# Male circumcision

GUIDANCE FOR HEALTHCARE PRACTITIONERS
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The Royal
College
of
Surgeons

of

England

Statement from the British Association of Paediatric Surgeons, the Royal College of Nursing, the Royal College of Paediatrics and Child Health, The Royal College of Surgeons of England and the Royal College of Anaesthetists.

This statement refers to circumcision in male children only. Female circumcision is prohibited by law in the *Prohibition of Female Circumcision Act 1995*. Circumcision for religious reasons is outside the remit of this statement.

## Natural history of the foreskin

- The foreskin is still in the process of developing at birth and hence is often non-retractable up to the age of three years.
- The process of separation is spontaneous and does not require manipulation.
- By three years of age, 90% of boys will have a retractable foreskin.
- In a small proportion of boys this natural process of separation continues to occur well into childhood.

#### Indications for circumcision

- The one absolute indication for circumcision is scarring of the opening of the foreskin making it nonretractable (pathological phimosis). This is unusual before five years of age.
- Recurrent, troublesome episodes of infection beneath the foreskin (balanoposthitis) are an occasional indication for circumcision.
- Occasionally, specialist paediatric surgeons or urologists may need to perform a circumcision for some rare conditions.

## Criteria to be fulfilled in performing circumcision

- The operation should be performed by, or under the supervision of, doctors trained in children's surgery.
- The child must receive adequate pain control during and after the operation.
- The parents and, when competent, the child, must be made fully aware of the implications of this operation as it is a non-reversible procedure.
- This operation must be undertaken in an operating theatre or an environment capable of fulfilling guidelines<sup>1</sup> for any other surgical operation.
- The person responsible for the operation must be available and capable of dealing with any complications which may arise.
- There should be close links with the patient's GP and community services for continuing care after the operation.
- Accurate records of all procedures and audit of results are essential.

#### Reference

1 Paediatric Forum. *Children's Surgery – A First Class Service*. London: The Royal College of Surgeons of England: 2000.

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# Members of the Circumcision Working Party

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## Further reading

British Association of Paediatric Surgeons, *Religious Circumcision of Male Children Standards of Care*, 2001. Available from URL: http://www.baps.org.uk/documents/RELCIRC.htm

British Medical Association, The Law and Ethics of Male Circumcision - Guidance for Doctors, 2003 Available from URL: http://www.bma.org.uk/ap.nsf/Content/malecircumcision2003