NHS
Harrogate and Rural District
Clinical Commissioning Group

Clinical Thresholds

Condition or Treatment	Circumcision (adult)
Commissioning Threshold	This procedure is not commissioned unless there is evidence of any of the following clinical indications: • Redundant prepuce, phimosis (inability to retract the foreskin due to a narrow prepucial ring) sufficient to cause ballooning of the foreskin on micturition; and paraphimosis (inability to pull forward a retracted foreskin). • Balanitis Xerotica Obliterans (chronic inflammation leading to a rigid fibrous foreskin). • Balanoposthis (recurrent bacterial infection of the prepuce). Pain on intercourse • Potentially malignant lesions of the prepuce, or those causing diagnostic uncertainty. GPs can always refer if there is diagnostic doubt.
Referral Guidance	If the request meets the identified criteria the referral form needs to be completed and submitted via RSS. **Referral Form**
Effective from	April 2013
Summary of evidence / rationale	Phimosis that is not due to BXO does not usually require intervention. Topical steroid can be effective at releasing restriction to retraction of the foreskin due to a persistent preputial ring. 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 an indication for circumcision. There are several alternatives to treating retraction difficulties. The BMA (ref 3) 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 glans 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.

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Contact for this policy	Dr Bruce Willoughby GP / Governing Member Brucewilloughby@nhs.net

References:

1. British Medical Association (2006), London. The law and ethics of male circumcision: guidance for doctors. J Med Ethics 2004; 30: 259–263. http://jme.bmj.com/content/30/3/259.full.pdf+html
2. Siegfried N, Muller M, Deeks J, Volmink J. Male circumcision for prevention of heterosexual acquisition of HIV in men. Cochrane Database of Systematic Reviews 2009, Issue 2. http://www.mrw.interscience.wiley.com/cochrane/clsysrev/articles/CD003362/pdf_fs.html
3. NHS Choices – Information on Circumcision and medical reasons why it may be necessary. http://www.nhs.uk/Conditions/Circumcision/Pages/Introduction.aspx