

CLINICAL POLICY ADVISORY GROUP (CPAG)

Circumcision in Adults Policy

Statement

NHS Derby and Derbyshire ICB (DDICB), in line with its principles for procedures of limited clinical value has deemed that the circumcision of adults should not routinely be commissioned unless the criteria within this policy are met.

These commissioning intentions will be reviewed periodically. This is to ensure affordability against other services commissioned by the ICB.

1. Background

Male circumcision is a surgical procedure to remove the foreskin - it is mostly done in babies and young children but can be done at any age. Circumcision may be performed for clinical, cultural or religious reasons.

2. Recommendation

This policy covers circumcision in adults aged 16 years and over.

Indications for Circumcision in Adults

- Penile malignancy (adults) - use the 2WW cancer referral pathway
- Pathological phimosis (Lichen Sclerosus et Atrophicus/Balanitis Xerotica Obliterans (BXO))
- Zoon's Balanitis
- Leukoplakia
- Acquired trauma where reconstruction is not feasible, for example, following zipper trauma or dorsal slit for paraphimosis
- 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

- Recurrent balanoposthitis
- Refractory cases not responding to conventional treatment
- To allow reliable access to the urethra under the following circumstances:
 - (a) Regular catheterisation is needed
 - (b) A cystoscopy is required

Non-Funded Indications

Non-Funded Indications for Circumcision

- Non-therapeutic 'Routine and Ritual' circumcision, i.e., on cultural or religious grounds
- Dismorphobia, 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

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

Inclusion Criteria

DDICB will only support circumcision in adults in the case of clinical needs where the patient meets the criteria outlined under the section '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 conflict with the Human Rights Act and current child protection legislation.
- 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. Neither the BMA nor GMC take a view as regards the lawfulness or appropriateness of circumcision for non-therapeutic reasons.

3. Rationale for Recommendation

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 >7 days, 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. Useful Resources

- NHS Choices. Circumcision in men, reviewed 21/09/22, accessed 01/08/23, [Circumcision in men - NHS \(www.nhs.uk\)](http://www.nhs.uk)
- Commissioning guide: Foreskin conditions, Royal College of Surgeons, published 2013, accessed 01/08/23, [Foreskin Conditions - Commissioning Guide — Royal College of Surgeons \(rcseng.ac.uk\)](http://rcseng.ac.uk)

5. References

- NHS Choices. Circumcision in men, reviewed 21/09/22, accessed 01/08/23, [Circumcision in men - NHS \(www.nhs.uk\)](http://www.nhs.uk)
- Commissioning guide: Foreskin conditions, Royal College of Surgeons, published 2013, accessed 01/08/23, [Foreskin Conditions - Commissioning Guide — Royal College of Surgeons \(rcseng.ac.uk\)](http://rcseng.ac.uk)
- 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, published June 2006, accessed 01/08/23, [circum_draft \(baps.org.uk\)](http://baps.org.uk).

- Circumcision (Complete Removal of the Foreskin), The British Association of Urological Surgeons, published December 2020, accessed 01/08/23, <https://www.baus.org.uk/userfiles/pages/files/Patients/Leaflets/Circumcision.pdf>
- How does Male Circumcision Protect Against HIV Infection? Education and debate, Szabo R, Short R, BMJ, 320: 1592-1594, published June 2000, accessed 01/08/23, <https://www.bmj.com/content/320/7249/1592>
- Preventing HIV through safe voluntary medical male circumcision for adolescent boys and men in generalized HIV epidemics: recommendations and key considerations, World Health Organisation, published 17/08/20, accessed 01/08/23, <https://www.who.int/publications/i/item/978-92-4-000854-0>
- BHIVA–BASHH Position Statement on PrEP in UK, Second Update May 2016, accessed 01/08/23, <https://www.bhiva.org/file/XuypkBDzUFcwO/BHIVA-BASHH-Position-Statement-on-PrEP-in-UK-May-2016.pdf>
- Penile circumcision in under 16 years of age, Evidence Based Interventions List 3 Guidance, Academy of Medical Royal Colleges, published May 2023, last accessed 01/08/23, [EBI Guidance List3 0523.pdf \(aomrc.org.uk\)](#)

6. Appendices

Appendix 1 - Consultation

All relevant providers/stakeholders will be consulted via a named link consultant/specialist. Views expressed should be representative of the provider/stakeholder organisation. CPAG will consider all views to inform a consensus decision, noting that sometimes individual views and opinions will differ.

Consultee	Date
Consultant Urologist (CRHFT)	October 2021
Consultant Urologist (UHDBFT)	November 2021
BASHH	November 2021
Clinical Policy Advisory Group (CPAG)	November 2021
Clinical and Lay Commissioning Committee (CLCC)	January 2022
Clinical Policy Advisory Group (CPAG)	September 2023
Urology Consultant (CRHFT)	June 2024
Urology Consultant (UHDBFT)	June 2024
Clinical Policy Advisory Group (CPAG)	July 2024

Appendix 2 - Document Update

Document Update	Date Updated
<p><u>Version 3.0</u></p> <ul style="list-style-type: none"> Updated background information, useful resources, references and consultation. 	November 2021
<p><u>Version 3.1</u></p> <ul style="list-style-type: none"> Policy separated into 2 policies – circumcision in adults and circumcision in children. Minor update to criteria wording in line with EBI3 wording: <ul style="list-style-type: none"> Clarification that the policy covers circumcision in adults aged 16 years and over. Use of umbrella term 'pathological phimosis' Traumatic foreskin injury criteria updated with 'Acquired trauma where reconstruction is not feasible, for example, following zipper trauma or dorsal slit for paraphimosis' Section 5. References updated to include EBI3 reference. Policy wording also updated to reflect the new DDICB organisation. 	September 2023
<p><u>Version 3.2</u></p> <p>CPAG agreed to extend the review date of this policy by 12 months, in agreement with clinical stakeholders, due to reduced capacity within the Clinical Policies team.</p>	July 2024

Version 3.3

In line with risk profile, CPAG agreed further extension to review date

September 2024