Lothian NHS Board

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Date 20 July 2026
Your Ref
Our Ref 11597

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Dear

FREEDOM OF INFORMATION – THERAPEUTIC CIRCUMCISION

I write in response to your request for information in relation to therapeutic circumcision.

Question:
Part 1: Performance and Waiting List Data

1. Waiting List Volume: What is the current total number of adult patients on the urology waiting list for therapeutic circumcision?

Answer:
There are currently 507 patients on the waiting list.

Question:
2. Median Wait Time: What is the current median waiting time (in weeks) for adult patients from "Decision to Treat" to the procedure date?

Answer:
The Median wait time for patients who were on the waiting list between 1 June 2025 and 30 June 2026 was 308.5 days.

Question:
3. Procedure Breakdown: Please provide the total number of adult therapeutic circumcisions performed in the last 12 months, broken down by:

Method: Manual Suture vs. Automated Stapler.
Anaesthetic: General Anaesthetic (GA) vs. Local Anaesthetic (LA).

Answer:
There were 228 completed procedures between 1 June 2025 and 30 June 2026. We are not able to provide a breakdown by procedure or anaesthetic used as this information is not recorded centrally. Information will be held in individual patient records, but in order to provide the information you request it would be necessary to review each patient record over the period you have specified, requiring significant resources. Under section 12 of the Freedom of Information

(Scotland) Act 2002, NHS Lothian is not required to respond to your request if the resources required to do so equate to more than £600 in cost.

Question:
Part 2: Clinical Governance and Procedural Classification

4. Definition of "Major Surgery": Please provide the Trust's formal Clinical Governance or SOP document defining "Major Surgery." What clinical metrics are used to categorize a 15-minute procedure as "Major" rather than "Minor" or "Day-Case"?

5. Benchmarking: Does the Trust classify other elective procedures with similar operative times (e.g., vasectomies) as "Major Surgery"? If not, please provide the clinical risk assessment that necessitates a different classification for stapler-assisted circumcision.

Answer:
There is no formal definition of 'major surgery'.

Question:
6. Resource Utilization: Has the Trust performed a Cost-Benefit Analysis (CBA) or a Resource Utilization Review comparing the cost of performing this procedure in a Main Theatre suite versus a designated outpatient procedure room?

Answer:
No such exercise has been carried out.

Question:
Part 3: Innovation and Consent

7. Device Specifications: What is the manufacturer and model of the stapler device currently utilized?

8. Implementation Timeline: When was this technology first introduced/commissioned within the Board?

Answer:
Staplers are not used in NHS Lothian's theatres for circumcision.

Question:
9. Patient Information: Please provide a copy of the Patient Information Leaflet currently provided to patients undergoing this procedure. If no leaflet exists, please explain how the Board satisfies the requirements of Montgomery v Lanarkshire (2015) to inform patients of "reasonable alternatives" (e.g., choice between manual suture vs. automated stapler).

Anwer
Enclosed

Question:
10. Incident Reporting: Please confirm if any clinical incident reports or formal complaints have been logged in the last 24 months specifically concerning the choice of surgical technique, or the lack of outpatient availability for this procedure.

Answer:
There have been no incidents or complaints recorded.

Question:
Part 4: Waiting List Integrity and "Hidden" Backlogs

11. Pre-pathway Volumes: How many patients are currently being held in a "pre-pathway," "pending," or "waiting for booking" status who have received a "Decision to Treat" but have not yet had their Referral to Treatment (RTT) clock formally started?

Answer:
We do not have anyone on a pending or waiting to book list. Patients are usually added to the waiting list within 24 hours of decision to treat being confirmed. We do have patients who require further investigations e.g. by anaesthetics or by our pre-operative care of the older person team before being added to the waiting list. The DTT for these patients is confirmed once they have attended for these further investigations.

Question:
12. DTT to RTT Delay: For the last 12 months, what is the average duration (in days) between a patient's "Decision to Treat" and the formal RTT clock start date for adult therapeutic circumcision?

Answer:
There is no delay from the DTT to the RTT, the DTT is the start date of the referral.

Question:
13. Data Integrity Audits: Has the Trust conducted any internal audits or received any warnings from internal or external auditors regarding data quality issues or RTT clock start accuracy specifically within the Urology department in the last 24 months?

Answer:
The Waiting Times Governance Team do internal audits on a monthly basis.

I hope the information provided helps with your request.

If you are unhappy with our response to your request, \you do have the right to request us to review it. Your request should be made within 40 working days of receipt of this letter, and we will reply within 20 working days of receipt. If our decision is unchanged following a review and you remain dissatisfied with this, you then have the right to make a formal complaint to the Scottish Information Commissioner within 6 months of receipt of our review response. You can do this by using the Scottish Information Commissioner's Office online appeals service at www.itspublicknowledge.info/Appeal. If you remain dissatisfied with the Commissioner's response you then have the option to appeal to the Court of Session on a point of law.

If you require a review of our decision to be carried out, please write to the FOI Reviewer at the email address at the head of this letter. The review will be undertaken by a Reviewer who was not involved in the original decision-making process.

