Best Practice Recommendations

PAEDIATRIC CIRCUMCISION PATHWAY

SETTING	Thames Valley & Wessex Surgery in Children Operational Delivery Network (TVW 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 TVW SIC ODN region.

Guidance

Summary

Circumcision is the surgical removal of the foreskin. 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 Thames Valley & Wessex in providing circumcision procedures consistently across the region and ensuring practice aligns to national guidance. Circumcision in boys should be performed under general anaesthetic and should be performed as a day case procedure, except under exceptional circumstances.

Circumcision can be considered an appropriate treatment for the following reasons: (1,9,10,12)

- Balanitis Xerotica Obliterans (rare if under 5 years of age)
- Recurrent balanitis/balanoposthitis (not just simple ammoniacal reaction)
- Non-retractile foreskin in a child >10 years with significant symptoms
- Reduction in risk of urinary tract infections in boys with congenital urinary tract abnormalities (generally a consultant-to-consultant referral)
- Acquired trauma where reconstruction is not feasible

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

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

Table 1: Foreskin retraction by age(1)

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 routinely funded by the NHS. (7)

Patient Selection

1. All boys referred for circumcision should meet one of the following criteria to access treatment: [1,10,12]

   a. Pathological phimosis with balanitis xerotica obliterans (BXO) who meet the following criteria:
   - >5 years of age
   - documented evidence of BXO in primary care notes including one or more of the following:
     - white scarring
     - fissures
     - weeping

   (Note BXO is rare in boys <5 years old)

   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 the 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 postoperative 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.[10]
4. The procedure should be undertaken in an appropriate children's surgical environment.[10]

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. Children should be followed up according to their pathology and a PIFU pathway should be considered.(13)
9. As part of the TVW 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.

References:

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Authorising Body

This document was ratified by members of the TVW Paediatric Surgery Clinical Forum and approved at the TVW SiC Board on 9th June 2026. For further information regarding this group please contact the TVW SIC ODN team on the details below.

Queries & Contact

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