

General Commissioning Policy

Treatment	Male circumcision
For the treatment of	Clinical Health indications requiring surgical removal of foreskin
Background	<p>This commissioning policy is needed because male circumcision (defined as the surgical removal of all or part of the foreskin of the penis) may be done for certain medical reasons, but is often sought for cultural or religious reasons. Circumcision is not routinely commissioned by NHS Hull Clinical Commissioning Group (CCG) unless medically necessary.</p> <p>NB. Circumcision refers to male circumcision only. Female circumcision is prohibited in law by the Female Genital Mutilation Act 2003 (Ref 1) and is the subject of multi-agency guidelines from the Department of Health (Ref 2).</p>
Commissioning position	<p>Discrepancy between regional UK circumcision rates suggest a significant number of circumcisions are being unnecessarily performed and commissioning guidance is intended to provide the necessary information to identify and introduce conformity in the frequency of procedures undertaken though better understanding, and differentiation between disease and physiological change in the foreskin (ref 1).</p> <p>Not Commissioned Circumcision is not commissioned for cultural or religious or cosmetic reasons.</p> <p>Commissioned Circumcision is available for patients who have any of the following clinical indications :</p> <ul style="list-style-type: none"> • Congenital abnormalities with functional impairment • Distal scarring of the preputial orifice • Painful erections secondary to a tight foreskin • Recurrent bouts of infection (balanitis/balanoposthitis) • Redundant prepuce, phimosis (inability to retract the foreskin due to a narrow prepuce ring) sufficient to cause ballooning of the foreskin on micturition; and paraphimosis (inability to pull forward a retracted foreskin). • Lichen sclerosus (balanitis xerotica obliterans) -chronic inflammation leading to a rigid fibrous foreskin. • Pain on intercourse • Traumatic injury • Potentially malignant lesions of the prepuce, or those causing diagnostic uncertainty.
Effective from	February 2016
Summary of evidence / rationale	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

	<p>absence of scarring, is, therefore, physiologically normal and does not require any intervention.</p> <p>Paraphimosis (where the foreskin becomes trapped behind the glans 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 (ref 2) 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.</p> <p>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 glans and inclusion cyst (ref 3). 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) (ref 4). 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. These surgical procedures are performed to lift the loose skin of the face and forehead to achieve a firmer and smoother appearance. Guidance (1) on commissioning states the rationale is that “there are many changes to the face and brow as a result of ageing that may be considered normal, however, there are a number of specific conditions for which these procedures may form part of the treatment to restore appearance and function.”</p>
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References:

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4. British Medical Association (2006), London. The law and ethics of male circumcision: guidance for doctors. *J Med Ethics* 2004; 30: 259–263.
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<http://www.mrw.interscience.wiley.com/cochrane/clsysrev/articles/CD003362/pdf fs.html>

7. NHS Choices – Information on Circumcision and medical reasons why it may be necessary.
<http://www.nhs.uk/Conditions/Circumcision/Pages/Introduction.aspx>