FOI responses (subject to redaction of personal information) may appear on NHS Lothian's Freedom of Information website at: https://org.nhslothian.scot/FOI/Pages/default.aspx

Yours sincerely

ALISON MACDONALD
Executive Director, Nursing
Cc: Chief Executive
Enc.

CIRCUMCISION (COMPLETE REMOVAL OF THE FORESKIN)

Information about your procedure from
The British Association of Urological Surgeons (BAUS)

This leaflet contains evidence-based information about your proposed urological procedure. We have consulted specialist surgeons during its preparation, so that it represents best practice in UK urology. You should use it in addition to any advice already given to you.

To view this leaflet online, scan the QR code (right) or type the short URL below it into your web browser:

http://rb.gy/w8zpf

KEY POINTS

- Circumcision is usually performed as a short-stay procedure under local or general anaesthetic
- The entire foreskin is removed to leave the head of the penis exposed
- As well as looking different, your penis will feel different after the procedure
- Absorbable stitches are used which disappear after two to three weeks

What does this procedure involve?

The procedure involves complete removal of the foreskin. It is usually performed for one or more of the following reasons:

- **a tight, non-retractile foreskin** - known as phimosis;
- **recurrent infections under the foreskin** – known as balanitis;
- **skin disease on the foreskin and glans** (head of penis) - such as chronic inflammation;
- **large warty lesions of the foreskin**; or
- **cancerous or pre-cancerous lesions of the foreskin.**

What are the alternatives?

- **Topical creams and washes (including short-term use of a**

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steroid cream) – for phimosis, these may decrease inflammation and relieve some tightness but symptoms often return once the treatment is stopped. They are not suitable, or effective, in all patients and your specialist will be able to advise you accordingly. Circumcision is usually necessary if topical agents fail.

- **Dorsal slit of the foreskin** – this involves incising (cutting) the tip of your foreskin to relieve the tightness which is preventing retraction.

- **Frenuloplasty** - a surgical procedure used when the frenulum is tight, causing pain and may tear during intercourse

- **Preputioplasty** – a surgical procedure used to widen the foreskin at its point of maximum tightness.

What happens on the day of the procedure?

Your urologist (or a member of their team) will briefly review your history and medications, and will discuss the surgery again with you to confirm your consent. If you are having a local anaesthetic, this will also be explained to you at this stage.

An anaesthetist will see you to discuss the options of a general anaesthetic or spinal anaesthetic. The anaesthetist will also discuss pain relief after the procedure with you.

We usually provide you with a pair of TED stockings to wear, and we may give you a heparin injection to thin your blood after the operation, if you remain in hospital. These help to prevent blood clots from developing and passing into your lungs.

Details of the procedure

- we usually carry out the procedure under a general anaesthetic, but local or spinal anaesthetic may be used instead
- we use local anaesthetic nerve blocks, regardless of the type of anaesthetic, to provide post-operative pain relief

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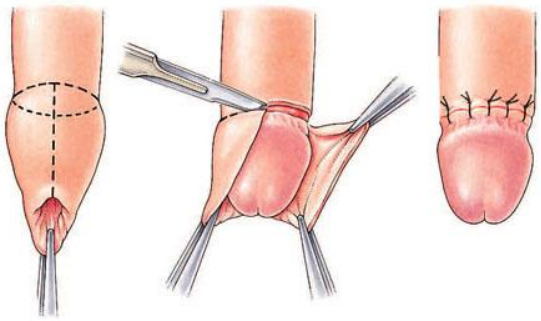
- we may give you an injection of antibiotics before the procedure, after you have been checked for any allergies (but this is not common)
- we make a circular incision in your foreskin at a level just below the head of the penis and remove the whole foreskin; this leaves the glans (head of the penis) completely exposed



- we use dissolvable stitches to attach the skin of your penis to below your glans (see right); these stitches usually disappear within two to three weeks

Are there any after-effects?

The possible after-effects and your risk of getting them are shown below. Some are self-limiting or reversible, but others are not. We have not listed very rare after-effects (occurring in less than 1 in 250 patients) individually. The impact of these after-effects can vary a lot from patient to patient; you should ask your surgeon's advice about the risks and their impact on you as an individual:

After-effect	Risk
Swelling of the penis which usually lasts up to 7-14 days	 All patients
Increased sensitivity of the head of your penis which can last for up to two weeks	 Almost all patients
Permanent altered or reduced sensation in your glans penis (head of the penis)	 Almost all patients
Infection of the incision requiring antibiotics or surgical drainage	 Between 1 in 50 & 1 in 100 patients (1 to 2%)

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Bleeding from the wound, occasionally requiring a further procedure	 Between 1 in 50 & 1 in 100 patients (1 to 2%)
Dissatisfaction with the cosmetic result	 Between 1 in 50 & 1 in 250 patients
Oedema (swelling) of excess skin requiring further surgery and skin removal	 Between 1 in 50 & 1 in 250 patients
Anaesthetic or cardiovascular problems possibly requiring intensive care (including chest infection, pulmonary embolus, stroke, deep vein thrombosis, heart attack and death)	 Between 1 in 50 & 1 in 250 patients (your anaesthetist can estimate your individual risk)

What is my risk of a hospital-acquired infection?

