

Psychological impact in patients with failed hypospadias repair



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Male Psychological Fragility

Male body image is penis-centred, and sensory experience is focused on erection: these are the fundamentals for a specific and valid identity

The need to separate and distinguish oneself from the female/maternal is a hard task requiring continuous aggressiveness and attention

The “Masculine Deal”

Men are conditioned to:

1. Strength
2. Individuality (difficult to rely on others)
3. Autonomy
4. Dominance
5. Stoicism
6. Physical aggression
7. Avoid vulnerability or emotion that could be seen as weakness (difficult to admit need for help).



Sadovsky, 2007

Hypospadias and Male Identity

In the light of the above considerations, hypospadias can be a risk factor that threatens the healthy development of male identity, for this malformation, in some cases, questions one's virility and self-adequacy in respect to gender stereotypes

Hypospadias in Childhood

The psychological implications of hypospadias repair surgery concern four aspects of patient's development:

- 1) emotional;
- 2) body image;
- 3) sexual development;
- 4) cognitive

1) Emotional Development

If not effectively repaired, a congenital defect like hypospadias can influence the relationship between the child and his caregivers, who may develop a disorder in their care-giving abilities.

American Academy of Pediatrics, 1996

2) Body Image

- A hypospadiac child risks developing a distorted body image that is basically the result of social interaction
- The early development of body image and the relevance of parents' response suggest a timely repair intervention

Kraft *et al.*, 2010

Jones *et al.*, 2009

Weber *et al.*, 2009

Marrocco, Vallasciani, 2004

3) Sexual Identity Development

- Feelings of self-inadequacy in relations to one's gender. Also in this case, response from the social environment is crucial
- For example, a school-age child having to urinate while sitting or having an evident malformation risks being ridiculed by peers

4) Cognitive Development

A child aged 2 to 7 might blame himself for the several surgeries and even for the hypospadias itself, since in this developmental stage children have a tendency to attribute to self all cause-effect relationships

Perlmutter *et al.*, 2006

Adolescence and Adulthood

Adolescents and young adults who have undergone several repair surgeries for their most severe hypospadias, despite a good overall psychosocial and psychosexual adjustment, do report more dissatisfaction with their penis appearance than peers from general population

Vandendriessche *et al.*, 2010

Mieusset, Soulié, 2005

Bubanj *et al.*, 2004

- Shame and embarrassment can lead them to avoid all situations in which genitalia might be exposed (*e.g.* showers and toilets in gyms or other public places)
- Anxiety in new sexual relationships with partners who do not know their history

Liu *et al.*, 2006

Nevertheless, they state to have learnt how to deal with these problems effectively and to have been able to adjust socially like their peers have

Moreover, they claim not to feel ridiculous or afraid to undress in front of persons who know their history or with whom they are familiar

Olofsson *et al.*, 2003

Vanderdriessche *et al.*, 2010

Studies indicate that adolescents having undergone hypospadias repair surgery in childhood do not show any significant differences with peers as to gender behaviour, age at first sexual intercourse and attitude towards sexuality

Schönbucher *et al.*, 2008

Mureau *et al.*, 1995

Sandberg *et al.*, 1995

Dissatisfaction with one's penis appearance increases in adolescence: this might be due to the increasing relevance, in growing up, of body and aesthetic appearance perception or to sexuality beginning to be important during puberty

Schönbucher *et al.*, 2008

Sexuality

- Main issues reported in literature concern ejaculation. This can be premature, delayed or absent in respect to orgasm, weak or characterised by dribbling or spraying.
- Erection and sexual desire are more rarely compromised and when they are it is mostly because of psychological aetiology

Liu *et al.*, 2006

Wilcox, Snodgrass, 2006

Bubanj *et al.*, 2004

Olofsson *et al.*, 2003

Sexuality

In recent years several studies have highlighted that, although ejaculation disorders can arise following hypospadias repair surgery, a decreasing number of patients report such disorders today, while an increasing number of patients enjoy a good sexual functioning and satisfactory sexual intercourse

Vanderdriessche *et al.*, 2010

Lesma *et al.*, 2007

Moriya *et al.*, 2006

Counselling in Childhood

External factors, such as parents' opinion, can have more influence on deciding for a surgery than the objective status of the penis .

In fact, high anxiety can be often observed in relatives of hypospadiac children;
this can lead to surgery even in mild forms of hypospadias, exert a negative influence on child's attitude, instilling the perception that the malformation is more severe than it is really.

Dodds *et al.*, 2008

Weber *et al.*, 2008

Counselling in Childhood

- reassure
- offer information on the real conditions of the child
- requires calmness, sensitivity, patience, kindness
- use a loving language with the child
- favour a strong and instructive bonding for parents themselves

Psychological Counselling with Adolescents and Adults

Men can be blocked by fear and shame of their problem and thus be unable to communicate their feelings to their partner



Besides organic treatment, the surgeon is called to take care of the emotional and relational aspects of the disorder

Nelson *et al.*, 2008

Emotional “Risks”

- Fear of abandonment and rejection
- Depression
- Anger
- Withdrawal from interpersonal relationships
- Reluctance to discuss one’s condition out of fear of being ridiculed
- Poor quality of life for the individual and the couple

Like men, also some women need to express
their anger and frustration

This is especially true for partners of men
who, fearing sexual failure, have refused
any kind of intimacy

Sexological Clinical Experience

In clinical experience the partner role is fundamental: she is in some way a “**personal coach**” for her man that looks after his sexual and general health

Partner often looks for a specialist when a man is in trouble and asks for help.

Perelman, 2003
Dean *et al.*, 2008
Rubio-Aurioles, 2008
Simonelli, 2009

Partners are encouraged to

- show empathy
- be understanding
- accept sexual activity different from coitus

Psychosexual Counselling

- Work with the couple
- Encourage to maintain sexual expression with the partner as an important aspect of the relationship
- Communicate appropriate and precise information on hypospadias and its possible treatment

Psychosexual Counselling

- Stress the need to express love and affection through physical contact
- Spend a longer time on foreplay
- Inform men that one's anger and frustration may be more disrupting on couple relationship than one's sexual limit

Bella et al., 2007

Prognostic Factors

Unfavourable:

- criticism
- contempt
- defence
- obstructionism

Favourable:

- ability to communicate one's emotions
- ability to listen to partner
- ability to cultivate sexual intimacy

Role of Clinician

- The appropriate care of the hypospadiac patient requires cooperation between different specialists who must work in the same clinic, thus assuring a full coverage of the person's needs.
- This approach is especially useful when the outcome of intervention turns out to be unsatisfactory for the patient/ the surgeon/ the relatives or the partner, since it allows the management of emotional and interpersonal implications of the failure or the redefinition of unrealistic expectations prior to the intervention itself.

Conclusions

The flexibility of the integrated approach allows a well-targeted intervention especially tailored to suit the single patient

It is necessary to work jointly to disseminate a sexology culture characterized by an holistic view of health in which body and mind are not in contrast with one another.

The cooperation between different professional figures allows the assessment of both medical and psychological aspects of patient, finding predisposing, precipitant, maintaining and contextual factors from a bio-psycho-social point of view.

Althof *et al.*, 2005

Hedon, 2003

Rosing *et al.*, 2006

Simonelli *et al.*, 2008 28