

Circumcision HelpDesk™



Comparison of NHS and Private Clinics for Circumcision in the UK

©2018 The Circumcision Helpdesk™

Published in England by The Circumcision Helpdesk™

London, United Kingdom

<http://www.circumcisionhelpdesk.org>

NHS versus Private Clinics for Circumcision

There are often doubts as to whether to use the NHS for a circumcision in the UK or to go to a private clinic for it. This brief booklet attempts to show the main differences in the benefits and disadvantages of each under various headings.

| Factor | NHS | Private Clinic |
|-----------------------------|--|---|
| Reasons | Only performed in cases of immediate and obvious medical need, often after a long period with useless creams. | Performed for both immediate medical need and for preventative purposes. Also available for religious, cultural or social reasons. |
| Cost | Operation and hospital costs are covered by the NHS. Dressings & drugs for use at home are paid for by the patient. | All costs paid by patient except that in cases of proven medical need a private health insurance might pay out. |
| Location | Usually in a local hospital but may be at any hospital with no patient choice. | Location chosen by patient; but may be at some distance to use a recommended surgeon. |
| Consultation | Usually requires a visit to the GP followed by a wait for an appointment with a consultant and a further wait for the operation. | Consultation direct with the chosen doctor. Can be in advance of planned operation date but most usually done immediately before the operation. |
| Appointment | No choice over date or time. This may result in needing time off school/work. Appointment date may be given at quite short notice, making planning difficult. Appointment may be cancelled or postponed at short notice to allow use of operating theatre by cases regarded as more urgent. | Reasonable choice of date and time to suit patient. Can be arranged for some future date, eg to suit school holidays. Date given will be honoured (except in really exceptional circumstances). |
| Choice of Surgeon | No choice. Surgeon doing the operation may not be the one seen at preliminary consultation and may be a junior with little experience. | Chosen surgeon will carry out consultation and do the operation, giving full continuity. Experience guaranteed and can be checked in advance. |
| Aesthetic Result | Little or no choice of method used or the aesthetic result in terms of tightness and placement of the cut. | Within surgical limits, full choice of tightness and position of the cut to give aesthetic result to patient's wishes. |
| Anaesthetic | Most frequently a general anaesthetic will be used with no choice for a local. This will result in much greater upset to the entire system and likely nausea for an hour or more afterwards. Anaesthetic risk is about 10 times that of the circumcision itself. Patient must remain in the hospital for several hours and then be accompanied home afterwards. There will be restrictions on certain activities (eg driving) for at least 24 hours. | Local anaesthetic normally used. Little, if any, upset to the system and no nausea. Virtually no risk from the anaesthetic. Immediate discharge at the end of the procedure. No need to be accompanied home, nor restriction on driving, etc. (If a general anaesthetic is used then this must be in a hospital and the same comments as for the NHS apply in this respect.) |
| Infection Risk | Most hospitals have a low to moderate risk of MRSA and other infections. | MRSA risk virtually unknown in these clinics. Very low overall risk of infection. |
| Re-circumcision or revision | Very rarely available under the NHS as it is usually regarded as purely cosmetic. | Available from most circumcising doctors at patient's request. (Requires greater skill than an original circumcision.) |