length in hypospadias only. Mild erectile dysfunction and sexual dysfunction were present in two different men who had hypospadias.

Conclusion: According to patients and parents, the decision about hypospadias repair should be taken by the parents and surgeon. Psychosexual outcome in men with hypospadias is generally not impaired. However, shame and dissatisfaction about the genital appearance are causes of concern in young men treated for hypospadias.

O58

Family education seminar for hypospadias surgery, A powerful preoperative tool -7yr outcomes

Ernest Azzopardi FRCSEd(Plast) PhD^{1,2,} Elayne Azzopardi MSc (Manch) PhD¹ Nicholas Wilson Jones, MSc FRCSEd(Plast)^{1,2}

- 1. Swansea University Medical School, Singleton Campus, Swansea SA2 8PP, Wales UK.
- 2. Paediatric Plastic Surgery Unit, the Welsh Centre for Burns and Plastic Surgery, Swansea SA6 6NL, Wales, UK

Background: The effectiveness of educational pre-operative interventions is welldocumented. Parents of children with hypospadias have been shown to retain little of the information provided in the standard hospital outpatient setting. Pre-operative educational interventions have not been-documented in hypospadias. We present experience of our multidisciplinary hypospadias family seminars over 7 years (20122018) in a regional centre. The contribution to parents satisfaction, of various domains demonstrated through formal quantitative-qualitative analysis.

Method: Data was retrospecively collected from semistructured questionnaires containing 11 domains over 7 years (n=98 respondents). Analysis was performed with Graphpad (v5.11) and NViVo software (V.10).

Results: We report overall satisfaction of (94%, \pm 4.8%: mean \pm SD). A highly significant (X^{2} , p<0.0001) trend between overall satisfaction to: touring the childrens' ward, (r=0.45) clarity of operating team's presentations (r=0.41) and the comfort of premises (r=0.41). Quality of multidisciplinary input was demonstrated through thematic analysis.

Analysis of the different domains assessed through the questionaire did not account for a significant variance (MANOVA, 6.9%, p<0.0001). Inter-responder variation also only accounted for 38.7% of the variane (p<0.0001). Figure 2.

Discussion: This study underscores the benefits of a specialist mutlidisciplinary preoperative family education seminar and the importance of message reinforcement. These findings are in keeping with current trends in pre-operative education.¹ The demand for these interventions highlights the need for training and recruitment of clinical nurse specialists in hypospadias surgery.

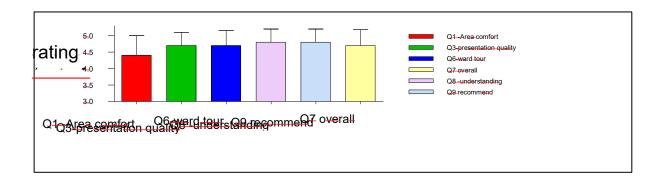


Figure 1: Satisfaction over 7 domains (box and whisker represent mean +/- SD)

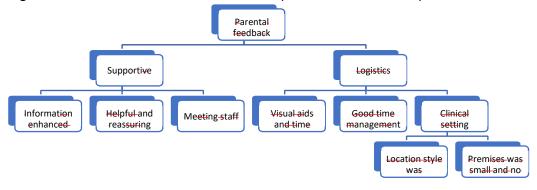


Figure 2: Thematic Heirarchy: Sample content analysis of parental feeback from 5 qualitative domains in the questionnarie

059

Parental Perception & attitudes towards disclosure of hypospadias repair

Melissa McGrath¹⁻³, Udi Blankstein¹, Luis H. Braga¹⁻³

- ¹ Department of Surgery, Pediatric Urology, McMaster University,
- ² McMaster Pediatric Surgery Research Collaborative, McMaster University ³ Clinical Urology Research Enterprise (CURE), McMaster University

Aim of the study: Boys with hypospadias often undergo reconstructive surgery to improve cosmetic appearance and functional outcomes. While the ethics of physician-patient disclosure of illness are clear, parent-child disclosure is more ambiguous. There is a paucity of research regarding the parental disclosure of past urological procedures, specifically hypospadias repair. Our objective was to to determine the rate of parental disclosure in boys undergoing hypospadias repair, and to evaluate the parental perspectives regarding concerns and amount of support in relation.

Methods: A web-based questionnaire was distributed to parents of hypospadias patients at our pediatric urology outpatient clinic, and to those belonging to closed social media support groups. Data was analyzed using descriptive statistics and chisquares.