctors June 2006
<https://www.bma.org.uk/advice/employment/ethics/children-and-young-people/male-circumcision>

Circumcision for all other indications including non-clinical reasons are **not normally funded** due to lack of national guidance and lack of good quality evidence of clinical and cost effectiveness.

NOTES:

- Potentially exceptional circumstances may be considered by a patient's CCG where there is evidence of significant health status impairment (e.g. inability to perform activities of daily living) and there is evidence that the intervention sought would improve the individual's health status.
- This policy will be reviewed in the light of new evidence or new national guidance, e.g., from NICE.
- Thames Valley clinical policies can be viewed at <http://www.fundingrequests.cscsu.nhs.uk/>

OPCS codes:
N303