

# Penile Conditions – Surgical Opinion and Treatment including Circumcision in Patients under the age of 16

## Criteria Based Access

Before consideration of referral for management in secondary care, please review advice on the Remedy website ([www.remedy.bnssg.icb.nhs.uk /](http://www.remedy.bnssg.icb.nhs.uk/)) or consider use of advice and guidance services where available.

Funding Approval for a referral to consider surgical treatment will only be provided by the ICB for patients meeting one of the criteria set out below. The patient's Clinical Referrer must supply evidence with the referral to show how the patient meets the published criteria.

- Pathological Phimosis (an inability to retract the foreskin) with BXO (Balanitis Xerotica Obliterans) in Children over 4 years and under 16 years of age.

A Referral for Consideration of Surgical Treatment will be funded where there is documented evidence within the primary care records of the clinical features associated with Balanitis Xerotica Obliterans (BXO) including one or more of the following:

- White scarring
- Fissures / weeping

OR

- Physiological Phimosis (foreskin is not scarred but is tight)

A referral for Consideration of Surgical Treatment will be funded where:

- The patient meets ALL of the following criteria:
  - Over 10 years and under 16 years of age
  - Experiencing symptoms (including discomfort/ difficulties with self-hygiene).
  - Attempts to improve with daily retraction for at least 1 year have proved ineffective as documented in the patient's clinical records.
  - Treatment with topical steroids (0.05%-0.1% betamethasone or equivalent) for 6 weeks has proved ineffective or if symptoms return within 3 months following adequate topical treatment, this should be documented within the patient's clinical records.

OR

- The patient has a diagnosed abnormal urinary tract and a circumcision is proposed as part of the secondary care management of this underlying condition.

OR

1. Balanitis / Balanoposthitis

A Referral for Consideration of Surgical Treatment will be funded where a patient is aged up to 16 years:

- a. Recurrent Balanitis / Balanoposthitis, specifically 3 documented episodes in the patient's primary care record during the preceding 12 months.

AND

- b. Where a minimum of 6 weeks' conservative methods (hygiene, topical steroids) have proved ineffective and is documented within the patient's clinical records.

NOTE:

If you have any concerns that symptoms relate to malignancy, you should refer via the 2WW pathway.

Not Routinely Commissioned – All patients

The reported benefits of circumcision, such as reduction of sexually transmitted infections and reduction of penile cancer risk, are insufficient to justify its therapeutic use.

- Circumcision for cultural, personal or religious beliefs is not routinely commissioned by the ICB.
- Frenectomy and Frenuloplasty are not routinely commissioned by the ICB in this age range.

Notes:

1. A patient under 16 will remain under the policy until discharged from the paediatric service, or transferred into the adult service with surgery agreed, this will ensure that patients referred that are under 16 still get access to the appropriate treatment even if they go beyond their 16th birthday.
2. If the patient in question is clinically exceptional compared to the cohort, then an Exceptional Funding Application may be appropriate. The only time when an EFR application should be submitted is when there is a strong argument for clinical exceptionality to be made. EFR applications will only be considered where evidence of clinical exceptionality is provided within the case history/primary care notes in conjunction with a fully populated EFR application form.

For more guidance please see <https://remedy.bnssg.icb.nhs.uk/>

## BRAN

For any health- related decision, it is important to consider “BRAN” which stands for:

- Benefits
- Risks
- Alternatives
- Do Nothing

### Benefits

Penile surgery can:

- Decrease or stop the pain the patient is experiencing.
- Improve passing urine if BXO scarring has affected it
- Reduce risks of recurrent Urinary Tract Infections.
- Prevent further episodes of balanitis

### Risks

As with all types of surgery, there is a risk of developing certain complications. The most common complications are bleeding and infection. However, these are rare with circumcision carried out for medical reasons in England.

Other complications can include:

- A decrease in sensation in the penis, particularly during sex, in adult life
- A poor cosmetic result

### Alternatives

The alternative to surgery is to continue to treat conditions conservatively if appropriate. Conservative treatment might include a course of topical steroids.

