

# Evidence Based Intervention

## Penile circumcision

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## Policy:

This is a national Evidence Based Intervention policy formally adopted by Hertfordshire and West Essex Integrated Care Board. Please see <https://ebi.aomrc.org.uk/>

Penile circumcision is the surgical removal of the foreskin. It is performed as a day case procedure and requires general anaesthetic. While penile circumcision may be undertaken for religious, cultural, or medical reasons, the focus of this guideline is on the medical indications for penile circumcision.

Most foreskin conditions can be managed with simple advice and reassurance. There are a range of treatment options available for foreskin conditions and it's important that children and their parents are informed of these options prior to the decision to perform a penile circumcision, which cannot be reversed once performed.

While major morbidity and mortality following medical penile circumcision is very rare, these could be reduced and potentially avoided if surgical indications were more stringently applied.

## Criteria

Medical penile circumcision is rarely indicated as a primary treatment. Most children and young people presenting with penile problems require no intervention other than reassurance.

**This guidance applies to children and young people under 16 years.**

**This guidance excludes children and young people with congenital penile conditions such as hypospadias.**

Penile circumcision should only be performed for:

- Prevention of urinary tract infection (UTI) in patients with recurrent UTIs or at high risk of UTI

**OR**

- Pathological phimosis (balanitis xerotica obliterans /lichen sclerosus)

**OR**

- For persistent phimosis in children approaching puberty, following an attempted a trial of non-operative interventions e.g. a six-week course of high-dose topical steroid. A prescription of this would not normally exceed three months and should have achieved maximal therapeutic benefit within this time. A topical steroid such as Betamethasone (0.025-0.1%) is commonly prescribed.

**OR**

- Acquired trauma where reconstruction is not feasible, for example, following zipper trauma or dorsal slit for paraphimosis



ALL patients must have a formally documented discussion of the risks and benefits of foreskin preserving surgery versus penile circumcision using a shared decision-making framework.

**Patients who are not eligible for treatment under this policy may be considered on an individual basis where their GP or consultant believes exceptional circumstances exist that warrant deviation from the rule of this policy. Individual cases will be reviewed as per the ICB policy.**

### Rationale for Recommendation

The diagnostic code most often used for medical penile circumcision is phimosis. Phimosis is normal in babies and young children as the foreskin and glans of the penis are initially fused.

The percentage of children with full retraction of the foreskin increases with age. By the age of six years, approximately 8/100 cannot retract their foreskin at all, and 63/100 have adhesions which prevent the foreskin from being fully retracted. Since 99% of all children with a penis have full retraction of the foreskin by age 17 years, this leaves only one in 100 requiring medical penile circumcision for phimosis by their 17th birthday.

The GIRFT Paediatric General Surgery and Urology National Report reviewed medical penile circumcisions performed in hospital trusts in England and found variation in volumes and activity:

- 17.5% of penile circumcisions are in children aged under five years old
- In some trusts, as many as 50% of children are under the age of five years at the time of their procedure.

It is important to note that young children, especially those aged under five years are unable to give informed consent or assent and therefore it is especially important that surgeons and parents consider the evidence base and consider less radical options when making the decision to perform penile circumcision, which cannot be reversed once performed.

### Patient Information

Penile circumcision is the removal of the foreskin from the penis. This guidance does not focus on religious or cultural reasons for penile circumcision. It refers only to the medical indications for penile circumcision in children and young people under 16 years of age. Phimosis (where the foreskin is too tight to be pulled back over the head of the penis) is normal in babies and young children. The percentage that can fully retract the foreskin increases with age.

Evidence shows that there is a wide variation in numbers of penile circumcision performed across the England. It is important to note that young children may be unable to give informed consent to penile circumcision, therefore clinicians should carefully consider the evidence-base and alternative options available.

The EBI programme proposes clear, evidence-based criteria for use across England.



We recommend using the BRAN principles (Benefits, Risks, Alternatives and do Nothing) when speaking with patients about this.

Further information on patient involvement in EBI can be found at <https://ebi.aomrc.org.uk/resources/ebi-patient-information/> This weblink was correct as of 06/01/2025.

Further information can be found at <https://ebi.aomrc.org.uk/interventions/list-3-draft/> . This weblink was correct as of 06/01/2025.

### Coding

```
WHEN LEFT(Primary_Spell_Procedure,4) IN ('N303')
AND Any_Spell_Diagnosis LIKE '%N47%'
AND (NOT( Any_Spell_Diagnosis LIKE '%N390%'
OR Any_Spell_Diagnosis LIKE '%N48[01]%'
OR Any_Spell_Diagnosis LIKE '%Q54[0123489]%'
OR Any_Spell_Diagnosis LIKE '%Q55[345689]%'
)
OR Any_Spell_Diagnosis IS NULL
)
-- Age between 0 and 15
AND (isnull(APCS.Age_At_Start_of_Spell_SUS,APCS.Der_Age_at_CDS_Activity_Date) between 0
AND 15
OR isnull(APCS.Age_At_Start_of_Spell_SUS,APCS.Der_Age_at_CDS_Activity_Date) BETWEEN
7001 AND 7007)
THEN '3J_Penile_Circumcision'
```

### Exclusions

```
WHERE 1=1
-- Cancer Diagnosis Exclusion
AND (Any_Spell_Diagnosis not like '%C[0-9][0-9]%'
AND Any_Spell_Diagnosis not like '%D0%'
AND Any_Spell_Diagnosis not like '%D3[789]%'
AND Any_Spell_Diagnosis not like '%D4[012345678]%'
OR Any_Spell_Diagnosis IS NULL)
```

### -- Private Appointment Exclusion

```
AND apcs.Administrative_Category<>'02'
```



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## Change History:

Version	Date	Reviewer(s)	Revision Description

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