

Penile Conditions – Surgical Opinion and Treatment including Circumcision in Patients 16 years and over

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/) or consider use of advice and guidance services where available.

Funding Approval for surgical treatment will only be provided by the ICB for patients meeting 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 (inability to retract foreskin)

- a. 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 symptoms:
- An inability to retract the foreskin
 - White scarring
 - Fissures
 - Redness of the prepuce
 - Weeping

AND

- b. Where a minimum of 8 weeks' conservative methods (hygiene, topical steroids) have proved ineffective and is documented in the patient's primary care records.

OR

Physiological Phimosis (foreskin can be retracted but is tight)

A referral for consideration of surgical treatment will be funded where a patient is:

- a. Suffering from a persistent tight foreskin that can be partially retracted which has persisted over the preceding 12 months. (NB: Non retractile ballooning of the foreskin and spraying of urine do not need to be referred for circumcision routinely)

AND

- b. Where a minimum of 8 weeks' conservative methods (hygiene, topical steroids) have proved ineffective or if symptoms return within 3 months and is documented in the patient's primary care records.

OR

1. Paraphimosis which has required medical attention to reduce

A referral for consideration of surgical treatment will be funded where a patient has more than one documented episode of clinically significant Paraphimosis in the preceding 12 months. (clinical records to be included with the referral)

OR

2. Balanitis/Balanoposthitis

A referral for consideration of surgical treatment will be funded where a patient is:

- a. Suffering from recurrent Balanitis / Balanoposthitis, specifically 3 documented episodes during the preceding 12 months.

AND

- b. Where a minimum of 8 weeks' conservative methods (hygiene, topical steroids) have proved ineffective or if symptoms return within 3 months 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

Frenuloplasty

Frenuloplasty will only be commissioned under the following circumstances.

- Recurrent tearing (more than one episode in the last 6 months)

OR

- Recurrent bleeding (more than one episode in the last 6 months)

OR

- Non healing

Frenectomy and Frenuloplasty outside of these criteria are **not routinely commissioned** by the ICB.

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

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.

Notes:

1. Where a patient has been seen and assessed in the paediatric service, they may be transferred into the adult service with surgery agreed based on the policy in place when initially seen, this will ensure that patients referred that are initially under 16 still get access to the commissioned 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.
3. All other penile conditions are not routinely commissioned see remedy for further advice.

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:

- **B**enefits
- **R**isks
- **A**lternatives
- **D**o **N**othing

Benefits

Penile surgery can decrease or stop the pain the patient is experiencing as a result of their condition.

Risks

As with all types of surgery, there are some risks to circumcision. Risks are rare for circumcision carried out for medical reasons in England, with bleeding and infection being the most common.

Other complications can include:

- A decrease in sensation in the penis
- Damage to the tube that carries urine inside the penis (urethra), causing it to narrow and making it hard to pass urine
- Removal of too much shaft skin together with the foreskin
- Accidental amputation of the head of the penis, which is very rare
- A blood infection or blood poisoning (septicemia)
- A poor cosmetic result

Alternatives

Continue to treat conditions conservatively, such as topical steroids, if appropriate.

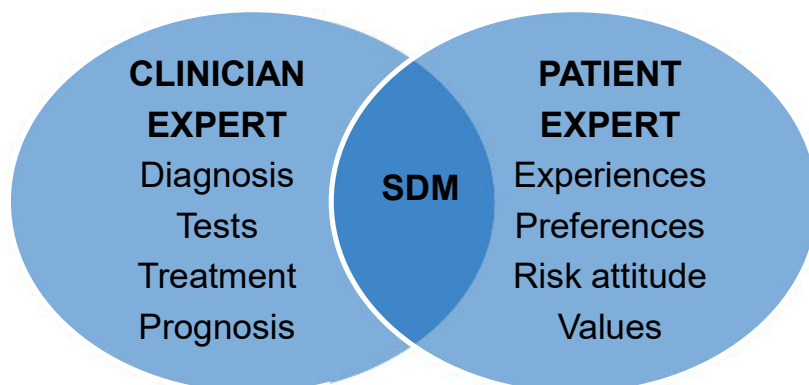
Do Nothing

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 of this policy, 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. This includes their preferences and values. 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':

1. What are my options?
2. What are the pros and cons of each option for **me**?
3. How do I get support to help me make a decision that is right for **me**?

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

A Frenoplasty is 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.

This policy has been developed with the aid of the following:

1. NICE (2018) Balanitis (Clinical Knowledge Summary) www.nice.org.uk
2. National Health Service (2018) Health A to Z: Circumcision in men [online] www.nhs.uk/conditions
3. Royal College of Surgeons (2013) Circumcision Commissioning Guide [online] www.rcseng.ac.uk
4. British Association of Paediatric Surgeons (2006) Management of foreskin conditions [online] www.baps.org.uk
5. Redditch Bromsgrove ICB (2018) Circumcision Commissioning Policy [online] www.redditchandbromsgroveICB.nhs.uk
6. American Academy of Paediatrics (2020) Circumcision Policy Statement [online] www.pediatrics.aappublications.org
7. Patient Platform (2016) Circumcision [online] www.patient.info

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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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.