

## PAEDIATRICS

## In it for the long-haul—caring for patients treated for hypospadias

Although hypospadias is a congenital condition that is typically repaired by surgery within the first 2 years of life, increasing research is showing that patients should receive longer term follow-up care than is currently given. Two new studies have revealed that postoperative complications are accompanied by other complications that manifest well into adulthood.

“The literature on hypospadias focuses on novel repair techniques and outcomes,” explains lead investigator of the first study, Piet Hoebeke, to *Nature Reviews Urology*. “Consequently, the reported outcomes are only short-term and do not reflect the clinical reality.” In their retrospective study of 474 patients who had undergone hypospadias repair, 114 (24.1%) needed two or more surgeries. Of these, fewer than half (47%) required the reintervention in the first year following the primary surgery. Furthermore, 26 patients had their reintervention >3 years after the primary surgery. However, the average follow-up duration was 34 months, which indicates that late complications can occur and those patients who require long-term follow-up care might not be getting it.

In the second study, Chertin *et al.* at the Shaare Zedek Medical Center in Jerusalem conducted a survey of 119 adults who had undergone repair for hypospadias to determine their sexual and psychosocial function. The men were grouped according to the primary meatus location: granular hypospadias (group 1,



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45 men), distal hypospadias (group 2, 56 men) and proximal hypospadias (group 3, 18 men).

All the men in the groups 1 and 2, but only 11% of those in group 3, were satisfied with their penile appearance. Erectile dysfunction was reported in 50% and 72% of those in groups 2 and 3, respectively, and 83% of men overall reported premature ejaculation. The survey also revealed that most men in group 3 described their sexual quality of life as ‘somewhat decreased’.

Although all 119 patients reported to the clinic at 18 years of age (prior to recruitment into the military), the authors suggest that follow-up urological care into adulthood is warranted given the range of complaints listed in the survey.

Both studies highlight that short-term follow-up of these patients is inadequate in terms of determining complications and ensuring optimal care. Hoebeke concludes, “Children operated on as infants for hypospadias need follow up until adolescent life. Only then can the final judgement on function and aesthetics be given by the patient himself.”

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**Original articles** Spinoit, A.-F. *et al.* Hypospadias repair in a single reference centre: long term follow-up is mandatory to detect the real complication rate! *J. Urol.* doi:10.1016/j.juro.2012.12.100 | Chertin, B. *et al.* Objective and subjective sexual outcomes of adult patients following hypospadias repair performed in childhood. *J. Urol.* doi:10.1016/j.juro.2012.12.104