



Letter to the Editor

Satisfaction/happiness after hypospadias repair and penile beauty – Comment on “Should we correct hypospadias during childhood? Decision Regret and Quality of Life Assessment (DRAQULA) study”

Dear Editor,

I read with great interest the study on patient satisfaction, Decision Regret And QQuality of Life Assessment (DRAQULA) in adolescents and adults after hypospadias surgery in childhood [1]. Among the patients who participated in the survey, the authors assessed their satisfaction based on the surgical outcome and rated them on a scale of 1–5, where 5 was full satisfaction, 4 was satisfaction, 3 was neither satisfaction nor dissatisfaction, 2 was dissatisfaction and 1 was full dissatisfaction. The authors also asked their patients and their parents about decision regret. The authors received responses from 81 of 234 patients (34,6 %) and 71 of their families (30 %). I don't know if the acronym created for the study (DRAQULA) is responsible for the low response rates from the patients and their families, but the authors should be congratulated for honestly reporting these results.

Although searching for the results of patient satisfaction or regret questionnaires may be acceptable from a scientific perspective, they are not completely objective. The study also includes a *quality-of life* questionnaire that appears to include questions unrelated to problems that arise after hypospadias surgery. The appearance of the penis should be assessed once the functional complications such as spraying, wetting, urinary infection are resolved. In this study, it is not clear whether patients have some (minor!) complications and are satisfied despite these complications. Hypospadias surgery is both a reconstructive (functional) and aesthetic operation performed on the child's penis and should take these

factors into account; aesthetic, functionality, stability, balance and natural appearance. Therefore, the questionnaires should help to reveal the patients' satisfaction in terms of aesthetic, functionality, stability, balance and natural appearance. In my opinion, instead of using statistical numbers and person-specific answers to questionnaires, hypospadias surgery requires standardization of the surgical procedure and definition of patient-specific anatomical variables [2]. As with the golden ratio which applies to most plastic-aesthetic surgeries, I believe it is time to establish the “gold standards” and “golden ratio” for hypospadias surgery. Septum is a partition (dividing wall or membrane) separating two body spaces or masses of soft tissue, e.g. between the nostrils (nasal septum) or the chambers of the heart (atrial, ventricular septum). Without a septum you get severe functional and/or aesthetic problems. Here is the result I achieved with the reconstructed “septum glandis” of two of my patients with hypospadias (Fig. 1). I see the “septum glandis” as an anatomical landmark and gold standard not only for urinary function, but also for a *beautiful* penis [3–6]. The penis is an aesthetic organ as deserving of the golden ratio or standard as the nose, and we, like plastic surgeons, should share and discuss our aesthetic results. In the case of “beauty”, the affective reaction is a value judgment resulting from the balance between regularity and novelty. This article would have been more colorful and objective if the authors had shown a series of photos (pre and post-operative) of their patients who are satisfied with the surgical results. I hope that in their answer one can see these results, which will satisfy readers from an aesthetic rather than statistical point of view.

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Conflict of interest

None.

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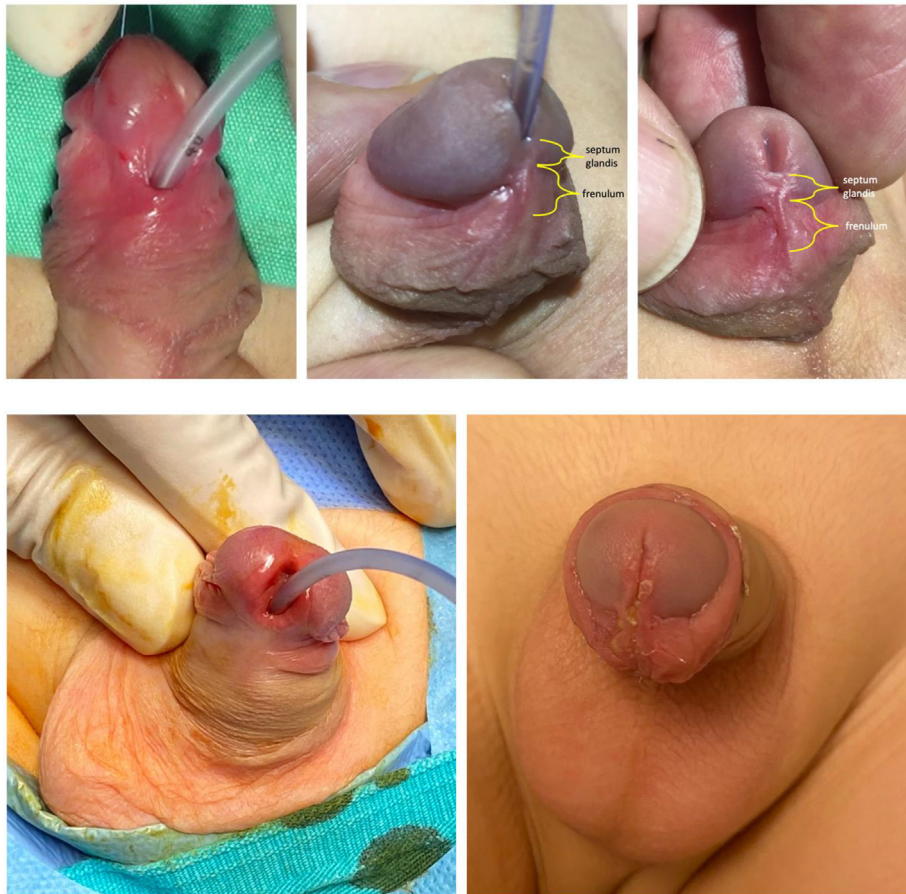


Fig. 1 Preoperative appearance and postoperative results of two patients with hypospadias reconstructed with the Glanular-Frenular Collar (GFC) technique, which mainly aims at reconstructing the septum glandis.

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