

BOB ICB and Frimley ICB Priorities Committee Clinical Commissioning Policy Statement

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| Policy Number/ Name | BOBFPC63 Circumcision and Preputioplasty |
| Date of BOB ICB Adoption | March 2024 |

Penile circumcision for cultural and non-therapeutic reasons is not normally funded.

Penile circumcision or preputioplasty will **not** normally be funded for the following indications in children and young people under the age of 16 years:

- Religious or cultural reasons
- A tight foreskin that shows no other signs of pathology
- A foreskin that is adherent to the glans
- Pain in the penis without apparent cause
- Less than four severe episodes of balanitis or balanoposthitis which can be managed conservatively for example with emollients, topical steroids, anti-fungals, oral antibiotics
- Paraphimosis where the foreskin is retracted and can be returned back to the end of the penis. This does not include pathological phimosis.
- Recurrent urinary tract infections (UTIs) where there is no abnormal renal or urinary tract anatomy*
- Prevention of sexually transmitted infections

Children have rights with respect to circumcision. Unless the child is at risk of serious and immediate harm, therapeutic circumcision should never be performed without parental consent and, when the child is Gillick² competent, the informed consent of the child himself. In cases of doubt seek legal advice if necessary.

Adults

Circumcision and preputioplasty will **not** normally be funded for the following indications in adults and young people 16 years or older:

- Religious or cultural reasons
- Recurrent UTIs
- Prevention of sexually transmitted infections

Adults continued:

The following management will need to be undertaken prior to circumcision:

- for mild to moderate signs of LS [historically referred to as balanitis xerotica obliterans (BXO)], topical steroids should be used.
- for mild to moderate pathological phimosis where scarring makes it non retractable, topical steroids should be used.
- for episodes of balanitis or balanoposthitis occurring less than four times per year, appropriate conservative management for example emollients, topical steroids, anti-fungals or oral antibiotics should be tried

OPCS codes:

N303 Circumcision

N30.1 Prepuceplasty

N30.4 Dorsal slit of prepuce [includes lateral slit of prepuce]

NOTES:

- Potentially exceptional circumstances may be considered by a patient's ICB where there is evidence of significant health status impairment (e.g. inability to perform activities of daily living) and there is evidence that the intervention sought would improve the individual's health status.
- This policy was developed and recommended by Thames Valley Priorities Committee which was the predecessor of Buckinghamshire, Oxfordshire, and Berkshire West ICB and Frimley ICB Priorities Committee.
- This policy will be reviewed in the light of new evidence or new national guidance, e.g., from NICE.
- BOBFPC clinical policies can be viewed at [Clinical Commissioning Policy Statements & IFRs | BOB ICB](#)

| Version | Date | Reason for change |
|-----------|--------------|---|
| Version 1 | May 2017 | |
| Version 2 | January 2020 | Guidance, evidence and clinical opinion reviewed at TVPC Nov 2019, Jan 2020 |
| Version 3 | June 2020 | Updated to provide further clarification in response to clinician feedback, policy intention not changed |
| Version 4 | January 2024 | Reviewed following publication of EBI guidance, no changes made. Small typographic error corrected. Language updated to be inclusive. |