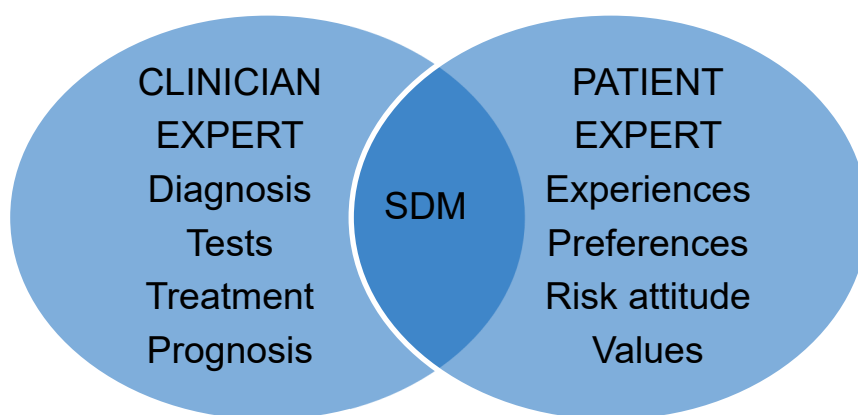
### Do Nothing

Remember, you always have the option to do nothing. Doing nothing is an equally reasonable option to doing something. Sometimes “not yet” is a good enough answer until you gather more information.

## Shared Decision Making

If a person fulfils the criteria for Penile Surgery, it is important to have a partnership approach between the person and the clinician.

Shared Decision Making (SDM) is the meeting of minds of two types of experts:



It puts people at the centre of decisions about their own treatment and care and respects what is unique about them. It means that people receiving care and clinicians delivering care can understand what is important to the other person.

The person and their clinician may find it helpful to use 'Ask 3 Questions':

- What are my options? (see sections above)
- What are the pros and cons of each option for *me*?
- How can I make sure that I have made the right decision?

## Penile Condition's – Surgical Opinion and Treatment Policy including Circumcision in Patients under the age of 16 – Plain Language Summary

What do we mean by Surgical Treatment for Penile Conditions?

Circumcision is the surgical removal of the foreskin. The foreskin is the hood of skin covering the end of the penis, which can be gently pulled back. This is the most commonly known term.

Circumcision is often used incorrectly to mean any surgical treatment to the foreskin.

Frenuloplasty is a surgical term that refers to the removal of the binding skin of the frenulum which can restrict movement of the foreskin. This procedure can be carried out to free up this movement without removing the foreskin.

There are a number of clinical presentations of conditions which may warrant consideration of a circumcision and/or other surgical treatment included within the scope of this policy.

## References:

1. NICE (2018) Balanitis (Clinical Knowledge Summary) [www.nice.org.uk](http://www.nice.org.uk)
2. National Health Service (2018) Health A to Z: Circumcision in men [online] [www.nhs.uk/conditions](http://www.nhs.uk/conditions)

3. Royal College of Surgeons (2013) Circumcision Commissioning Guide [online] [www.rcseng.ac.uk](http://www.rcseng.ac.uk)
4. British Association of Paediatric Surgeons (2006) Management of foreskin conditions [online] [www.baps.org.uk](http://www.baps.org.uk)
5. Redditch Bromsgrove CCG (2018) Circumcision Commissioning Policy [online] [www.redditchandbromsgroveccg.nhs.uk](http://www.redditchandbromsgroveccg.nhs.uk)
6. American Academy of Paediatrics (2020) Circumcision Policy Statement [online] [www.pediatrics.aappublications.org](http://www.pediatrics.aappublications.org)
7. Patient Platform (2016) Circumcision [online] [www.patient.info](http://www.patient.info)

## Connected Policies

Penile Condition's – Surgical Opinion and Treatment Policy including Circumcision in Patients 16 years and over

## Due regard

In carrying out their functions, the Bristol North Somerset and South Gloucestershire Clinical Policy Review Group (CPRG) are committed to having due regard to the Public Sector Equality Duty (PSED). This applies to all the activities for which the ICBs are responsible, including policy development and review.

## Document Control

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## Governance

Commissioning policies are assessed for their likely level of impact on BNSSG ICB and the population for which it is responsible. This determines the appropriate level of sign off. The below described the approval route for each score category.

Policy Category	Approval By
Level 1	Commissioning Policy Review Group.
Level 2	Chief Medical Officer, or Chief Nursing Officer, or System Executive Group Chair
Level 3	ICB Board

## OPCS Procedure codes

Must have any of (primary only):

N303,N284,N288,N289,N301,N302,N304,N305,N306,N308,N309,N291,N292,N298,N299

## Support

If you would like further copies of this policy or need it in another format, such as Braille or another language, please contact the Customer Services Team on: 0117 900 2655 or 0800 073 0907 or email them on [BNSSG.customerservice@nhs.net](mailto:BNSSG.customerservice@nhs.net).