



## Clinical Thresholds

<b>Condition or Treatment</b>	Circumcision (paediatric)
<b>Commissioning Threshold</b>	<p>No religious circumcisions will be commissioned</p> <p>This procedure is not commissioned unless there is evidence of any of the following clinical indications:</p> <ul style="list-style-type: none"> <li>• Distal scarring of the preputial orifice. A short course of topical corticosteroids might help with mild scarring.</li> <li>• Balanitis Xerotica Obliterans</li> <li>• Painful erections secondary to a tight foreskin</li> <li>• Recurrent bouts of infection (balanitis/ balanoposthitis)</li> <li>• Recurrent urinary tract infections with a phimotic foreskin.</li> </ul>
<b>Referral Guidance</b>	<p>Exceptional cases can be referred to the CCG's Individual Funding Request Panel for prior approval.</p> <div style="border: 1px solid black; border-radius: 10px; padding: 5px; width: fit-content; margin: 10px auto;"> <p style="text-align: center; margin: 0;"><b>Referral Form</b></p> </div>
<b>Effective from</b>	April 2013
<b>Summary of evidence / rationale</b>	<p>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.</p> <p>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.</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 an indication for circumcision. There are several alternatives to treating retraction difficulties.</p> <p>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.</p>
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<b>Contact for this policy</b>	<p>Dr Bruce Willoughby          GP / Governing Member  <a href="mailto:Brucewilloughby@nhs.net">Brucewilloughby@nhs.net</a></p>

**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. British Association of Paediatric Urologists (2013). Statement on Foreskin Conditions.  
<http://www.bapu.org.uk/statement-on-foreskin-conditions/>