

SHIP8 Clinical Commissioning Groups Priorities Committee

No. 43

Policy Recommendation: Circumcision

Date of issue: 22/11/2018

This statement does not relate to suspected cancers or medical emergencies which need to be managed without delay.

There has been a threshold policy implemented by commissioners in Hampshire which was adopted historically from a Clinical Priorities Advisory Forum statement issued in 2006. However the Priorities Committee have been asked to review the evidence base behind this with respect to the ethical framework. The committee received evidence from many experts across the region as well as an extensive literature review. The committee noted that there remains considerable activity across SHIP which is increasing. The committee concluded that the procedure should be of medium priority which is a restricted procedure and should go through prior approval process.

The procedure is not routinely funded but prior approval can be considered under the following conditions:

- Pathological phimosis due to lichen sclerosus (formerly known as balanitis xerotica obliterans)
- Pathological phimosis due to balanitis/balanoposthitis resistant to conservative treatment.
- Congenital urological abnormality where skin grafting is required.
- Recurrent splitting and scarring of the prepuce which affects sexual function and does not respond to at least two months of conservative management.

Circumcision for cultural or religious indications will not be commissioned. Circumcision for paraphimosis and physiological phimosis are not normally funded and requests need approval through the Individual Funding Request Process.

Balanitis/balanoposthitis can be caused by a range of different conditions affecting the penile skin and/or the foreskin. Treatment includes hygiene measures, using an emollient (such as emulsifying ointment) as a soap substitute and topical treatments as per the underlying diagnosis, such as topical steroids, anti-fungals and oral antibiotics. ([Clinical Knowledge Summaries \(2018\) Balanitis – management](#))

Treatment of lichen sclerosus (LS) is guided by the British Association of Dermatologists - BAD (2018) Guidelines for the management of LS.

Children: Offer a trial of an ultrapotent topical steroid applied once daily for 1–3 months combined with emollients and barrier preparations to all male children and young people with phimosis caused by LS.

Adults initial treatment: Offer all male patients with genital LS clobetasol propionate (CP) 0.05% ointment once daily for 1–3 months with an emollient as a soap substitute and as a barrier preparation.

Review date: Jan 2024