

## Priorities Forum Statement

<b>Number</b>	<b>8</b>
<b>Subject</b>	<b>Circumcision</b>
<b>Date of decision</b>	<b>May 2015</b>
<b>Date refreshed</b>	<b>March 2017</b>
<b>Date of review</b>	<b>May 2018</b>

**OPCS Code:**

N303 Circumcision

### GUIDANCE

Circumcision is a surgical procedure that involves partial or complete removal of the foreskin (prepuce) of the penis.

**Circumcision should only be funded by the NHS for medical reasons, and not for religious or social reasons.**

**The indications for which circumcision will be funded are:**

1. Pathological phimosis, with permanent scarring of the preputial orifice
2. Severe recurrent balanitis/ balanoposthitis
3. Exceptionally, recurrent febrile urinary tract infections in children with abnormal urinary tracts.

There may be other functional indications, these need to be approved on a case by case basis through local IFR departments.

Conservative management is preferable for all other common conditions of the foreskin, including physiological phimosis, paraphimosis, balanitis, posthitis, and hooded foreskin.

**Glossary:**

Phimosis - a tight ring often made of scar tissue preventing retraction of the foreskin, which may be primary, or secondary to recurrent infection

Balanitis - infection of the glans/ glans and foreskin

Paraphimosis – Inability to replace the foreskin after retraction

Posthitis - inflammation of the foreskin

Balanoposthitis – infection of the glans and foreskin

Balanitis xerotica obliterans – lichen sclerosis primarily affecting the foreskin

**Human Rights and Equalities legislation has been considered in the formation of this policy statement.**