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| Intervention | **062. Circumcision (all ages)** |
| For the treatment of: | Foreskin conditions |
| Commissioning position | This intervention is commissioned if the person has:* traumatic foreskin injury where reconstruction is not feasible
* Balanitis Xerotica Obliterans
* severe recurrent episodes of balanoposthitis
* recurrent febrile Urinary Tract Infections associated with an abnormal urinary tract

OR* as part of repair of hypospadias

OR* for phimosis in children approaching puberty that persists following at least a six-week course of high-dose topicalsteroid.

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.Circumcision is not commissioned for cultural, religious, or cosmetic reasons. |
| Summary of Rationale | Most foreskin conditions can be managed with simple advice and reassurance. 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.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.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. |
| References | [Management of foreskin conditions (BAPS)](https://www.baps.org.uk/wp-content/uploads/2017/03/MANAGEMENT-OF-FORESKIN-CONDITIONS.pdf)[EBI Penile Circumcision (AOMRC)](https://ebi.aomrc.org.uk/interventions/list-3-draft/) |
| Effective from: | January 2025 |
| Policy Review Date | January 2028 |