

## Freedom of Information request 1-23

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### Request

As part of my ongoing research into circumcision within the Scottish NHS, I require details into the following:

1. There are four main styles of circumcision:

- High & tight circumcision
- High & loose circumcision
- Low & tight circumcision
- Low & loose circumcision

Please indicate if patients, or in the case of pediatric patients the parents, are informed about the different styles of circumcision and the benefits/negatives of each.

2. There is evidence to suggest that surgeons working in the NHS are defaulting to a High & Tight circumcision style which removes not only the entire foreskin but also some penile shaft tissue. This can commonly lead to uncomfortable erections and pubic skin and hair being drawn up the shaft of the penis. Please state the rationale for this given that Low & Loose circumcisions preserve more erogenous tissue and are commonly performed in continental Europe without the negatives associated with more radical circumcisions.

3. Are all surgeons properly trained in the aforementioned styles of circumcision to the extent that they are able to perform them competently?

4. Are patients also informed that partial circumcision may also be an option? An important consideration given that some ethnic communities, specifically Hindus, object to radical circumcision given its association with Islam and may decline treatment if only radical circumcision is offered.

5. Are patients/parents properly informed as to the nature of the foreskin, its role in sexual function, and that circumcision may result in significant loss of sensitivity to the extent that it may result in difficulty climaxing or anorgasmia?

6. Are patients informed that circumcision could result in severe psychological distress and has been associated with at least one highly reported suicide in recent years?

7. Are patients sent a follow up survey to ascertain levels of satisfaction, effect on sexual function, or presence of regret? If not, how is patient satisfaction monitored?

8. Where male patients are diagnosed with a condition such as Lichen Sclerosis but wish to avoid circumcision are they given the option of a referral to dermatology, or must they specifically request it?

9. Given that Lichen Sclerosis is now understood to be an autoimmune condition triggered by an adverse reaction to urine, what immunosuppressive medications (both topical and systemic) are potential options when potent topical steroid creams have failed to control symptoms adequately?

### Response

1. The NHS Borders Urology team are not aware of this terminology; therefore, patients/parents are not advised based on those terms. The recognised variations are either circumcision or frenuloplasty for Phimosia and circumcision for ritual/non-clinical reasons.

2. Penile shaft tissue is never removed in standard circumcision. In the case of severe Balanitis Xerotica Obliterans (BXO)/adhesions, dissection is done to identify coronal sulcus. The term 'radical' for circumcision is not appropriate as relates to cancer. The foreskin needs removed up to corona for it to be appropriate regarding hygiene and preventing re-phimosis. Frenuloplasty is part of standard technique depending upon how short the ventral skin is.
3. NHS Borders surgeons are trained for circumcision as per the standard surgery/urology training which does not refer to the aforementioned styles.
4. The phrase "partial circumcision" is not recognised. However, dorsal slit is short of circumcision and is only done as emergency for retention due to phimosis (future circumcision is advised) or in very elderly patients who are medically unfit for catheterisation. The term dorsal slit is used and this is cosmetically very poor in the long term.
5. NHS Borders patients are thoroughly informed about the irreversible nature of the operation i.e. the foreskin cannot be reconstructed. They are also advised about altered sensitivity, which is temporary. There is also a British Association of Urological Surgeons (BAUS) patient leaflet on BAUS website for circumcision. Circumcision is carried out in NHS Borders for medical reasons only (phimosis) with the presumption that sexual function is affected prior to circumcision.
6. As the patient is referred for medical reasons only, they are not given advice on psychological distress. However, if they are concerned about the surgery, they are given information and the option to reconsider.
7. There is no routine follow up for circumcision surgery. This would only occur if there were intraoperative findings of severe BXO and an anticipation of meatal stenosis or if the patient requested a review regarding delayed healing.
8. By the time such patients reach the urology clinic, they have already exhausted topical treatments. If patient wishes to avoid circumcision the option for referral to dermatology is always open to them and would be offered.
9. NHS Borders does not use this approach as a standard; however, it would be performed by dermatology in the case of a patient wishing to avoid circumcision.

If you are not satisfied with the way your request has been handled or the decision given, you may ask NHS Borders to review its actions and the decision. If you would like to request a review please apply in writing to, Freedom of Information Review, NHS Borders, Room 2EC3, Education Centre, Borders General Hospital, Melrose, TD6 9BS or [foi.enquiries@borders.scot.nhs.uk](mailto:foi.enquiries@borders.scot.nhs.uk).

The request for a review should include your name and address for correspondence, the request for information to which the request relates and the issue which you wish to be reviewed. Please state the reference number **1-23** on this request. Your request should be made within 40 working days from receipt of this letter.

If following this review, you remain dissatisfied with the outcome, you may appeal to the Scottish Information Commissioner and request an investigation of your complaint. Your request to the Scottish Information Commissioner should be in writing (or other permanent form), stating your name and an address for correspondence. You should provide the details of the request and your reasons for dissatisfaction with both the original response by NHS Borders and your reasons for dissatisfaction with the outcome of the internal review. Your application for an investigation by the Scottish Information Commissioner must be made within six months of your receipt of the response with which you are dissatisfied. The address for the Office of the Scottish Information Commissioner is, Office of the Scottish Information Commissioner, Kinburn Castle, Doubledykes Road, St Andrews, Fife.