Circumcision

NHS Devon

Commissioning policy

Circumcision is routinely commissioned in Devon for:

- Physiological phimosis:
  - In children approaching puberty and adults with persistent symptoms (discomfort, pain, difficulty with self-hygiene, recurrent paraphimosis) despite non-operative management (6-week course of topical corticosteroids).

    OR

  - In children with a diagnosed abnormality of the urinary tract where circumcision is part of secondary management to reduce urinary tract infections.
- Clinical diagnosis of pathological phimosis (balanitis xerotica obliterans / lichen sclerosus).
- Recurrent balanitis or balanoposthitis (3 or more episodes within 12 months despite treatment with topical corticosteroids).
- Acquired trauma where reconstruction is not feasible (e.g., following zipper trauma or dorsal slit for paraphimosis).

Rationale for the decision

The Academy of Medical Royal Colleges (AOMRC) Evidence Based Interventions (EBI) guidelines state that most foreskin conditions can be managed with non-operative management. Physiological phimosis, the most commonly cited medical reason for circumcision, naturally resolves as the child ages; persistent cases may also respond to non-operative management. Consequently, performing circumcision for physiological phimosis is likely to be unnecessary in most cases. Non-operative management is also indicated for most cases of balanitis or balanoposthitis however for recurrent episodes which do not respond to treatment, circumcision may prevent further episodes. Pathological phimosis and acquired trauma will not resolve with non-operative management, and as such circumcision is routinely indicated for these presentations.

Guidance notes on exceptionality

Where the circumstances of treatment for an individual patient do not meet the criteria described above exceptional funding can be sought. Individual cases will be reviewed by the appropriate panel of the ICB upon receipt of a completed application from the patient's GP, consultant or clinician. Applications cannot be considered from patients personally.

Date of publication:	Version:
29.02.2024	Policy agreed by NHS Devon ICB.