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Patient Satisfaction with Surgical Outcome after Hypospadias Correction

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Abstract

Background: Hypospadias is a congenital malformation in which surgical correction is indicated in most cases. Postoperative patient satisfaction is important because of its influence on the child's psychological development.
Objective: To evaluate patient satisfaction with surgical outcome after hypospadias correction, comparison with physician satisfaction, and the influence of patient and treatment characteristics on satisfaction.
Design, setting, and participants: Seventy-four patients who had hypospadias surgery between 1996 and 2010 in Medical Centre Leeuwarden participated in the study.
Measurements: Patient/parent and physician satisfaction scores were measured using a standardised hypospadias satisfaction questionnaire (maximum score 32), and clinical outcome using the Hypospadias Objective Scoring Evaluation (HOSE; maximum score 16). Patient and treatment characteristics recorded were: preoperative meatal location, preoperative chordee, number of planned surgeries, reconstructive type and timing, patient age during the study, complications, and repeat operations.
Results and limitations: Patients (mean age 10.5 yr) had a lower overall satisfaction score (27.1) than the physicians (30.6). Patients were least satisfied with overall genital appearance (3.1), penile length (3.3), and scars (3.3), whereas physician satisfaction was lowest for scars (3.5). The mean HOSE was 15.4 (standard deviation 0.9). Patients with acceptable HOSE (85%) had higher patient and physician satisfaction compared to patients with unacceptable HOSE. Patient satisfaction was lower among patients with a preoperative proximal meatal location or chordee, and with correction techniques other than the Mathieu approach. Physician satisfaction decreased with increasing patient age and was lower for patients with preoperative chordee, postoperative complications, or repeat operations.
Conclusions: Overall patient and physician satisfaction and clinical outcome scores were relatively high. Patient satisfaction was lower and based on different factors compared to physician satisfaction. Patient satisfaction seems more influenced by aesthetic appearance, but both patients and physicians appear to incorporate clinical characteristics and outcome in their opinion on satisfaction.
Patient summary: Different factors seem to influence patient and physician satisfaction with hypospadias correction, and there is only low correlation between the two. Therefore, patient satisfaction should be evaluated properly instead of making assumptions based on physician satisfaction or clinical outcome only.
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1. Introduction

Hypospadias is a congenital malformation with an estimated prevalence in Europe ranging between 0.5 and 3.8 per 1000 live births [1–3]. In most cases, surgical correction is indicated [1], with the aim being to achieve normal micturition without spraying, a straight erection, and aesthetic satisfaction [4,5].

Postoperative patient satisfaction is important because of its influence on the child's psychological development [6]. Physician satisfaction with surgical outcome is expected to correlate with that of the patient. Weber et al [7] found good patient-physician agreement, with higher satisfaction scored by patients than by independent surgeons. However, a similar study by Mureau et al [8] found opposite results.

Good postoperative clinical outcome is expected to result in high patient satisfaction. Other factors may influence the satisfaction of the patient and his parents, such as the meatal location, as a determinant of hypospadias severity [4], and the correction technique used. Many techniques have been associated with different types of complications and aesthetic outcomes [5,9–11], but no ideal correction method has been described [9,12–14]. Age between 6 and 12 mo currently seems to be the preferred time for performing the correction [15]. Results on the influence of the child's age and adolescence on patient satisfaction are inconsistent [7,16]. For most patients, a one-stage procedure can be performed [4,11]. Multistage procedures are only advised for more complicated forms of hypospadias [11]. The rate of complications, such as urethrocutaneous fistula, wound dehiscence, and stricture, ranges from 5% to 50% for one-stage procedures [17–19]. Complications and the need for repeat operation may impact patient satisfaction. However, not all complications need surgical repair, and some repeat operations are only performed for dissatisfying aesthetic results [20].

Even though patient/parent satisfaction is important for the psychological well-being of patients born with hypospadias, and it has been suggested that several patient and treatment characteristics influence patient satisfaction, these factors have been investigated in only one study. Therefore, the goal of this study was to analyse patient/parent satisfaction with surgical outcome after hypospadias correction and to determine the association with physician satisfaction, as well as the influence of patient and treatment characteristics.

2. Patients and methods

Between 1996 and 2010, 238 patients had surgery for hypospadias performed by paediatric plastic surgeons in the Medical Centre Leeuwarden (MCL), a teaching hospital for plastic surgery in the Netherlands. Hypospadias surgery is part of the plastic surgery curriculum and has been performed by plastic surgeons in this hospital with special consultation hours, together with a paediatric nurse and medical social worker, for many years. The hospital provides care for patients from a large part of the north of the Netherlands. From the hypospadias patients, those requiring urethra reconstruction were selected. We excluded patients lost to follow-up because of emigration and those with incomplete hospital charts or whose previous or final treatment was carried out elsewhere. The minimum follow-up was set at 1 yr after first surgery and there were no age limits.

Between October 2011 and February 2012, all patients and their parents were invited by mail to participate in this study. Patients who did not wish to participate were asked for the reason why. Nonresponders were sent a reminder after a few weeks. The study was approved by the local ethics committee, and patients and/or their parents gave written informed consent before inclusion. The participants visited the outpatient clinic for a (regular) check-up, comprising an interview and physical examination performed by an independent physician (E.D.) not involved in previous or future treatment. Photographs of the genital appearance were taken, as is done for all hypospadias patients during previous preoperative and postoperative check-ups as part of our regular protocol.

Satisfaction with surgical outcome was measured using a standardised questionnaire developed in the Netherlands by Mureau et al [8], consisting of eight questions about different genital aspects, ranging from meatus position to scars and penile appearance in general. Satisfaction with each aspect was rated on a 4-point scale, where 1 denotes very dissatisfied and 4 indicates very satisfied. The overall minimum score is 8 and the maximum is 32. The questionnaire was filled out at home before the hospital appointment by the patient and/or his parent(s), which means that patient satisfaction in this study is a mixture of patient and parent satisfaction. After physical examination, the same questionnaire was filled out by the independent physician, who was blinded to the results reported by the patients/parents.

Clinical outcome was measured by the independent physician according to the Hypospadias Objective Scoring Evaluation (HOSE), a validated objective scoring method to assess surgical outcome after hypospadias corrections [21]. HOSE consists of five domains: meatal location, meatal shape, urinary stream, erection, and fistula. Meatal location and shape and fistula presence were identified on physical examination. Erection and urinary stream were not physically evaluated, but determined by interviewing the child and his parents. The minimum total HOSE score is 5 and the maximum is 16. Holland et al [21] suggested that an acceptable outcome should have a total score of $\geq$14 with at least a meatus at the proximal glans, a single urinary stream, and only moderate angulation.

2.1. *Patient and treatment characteristics*

The patient and treatment characteristics analysed for their influence on satisfaction were as follows: preoperative meatal location; presence of preoperative chordee; number of planned surgeries to correct the hypospadias (staging); reconstructive type and timing of surgery; child's age during the study; postoperative complications; and repeat operations performed. Medical information was collected from hospital charts.

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