

Part 2: Evidence and References

(Policy Part 1) Circumcision Surgical Threshold Policy

Rational and Evidence

Health Benefits of Circumcision

Circumcision for non-medical reasons is generally not thought to be of benefit to health. There is strong evidence that male circumcision reduces the acquisition of Human Immunodeficiency Virus (HIV) in heterosexual men, but only in areas of high HIV prevalence^{3 & 4}. There is insufficient evidence of circumcision as an effective intervention to prevent HIV transmission in men who practice homosexual sex⁵.

Circumcision has been proven an efficacious intervention in cases of Lichen Sclerosus, recurrent Balanoposthitis and adult Phimosis. In a multicentre series of 215 men with penile Lichen Sclerosus, medical and conservative management was first attempted. Circumcision was indicated in 34 cases and was successful in 100% of these⁶. Hence, surgery should be reserved for cases where conservative and medical management has been unsuccessful¹.

There is no current evidence to support an increased risk of penile cancer or cervical cancer in partners of uncircumcised males.

Circumcision to prevent urinary tract infection (UTI) is unproven except in boys with abnormal renal tracts.

There are several alternatives to treating retraction difficulties before circumcision is carried out¹:

- Simple bathing, topical steroids and antibiotics – for inflammatory conditions, eg Balanitis, Balanoposthitis, Posthitis (inflammation restricted to the foreskin itself).
- Topical steroids – for non retractile healthy foreskin (Physiological Phimosis).
- Gentle compression with a saline soaked swab followed by reduction of the foreskin over the glans is usually successful – where there is inability to manipulate the foreskin back over the glans (Paraphimosis).
- For hooded foreskin: refer patients with complications for assessment.

Risks of Procedure

Risk of general anaesthetic, bleeding, wound infection, altered glans sensation and altered cosmetic appearance are well-recognised complications⁷. Patients will need to abstain from sexual activity for six weeks following surgery.

References

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Policy effective from:	Reviewed policy endorsed by CCG Governing Body 11 May 2021 Reviewed policy approved by IPAC 27 April 2021 Reviewed policy approved by CPF 8 March 2021 Policy adopted by CCG 1 April 2013
Policy to be reviewed:	Static Status (This policy applies indefinitely, unless or until new evidence likely to have a material effect on the policy becomes available.)
Reference:	<i>onedrive\CPF Pols & working Area\Surg Threshold Pols\CCG Policies\Circumcision\Agreed\CIRCUMCISION MAY 2021 V5 – EVIDENCE PART 2</i>