

Best Practice Recommendations

PAEDIATRIC CIRCUMCISION PATHWAY

- SETTING** South West Surgery in Children Operational Delivery Network (SW SIC ODN)
- FOR STAFF** Staff involved in the pathways for children (under 18 years) undergoing circumcision
- PATIENTS** Children who are being considered for circumcision in organisations across the SW SIC ODN region.

Guidance

Summary

It is anticipated that <1.6% of boys will require a circumcision procedure before they turn 18 years of age (1), this pathway is intended to support centres in the South West in providing circumcision procedures consistently across the region and ensuring practice aligns to national guidance. Circumcision is the surgical removal of the foreskin, performed under general anaesthetic and should be performed as a day case procedure, except under exceptional circumstances.

Circumcision is an appropriate treatment for the following reasons:

- Balanitis Xerotica Obliterans (does not occur if <4 years of age) (see details below)
- Recurrent balanitis (see details below)
- Non-retractile foreskin in a child >10 years with symptoms (see details below)
- Reduction in risk of urinary tract infections in boys with congenital urinary tract abnormalities (generally a Consultant-to-Consultant referral) (9, 10)

Phimosis is normal in younger children and the foreskin then becomes more retractile with age (1).

Table 1.

Age	Percentage of boys with full retraction of foreskin
1	10%
10	50%
17	99%

(2,3,4)

A child <5years should rarely undergo circumcision unless for other congenital conditions (1).

Please note this pathway and national guidance does not include the provision of circumcision for cultural, social, or religious reasons; which is not funded by the NHS (7)

Patient Selection

1. All boys referred for circumcision should meet one of the following criteria to access treatment:

a. Pathological phimosis with balanitis xerotica obliterans (BXO) who meet the following criteria:

- >4years of age
- documented evidence of BXO in primary care notes including one or more of the following:
 - white scarring
 - fissures
 - weeping

(Note children <4 years old do not get BXO)

b. Physiological phimosis (foreskin not scarred but is tight) who meet the following criteria:

- *EITHER*: Meeting all the criteria below:
 - >10years old
 - experiencing symptoms such as discomfort/ difficulty with self-hygiene
 - daily retraction for one year has been attempted
 - treatment with topical steroids (0.05%-0.1% betamethasone or equivalent) for 6 weeks has proved ineffective
- *OR*: There is a diagnosed abnormality of the urinary tract and circumcision is part of secondary management to reduce urinary tract infections.

c. Recurrent balanitis/balanoposthitis, documented as having occurred x3 or more in previous 12 months despite 6 weeks treatment with topical steroids (0.05%-0.1% betamethasone or equivalent) (5)

2. Once decision to circumcise is confirmed, the child will enter the surgical waiting list for an elective procedure. **ALL** children undergoing elective procedures under general anaesthetic should:

- a. Be **pre-assessed** in a timely manner according to their individual health needs but ideally no less than two weeks prior to surgery (8).
- b. Receive appropriate information pertaining to the procedure and post operative care to allow patients/parents/carers to give informed consent

Day of Surgery

3. Boys undergoing circumcision should have the procedure performed by those experienced and competent to carry out the procedure (7)
4. The procedure should be undertaken in an appropriate children's surgical environment (7).

Discharge

5. Children should be observed and discharged post-operatively according to local policies. It is not necessary for a boy to have urinated prior to discharge unless they have had meatal surgery (11)
6. Appropriate analgesia should be administered during the operative period and in recovery to ensure appropriate timely discharge is achieved. This should be weight-based dosing as per BNFC for post-operative pain management guidance (6)
7. Appropriate analgesia and instructions should be given to the parents at discharge. This must highlight the importance of giving regular paracetamol and ibuprofen for at least 3 days post operatively (11).

Follow up











8. As part of the SW SIC ODN, centres should participate in audits of their circumcision pathway for children against these recommendations to identify opportunities to improve safety, quality and performance, including audit of re-admissions, length of stay and reasons.

Table A

Reference	
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	9. Singh-Grewal, D. (2005). Circumcision for the prevention of urinary tract infection in boys: a systematic review of randomised trials and observational studies. Archives of Disease in Childhood, [online] 90(8), pp.853–958. 88

	<p>10. The British Association of Paediatric Urologists on behalf of the British Association of Paediatric Surgeons and the Association of Paediatric Anaesthetists. Management of foreskin conditions, 2006, Link here</p> <p>11. NHS Circumcision in Boys. Link here.</p>
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Queries & Contact	<p>For any queries related to this document please contact the South West Surgery in Children Operational Delivery Network via email: ubh-tr.swsicodn@nhs.net</p>

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