

## Procedure that requires prior approval

### Bedfordshire, Hertfordshire, West Essex and Milton Keynes Priorities Forum Statement

|                         |                     |
|-------------------------|---------------------|
| <b>Number</b>           | <b>8</b>            |
| <b>Subject</b>          | <b>Circumcision</b> |
| <b>Date of decision</b> | <b>June 2019</b>    |
| <b>Date of review</b>   | <b>June 2022</b>    |

#### GUIDANCE

Circumcision is a surgical procedure to remove the foreskin (prepuce) of the penis.

#### OPCS Code

N303 Circumcision

#### Circumcision is funded for medical reasons for the following indications:

- Penile malignancy/suspected cancer
- Traumatic foreskin injury where the foreskin cannot be salvaged
- Congenital urological abnormality where skin grafting is required
- 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 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.
- Severe recurrent balanitis/balanoposthitis; inflammation of the head of the penis (balanitis) and/or inflammation of the foreskin (posthitis) 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.
- Exceptionally, recurrent febrile urinary tract infections in children with abnormal urinary tracts.

Conservative management is preferable for all other common conditions of the foreskin, including physiological phimosis, paraphimosis, balanitis and posthitis

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>

**Glossary:**

Phimosis: a tight foreskin, which may be physiological or pathological.

Physiological phimosis: a normal foreskin where non-retractability is due to 'physiological' congenital adherence of the inner prepuce to the glans penis. There is no evidence of scarring.

Pathological phimosis: a condition associated with scarring of the foreskin opening leading to symptoms and non-retractability of the prepuce, usually due to Lichen Sclerosus.

Lichen Sclerosus: a chronic, scarring, inflammatory skin condition of unknown cause that leads to narrowing of the foreskin opening and a true pathological phimosis (balanitis xerotica obliterans BXO is an old fashioned descriptive term and is not a pathological diagnosis)

Paraphimosis: inability to replace the foreskin after retraction

Balanoposthitis: acute inflammation of the foreskin and glans penis.

**Human Rights and Equality Legislation has been considered in the formation of this guidance.**