

Policy Category:

CBA

Who usually applies for funding?

Not Applicable

## Circumcision in adults and children

**Commissioning decision**

**The ICB will provide funding for circumcision for patients who meet the criteria defined within this policy.**

### Policy Statement:

Circumcision is only funded for medical reasons and is therefore not funded for cultural, social, or religious reasons. Circumcision is only commissioned for patients meeting one of the criteria set out below. The patient's clinical referrer must supply evidence with the referral to show how the patient meets the published criteria.

- Penile malignancy is suspected/confirmed.
- A biopsy is required for pre-malignant change, carcinoma in situ or where lichen sclerosus cannot be excluded.
- Traumatic injury to the foreskin has occurred and the foreskin cannot be salvaged.
- Recurrent balanoposthitis (recurrent bacterial infection of the glans and foreskin) where a minimum of 4 weeks' conservative methods (hygiene, topical steroids) has proved ineffective.
- Pathological phimosis: commonest cause is lichen sclerosus, (balanitis xerotica obliterans BXO) including one or more of the following symptoms:
  - an inability to retract the foreskin
  - white scarring
  - fissures
  - redness of the prepuce
  - weeping
- Recurrent paraphimosis (inability to return the foreskin to its normal position) which has required medical attention to reduce.
- Phimosis in adults leading to paraphimosis or interfering with sexual function.

Note:

Alternatives to circumcision for allowing foreskin retraction include steroid cream and preputioplasty.

Preputial adhesions and pearls, ballooning on micturition, and a non-retractile foreskin are all physiological and parents can be reassured without the need for specialist referral.

Patient pathway <https://g-care.glos.nhs.uk/individual-funding-requests/30>

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**Rationale:**

Circumcision is a surgical procedure that involves partial or complete removal of the foreskin of the penis. It is an effective procedure and confers benefit for a range of medical indications. Sometimes it is requested on cultural, social and religious reasons. These non-medical circumcisions do not confer any health gain but do carry measurable health risk.

Firm evidence for relative indications is limited to recurrent balanitis and to the prevention of urinary tract infection in boys with vesicoureteric reflux or other urological abnormalities.

Many other “medical indications” have little or no evidence base, including a long foreskin, preputial concretions, physiological phimosis, and preputial adhesions.

**Plain English Summary:**

Circumcision is the surgical removal of the foreskin. Circumcision is often performed for cultural, religious, or social reasons. In these circumstances the procedure is not funded by the NHS as it does not relate to a medical need.

There are a small number of medical reasons for circumcision, including balanitis xerotica obliterans (an uncommon condition causing hardening and inflammation of the tip of the penis), and recurrent balanoposthitis (recurring inflammation of the head of the penis).

If your doctor believes that you meet the criteria set out in this policy NHS Gloucestershire Integrated Care Board (ICB) will fund the treatment.

**Evidence base:**

BAPU statement on management of foreskin conditions

[management of foreskin conditions](#)

Medical Aspects of male circumcision – BMJ review article

<http://www.bmj.com/content/335/7631/1206>

Dr Peter Ball MB, B Chir and John Dalton BSc, MSC, Norm-UK.

Clinical Guidelines for PhIMOSIS, Last updated on 1 May 2008.

[http://www.norm-uk.org/phimosis\\_clinical\\_guidelines.html](http://www.norm-uk.org/phimosis_clinical_guidelines.html)

Guidelines on Paediatric Urology European Society for Paediatric Urology

[Paediatric Urology - THE GUIDELINE - Uroweb](#)

Balanitis NHS Clinical Knowledge Summaries <http://cks.nice.org.uk/balanitis>

The law and ethics of male circumcision: guidance for doctors British Medical

[The law and ethics of male circumcision: guidance for doctors | Journal of Medical Ethics \(bmj.com\)](#)

BAD guidelines for the management of lichen sclerosis

[British Association of Dermatologists guidelines for the management of lichen sclerosis, 2018 | British Journal of Dermatology | Oxford Academic \(oup.com\)](#)

For further information please contact [GLICB.IFR@nhs.net](mailto:GLICB.IFR@nhs.net)

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<b>Policy review date</b>	December 2027

**Policy sign off:**

<b>Reviewing Body</b>	<b>Date of review</b>
Effective Clinical Commissioning Policy Group	8 November 2016
Integrated Governance and Quality Committee	20 August 2015

**Version Control:**

<b>Version No</b>	<b>Type of Change</b>	<b>Date</b>	<b>Description of Change</b>
1	Integrated Governance and Quality Committee	August 2015	
2	Date change	2016	Review date changed to November 2018
3	Date change link added	October 2018	Review date to be changed to November 2023: G-Care link added in policy statement.
4	Inclusion of other medical indications for circumcision and re-formatting	Sept 2019	Inclusion of other medical indications for circumcision and re-formatting
5	Date change Clarification of wording	December 2023	Review date changed to December 2027. Clarification of wording for recurrent paraphimosis