Your risk of getting an infection in hospital is between 4 & 6%; this includes getting *MRSA* or a *Clostridium difficile* bowel infection. Individual hospitals may have different rates, and the medical staff can tell you the risk for your hospital. You have a higher risk if you have had:

- long-term drainage tubes (e.g. catheters);
- bladder removal;
- long hospital stays; or
- multiple hospital admissions.

What can I expect when I get home?

- you will get some swelling and bruising of the penis which may last up to 7-14 days
- it can take up to six weeks before the penis returns to its final cosmetic appearance
- the exposed glans penis will feel very sensitive for the first 2-3 weeks, although a few patients describe this lasting longer
- once the hypersensitivity has settled, your penis may feel a little less sensitive than before the operation
- the exposed glans may dry out and scab over; applying a little vaseline will help this and can also help decrease the sensitivity after the operation

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- all your stitches will dissolve, usually within two to six weeks
- simple painkillers such as paracetamol are helpful if you have any discomfort
- any dressing should fall off within 24 hours; if it does not, or if it becomes soaked with urine, you should remove it
- try to keep the area dry for 24 to 48 hours; avoid soaking in a bath
- you should not swim for two to three weeks, unless approved by your specialist
- wear loose-fitting clothing for two to three days
- you will be given a copy of your discharge summary and a copy will also be sent to your GP
- any antibiotics or other tablets you may need will be arranged & dispensed from the hospital pharmacy
- you will continue to get erections as normal after the procedure but you should refrain from any sexual activity (intercourse or masturbation) for four weeks, or until the wound is fully healed
- when you first get erections, you may feel some tightness and discomfort around the scar tissue; this will regain its normal elasticity within a few months
- the procedure will have no effect on your ejaculation and fertility
- you may find that, after circumcision, your experience of sex or masturbation is different. The foreskin allows the skin of your penis to move back & forwards; removing the foreskin may mean that this movement is reduced. Most men adapt to these changes after circumcision, and enjoy a healthy sex life. You may find it helpful to use a hypoallergenic, silicone-based lubricant, especially in the early weeks after circumcision

General information about surgical procedures

Before your procedure

Please tell a member of the medical team if you have:

- an implanted foreign body (stent, joint replacement, pacemaker, heart valve, blood vessel graft);
- a regular prescription for a blood thinning agent (e.g. warfarin, aspirin, clopidogrel, rivaroxaban, dabigatran);
- a present or previous MRSA infection; or
- a high risk of variant-CJD (e.g. if you have had a corneal transplant, a neurosurgical dural transplant or human growth hormone treatment).

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Questions you may wish to ask
If you wish to learn more about what will happen, you can find a list of suggested questions called "Having An Operation" on the website of the Royal College of Surgeons of England. You may also wish to ask your surgeon for his/her personal results and experience with this procedure.

Before you go home
We will tell you how the procedure went and you should:

- make sure you understand what has been done;
- ask the surgeon if everything went as planned;
- let the staff know if you have any discomfort;
- ask what you can (and cannot) do at home;
- make sure you know what happens next; and
- ask when you can return to normal activities.

We will give you advice about what to look out for when you get home. Your surgeon or nurse will also give you details of who to contact, and how to contact them, in the event of problems.

Smoking and surgery
Ideally, we would prefer you to stop smoking before any procedure. Smoking can worsen some urological conditions and makes complications more likely after surgery. For advice on stopping, you can:

- contact your GP;
- access your local NHS Smoking Help Online; or
- ring the Smoke-Free National Helpline on **0300 123 1044**.

Driving after surgery
It is your responsibility to make sure you are fit to drive after any surgical procedure. You only need to contact the DVLA if your ability to drive is likely to be affected for more than three months. If it is, you should check with your insurance company before driving again.

What should I do with this information?

Thank you for taking the trouble to read this information. Please let your urologist (or specialist nurse) know if you would like to have a copy for your own records. If you wish, the medical or nursing staff can also arrange to file a copy in your hospital notes.

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What sources have we used to prepare this leaflet?

This leaflet uses information from consensus panels and other evidence-based sources including:

- the Department of Health (England);
- the Cochrane Collaboration; and
- the National Institute for Health and Care Excellence (NICE).

It also follows style guidelines from:

- the Royal National Institute for Blind People (RNIB);
- the Patient Information Forum; and
- the Plain English Campaign.

DISCLAIMER

Whilst we have made every effort to give accurate information, there may still be errors or omissions in this leaflet. BAUS cannot accept responsibility for any loss from action taken (or not taken) as a result of this information.

PLEASE NOTE: the staff at BAUS are not medically trained, and are unable to answer questions about the information provided in this leaflet. If you have any questions, you should contact your Urologist, Specialist Nurse or GP in the first instance.

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