



Penile appearance after hypospadias correction from a parent's point of view: Comparison of the hypospadias objective penile evaluation score and parents penile perception score

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Summary

Introduction

As there is only scarce information on the parents' view of the cosmetic outcome after hypospadias surgery we aimed to evaluate whether the results of the hypospadias objective penile evaluation (HOPE) score are transferable to parents satisfaction as measured by the pediatric penile perception score (PPPS).

Patients

42 patients after hypospadias correction were included (2 (6.9%) glandular, 20 (68.9%) coronal, 6 (20.6%) penile and 1 (3.4%) scrotal hypospadias, median age 15.0 months). Two surgeons independently assessed HOPE score; the PPPS score as well as 4 questions specifically designed by a psychologist were completed by fathers and mothers. 29 (69.9%) full datasets were available for evaluation.

Results

Parents' assessment of the cosmetic results was worse than surgeons' assessment (81.13% [PPPS] vs.

92.81% [HOPE] of the respectively possible highest score, $P < 0.0001$). All 58 parents (100%) were convinced that surgery led to a better cosmetic aspect of their sons' genitalia although both, mothers and fathers, perceived the operation as a major encumbrance (fathers 3.62 vs. mothers 3.97 on a scale from 0–6, $P = 0.22$).

Conclusion

Parents can be encouraged preoperatively that a hypospadias operation, seen from their point of view will be a major amendment to the cosmetic appearance of their sons' genitalia even if the operation itself is perceived as a major psychological burden. In direct comparison of the highest possible score of either tool (HOPE or PPPS), the cosmetic results were judged significantly more optimistic by surgeons as compared to parents using validated tools. HOPE score results therefore may not be transferred uncritically to the parents view on the cosmetic results.

Introduction

With a frequency of 1:300 male births, and varying largely in different countries [1], hypospadias is one of the most common congenital malformations. With the evolution of surgical techniques during the past decades, although there are still problems in long-term follow-up [2], surgical results have improved and have less functional postoperative problems [3–5]. Therefore, the quality of the cosmetic outcome is gaining more importance. This is especially as, nowadays, perception of genital cosmesis tends to be more differentiated and cosmetic outcomes after hypospadias surgery have become more important [6].

Boys that have undergone unsatisfactory hypospadias correction have a worse genital self-perception and are more often sexually inhibited. Other known problems involved with poor cosmetic outcomes are an impaired self-perception and a pathologically increased sense of shame [7,8] or worse school performance [9]. When evaluated in adulthood, patients with initially severe hypospadias are less satisfied with their genital cosmesis compared with men without hypospadias [10], and more frequently report functional problems [11]. There are data on different perceptions of outcomes, comparing surgeons' and patients' views, showing that surgeons tend to be more satisfied by their results compared with patients [12].

Concerning the perception of 'a good looking penis', this implies subjective issues. As recently reported [13], women who were asked about their opinions on the cosmetic result after distal hypospadias repair deemed meatal position to be the least important aspect. This is most certainly in contradiction with surgeons' opinions where, especially in distal hypospadias, a slit-like meatus at the tip of the glans is a major objective of hypospadias repair.

Concerning the parents' opinions (who are deeply psychologically involved in the decision-making process for surgery) of the cosmetic results, there are scarce data available [14].

During the last few years, standardized and prospectively validated score systems for the assessment of cosmetic results after hypospadias correction have been presented. As far as patients and parents are concerned, the pediatric penile perception score (PPPS) was first presented by Weber et al., in 2008 [14]. It can be used to objectively assess the cosmesis of the infantile male external genitals, which also includes the parents' point of view.

Concerning the surgeons' assessments, there are different tools available. However, there are no generally accepted and standardized criteria for evaluation. As early as 1980, Horton et al. [15] reported on a classification of complications after hypospadias operations. Baskin et al. [16] reported on standardized assessment of results using photographs, however, this didn't result in a reproducible score. In 2001, Holland et al. [17] proposed a method for assessing results by using a standardized system to report on outcomes and complications – the HOSE (hypospadias objective scoring evaluation) score. To match the PPPS, however, there was a need for a prospectively validated, standardized tool to assess the cosmetic outcome after finished hypospadias correction, with no reference to

complications. Therefore, the present study chose the hypospadias objective penile evaluation (HOPE) score [18] that has been prospectively validated and includes all relevant cosmetic aspects that are surgically influenced.

The aim of the present study was to assess the parents' perspectives on the cosmetic results after hypospadias correction, as well as to evaluate to what extent the HOPE score results are comparable to the parents' assessments of postoperative cosmesis (as assessed by PPPS).

Patients and methods

A total of 42 patients who underwent hypospadias correction were prospectively evaluated after informed consent at their control visit in the present outpatient department. Inclusion criteria were: a completed hypospadias correction without further planned intervention, complete wound healing, and an operation no longer than 18 months prior to the time of inclusion into the study.

The local ethics committee approved the study protocol (EK 42/13).

Two surgeons (one of them was the operating surgeon for 13 patients) independently completed the hypospadias objective penile evaluation (HOPE) score questionnaire using the photographic panels as described in the original publication [18]. One question on their general impression of the appearance of the penis was supplemented (Appendix A 'Surgeons Questionnaire').

The parents were asked to fill in a questionnaire, which was identical for mothers and fathers, independently at home and mail it back to the department. The parents' questionnaire included the parents' version of the pediatric penile perception score (PPPS) [14]. Four additional questions were added concerning their opinions on the psychological burden involved with having their sons operated on, as well as any possible psychosexual consequences of the operation's cosmetic outcome on their son's future. Those questions were designed with the help of the institutional children's psychologist (CZ) (Appendix B 'Parental Questionnaire').

A total of 29 (69.0%) parents mailed back a completed and evaluable questionnaire. All parents who didn't mail back ($n = 9$) were contacted by telephone: five promised to mail the questionnaire but did not, four refused to mail it back and withdrew their consent to study participation, and four mailed back an unusable partly or not-filled-in questionnaire.

Of the 29 available data sets, two (6.9%) patients had a glandular, 20 (68.9%) a coronal, six (20.6%) a penile, and one (3.4%) a scrotal hypospadias. Their median age at operation was 15.0 months; the median interval between operation and inclusion into the study was 5.1 months. In 89.6% (26 patients) of the cases, one operation was performed; in 10.4% (three patients), two operations were performed.

A tubularised incised plate (TIP) repair was performed in 26 patients (89.7%), one patient (3.4%) underwent a Thiersch-Duplay procedure, and two patients (6.8%) had a meatal advancement and glanduloplasty (MAGPI). The

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