

Dear Dr,

Re: Patient name and CHI to be completed by secretary

Many thanks for referring the above gentleman for opinion regarding phimosis.

For many cases of phimosis we advise application of Clobetasol Propionate 0.05% OD for 12 weeks prior to considering referral for circumcision. Topical steroid application, particularly in the adolescent population, can soften foreskins and make foreskins more retractile.

This does not apply in the following situations:

- 1 Pinhole meatus/ completely non retractile foreskin
- 2 Patients with thickened oedematous foreskin consistent with prolonged Lichen Sclerosus (LS)/ Balanitis Xerotica Obliterans (BXO)
- 3 Cases where there is concern there is an underlying penile lesion

Following trial of conservative management, the patient should be aware that circumcision is the permanent removal of the foreskin with risks of bleeding, cosmetic changes, scarring, sensation changes, buried penis and will be performed in the majority under local anaesthetic. We attach a further patient information letter, which has been sent to your patient directly.

If you feel your patient still needs assessed due to the presence of one of the three caveats, then please re send a SCI Gateway referral. We will not be routinely sending for patients who have been given the conservative advice sheet unless we are recontacted.

Yours sincerely

Urology Consultants GGC

Dear Sir,

Patient name and CHI

You have been referred for an opinion regarding your tight foreskin.

Tightness of the foreskin can cause no symptoms for most of the time. Men may first notice an issue when they become sexually active, as the foreskin tightens during erections. Additionally, as men get older it can be there is a scarring disease called balanitis xerotica obliterans (BXO) or lichen sclerosis, which can cause tightening.

Treatments for a tight foreskin involve measures of retracting the foreskin and applying topical steroids for a 3-month period, to try and soften the skin. This may be enough in some men to solve the issue. Your GP will give you a strong steroid cream to be applied to the foreskin once a day; please use this regularly with the following advice:

1 Please use a thin layer of steroid cream around the entire foreskin. It should cover all the way around from the area at your penis tip down to where your foreskin meets the skin lower on your penis shaft

2 Gently massage the cream into the foreskin, rubbing the foreskin tissue slowly until the cream has been fully absorbed into the skin

3 Carefully try to pull your foreskin back, stopping when you start feeling discomfort or pain. Try applying some cream to the tip of your penis too, once it's exposed enough.

4 Combining stretching the foreskin when in the bath/ shower means the high water temperature helps to loosen the skin and make it easier to stretch.

If this is not successful, after a trial of 12 weeks, the last line treatment for a tight foreskin is surgery. Circumcision is the permanent removal of the foreskin. This is generally a day case procedure, performed under local anaesthetic. With surgery there is chance of bleeding/ bruising, infection and specific to circumcision, change in appearance, sensation and scarring.

Please re contact your GP if the steroid creams are not successful in resolving the issue. At this point they will refer you for consideration of circumcision.

Yours sincerely

Urology consultants GGC