

CLINICAL POLICY ADVISORY GROUP (CPAG)

Circumcision Policy

Statement

Derby and Derbyshire CCG has deemed that the circumcision of adults and children should be commissioned with appropriate restrictions, as stated in this policy. Circumcision in children should not be considered an 'on request' basis and is not indicated in a normal foreskin. These commissioning intentions will be reviewed periodically. This is to ensure affordability against other services commissioned by the CCG.

1. Background

Male circumcision is a surgical procedure to remove the foreskin. Circumcision will only be provided for the reasons detailed below under 'Recommendations'. This policy covers male children and adults.

2. Recommendation

This policy covers male children and adults. Circumcision in children should not be considered on an 'on request' basis and is not indicated in a normal foreskin.

Indications for Circumcision in Adults

Indications for Circumcision - Adult Patients
<ul style="list-style-type: none">• Penile malignancy (adults) - use the 2WW cancer referral pathway• Lichen Sclerosis et Atrophicus/ Balanitis Xerotica Obliterans (BXO)• Zoon's Balanitis• Leukoplakia• Traumatic foreskin injury where it cannot be salvaged (eg zipper injury)• Paraphimosis (inability to pull forward a retracted foreskin), after a discussion of risks and benefits. In a normal foreskin, circumcision may not be necessary.
Adult Patients – Relative Indications
<ul style="list-style-type: none">• Recurrent balanoposthitis or refractory cases not responding to conventional treatment.• To allow reliable access to the urethra under the following circumstances:<ul style="list-style-type: none">a) Regular catheterisation is neededb) A cystoscopy is required.

Indications for Circumcision in Boys

Absolute/ Medical Indications for Boys
<ul style="list-style-type: none">• Penile malignancy (extremely rare condition)
<ul style="list-style-type: none">• BXO (rare before the age of 5)
<ul style="list-style-type: none">• Traumatic injuries which cannot be salvaged (e.g. zipper injuries)
<ul style="list-style-type: none">• Prophylaxis against recurrent culture-proven urinary infection in boys with an

uropathy or impaired kidney function

Relative Indications for Circumcision in Boys

- **Recurrent presentations of balanoposthitis** or refractory cases not responding to first line treatments (including bathing, topical steroids and antibiotics).
- **Hooded foreskin with hypospadias**
 - In Hypospadias, where a decision has been made to undertake surgical intervention, it may be appropriate as part of the reconstruction to circumcise the penis.
- **Megaprepuce**
 - Megaprepuce is a congenital penile malformation for which reconstruction may be carried out in infancy due to the high incidence of infection caused by the condition.

Non-funded Indications

Non Funded Indications for Circumcision (All Groups)

- Non-therapeutic 'Routine and Ritual' circumcision, i.e. on cultural or religious grounds.
- Dysmorphobia, as the aim of surgery is to improve functional outcomes, not mental health.
- Where aetiology of the presenting condition will not be improved by circumcision alone or is unrelated, for example premature ejaculation and buried penis.

Non-Funded Indications for Circumcision in Boys

- **Paraphimosis**
 - Reduction (with/ without anaesthetic is preferred). Following reduction, the foreskin will continue to develop normally.
- **Physiological phimosis/ non-retractile healthy foreskin**
 - Most cases resolve with advancing age with no intervention. Preputioplasty is a viable option for management in older teenagers.
- **Hooded foreskin without hypospadias**
 - Hooded foreskin without hypospadias is a cosmetic abnormality.

Exceptional Circumstances

Funding will only be considered where there are exceptional clinical circumstances. The clinician needs to submit an application to the CCG's Individual Funding Request Panel (IFR).

Inclusion Criteria

Derbyshire CCG's will only support circumcision in the case of clinical needs where the patient meets the criteria outlined under the sections 'Indications for Circumcision in Boys' and 'Indications for Circumcision in adults' within this policy.

Exclusion Criteria

Routine and ritual circumcision will not be considered on social or religious grounds on the basis that:

- The DH advises that the legality of male circumcision for religious reasons could be in conflict with the Human Rights Act and current child protection legislation.
- The issue of informed consent when a young child is involved is unclear and complex.
- The risks associated with routine circumcision, such as infection and bleeding, outweigh the benefits.
- GMC and BMA guidance reflects society's disagreement as to whether circumcision is a beneficial, neutral or harmful procedure and recognises the complex issues that arise for doctors when considering whether to circumcise male children for non-therapeutic reasons. Neither the BMA nor GMC take a view as regards the lawfulness or appropriateness of circumcision for non-therapeutic reasons.

3. Rationale for Recommendations

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.

Paraphimosis (where the foreskin becomes trapped behind the glands 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 states 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.

Common risks of surgical circumcision include bleeding, local sepsis, oozing, discomfort >7days, meatal scabbing or stenosis, removal of too much or too little skin, urethral injury, amputation of the glands and inclusion cyst. 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). 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.

4. References

- Management of Foreskin Conditions. A statement from the British Association of Paediatric Urologists on behalf of the British Association of Paediatric Surgeons and the Association of Paediatric Anaesthetists. June 2006.
- AH phoned the British Association of Paediatric Surgeons (June 2015) to confirm this statement is still current.
- When Paraphimosis is a potential complication of a medical procedure. Such procedures include:
- Royal College of Surgeons Commissioning guide: foreskin conditions July 2016 revised <http://www.rcseng.ac.uk/healthcare-bodies/docs/foreskin-conditions/view>
- Szabo R, Short R. Education and debate: How does Male Circumcision Protect Against HIV Infection? BMJ 2000, 320: 1592-1594

5. Appendices

Appendix 1- Consultation

Consultee	Date
Clinical Policy Advisory group	16/05/19
Mr Bharat More, Consultant Paediatric Urologist	8/3/19 & 26/03/19
Mr Shashank Kulkarni, Consultant Urologist QHB (Adults)	8/3/19
Mr Giacomo Caddeo, Consultant Urologist, UHDB (Adults)	5/3/19 & 25/03/19
Mr Alun Williams – Consultant Paediatric Urologist & Transplant Surgeon	30/03/19
Mr David Shipstone, Consultant Urologist, CRHFT (Adults)	22/2/19 & 22/03/19
Dr Robyn Dewis, Consultant in Public Health- Public Health Input	16/05/19
Derbyshire Affiliated Commissioning Committee	CCC 09/09/16

Appendix 2- Document Update

Document Update	Date Updated
Version 1 produced	September 2016
Policy updated - version 2	March 2019