NHS
Bath and North East Somerset, Swindon and Wiltshire
Integrated Care Board

CIRCUMCISION

PRIOR APPROVAL REQUIRED

Policy Statement – Circumcision

Indications for circumcision

- Pathological phimosis, i.e. the scarring of the opening of the foreskin making it non-retractable. This is unusual before 5 years of age. Commonly caused by lichen sclerosus (balanitis xerotica obliterans) known as BXO.
- Persistent phimosis in children approaching puberty and adults, following an attempted trial of non-operative interventions e.g., a 6-week course of high-dose topical steroid (i.e. betamethasone). A prescription of this would not normally exceed 3 months and should have achieved maximal therapeutic benefit within this time.
- Recurrent, troublesome episodes of infection beneath the foreskin (balanoposthitis).
- Prevention of UTI in patients with recurrent infections, as determined by a specialist.
- Paraphimosis in post pubescence patients.
- Trauma (e.g., zipper injury).
- Congenital abnormalities.

Circumcision in adults may be undertaken to treat a malignant or pre-malignant preputial lesion that is confined to the foreskin and for biopsy if there is suspicion of pathology other than lichen sclerosus.

BSW ICB does not commission Circumcision surgery for personal, social, cultural, or religious reasons and patients or their parents seeking this procedure should not be referred for ICB funded treatment.

BSW ICB does not commission Circumcision surgery for the prevention of sexually transmitted diseases or where a patient is solely suffering from pain on arousal or interference with sexual function.

The foreskin is still in the process of developing at birth and hence is often non-retractable up to the age of 3 years. The process of separation is spontaneous and does not require manipulation. By 3 years of age, 90% of boys will have a retractable foreskin. In a small proportion of boys this natural process of separation continues to occur well into childhood. Referrals from primary care for physiological phimosis account for a significant clinical workload in consultation time that could be avoided.

Female Circumcision

Female circumcision or female genital mutilation is prohibited by the law The Prohibition of Female Circumcision Act 1995 and will therefore not be funded by the ICB.

The aims of this policy include:

- Ensuring the right patients receive the right treatment in the right place, first time.
- Ensuring treatments for patients with conditions that BSW does NOT fund are NOT carried out.
- To consider the evidence-based interventions 3 (EBI3) guidance on circumcision.

Scope of this Policy

This policy covers adult and children circumcision, the policy includes criteria for access to male circumcision and includes a statement that female circumcision is not funded.

The decision as to whether a patient meets the criteria is primarily with the referring clinician, to be confirmed by the specialist receiving the referral.

This policy applies to all providers, including secondary care, general practitioners (GPs), GPs with enhanced role (GPwER), independent providers, and community or intermediate services.