



PATIENTS REPORTED OUTCOME IN URETHRAL RECONSTRUCTIVE SURGERY

- ▶ **Lazzeri
Massimo**

21^o century care aims

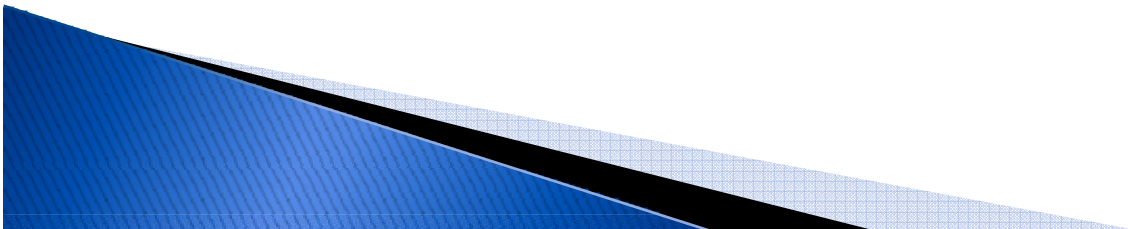
- ▶ Safety
- ▶ Effectiveness
- ▶ Timeliness
- ▶ Patient centered care
 - *Providing care that is respectful of patient's preference, needs and values*



End-to-end anastomosis

- ▶ High success rate of 95%
- ▶ Low complication rate

Santucci RA, Mario LA, McAninch JW: Anastomotic urethroplasty for bulbar urethral stricture: analysis of 168 patients. J Urol. 2002; 167: 1715-9

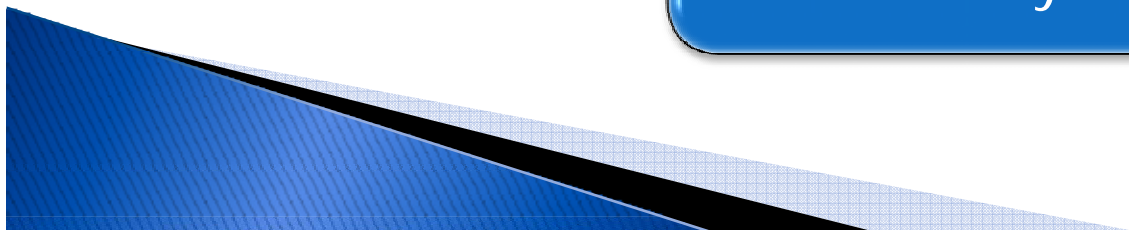
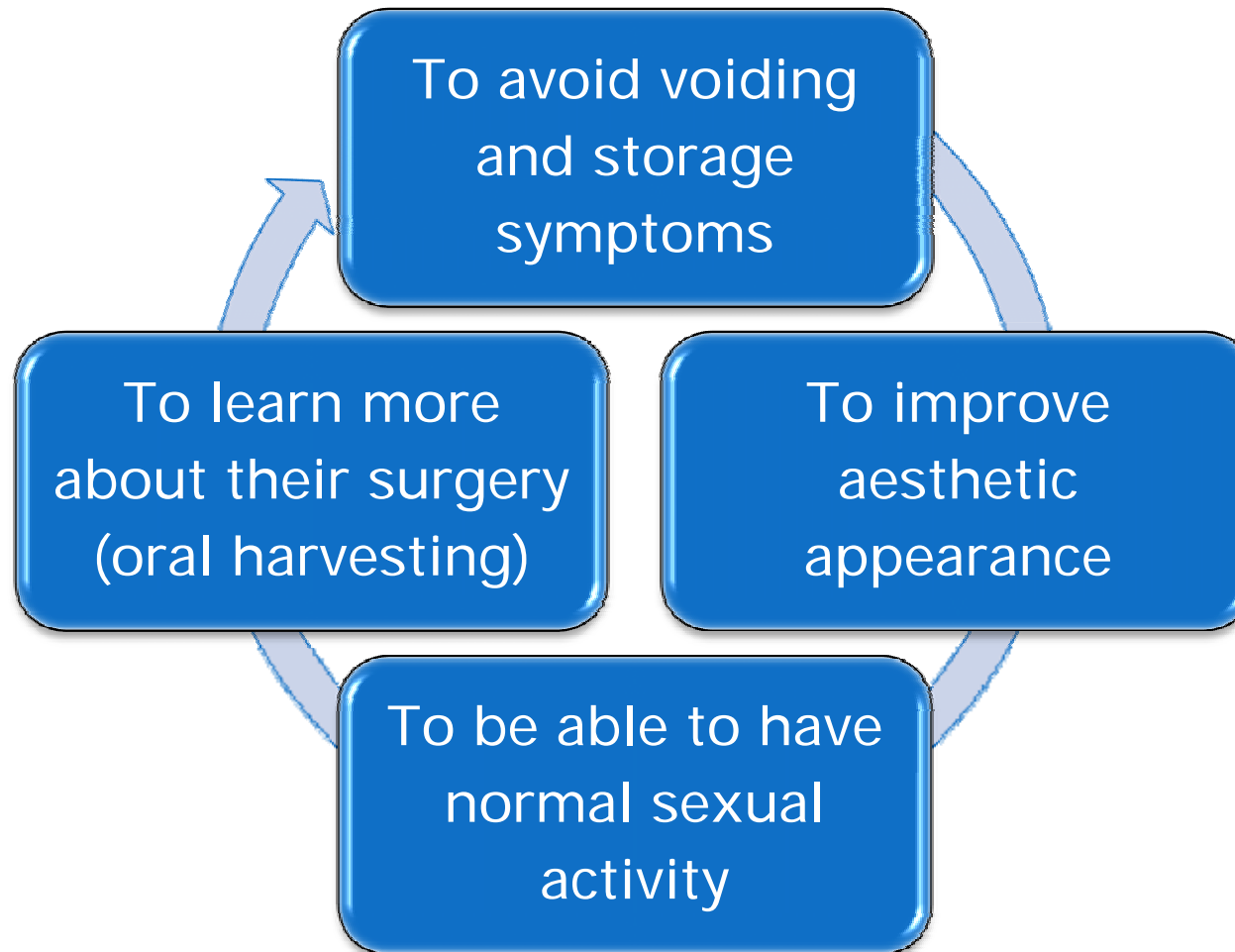


What Do men suffering from failed hypospadias repair really want?

Restore a patent urethra

- Improvement in quality of life
- Participatory decision making

Real expectations for failed hypospadias repair



What we offer ?

▶ Treatments for failed hypospadias repair may include several options.

Dilation

Urethrotomy

Urethroplasty

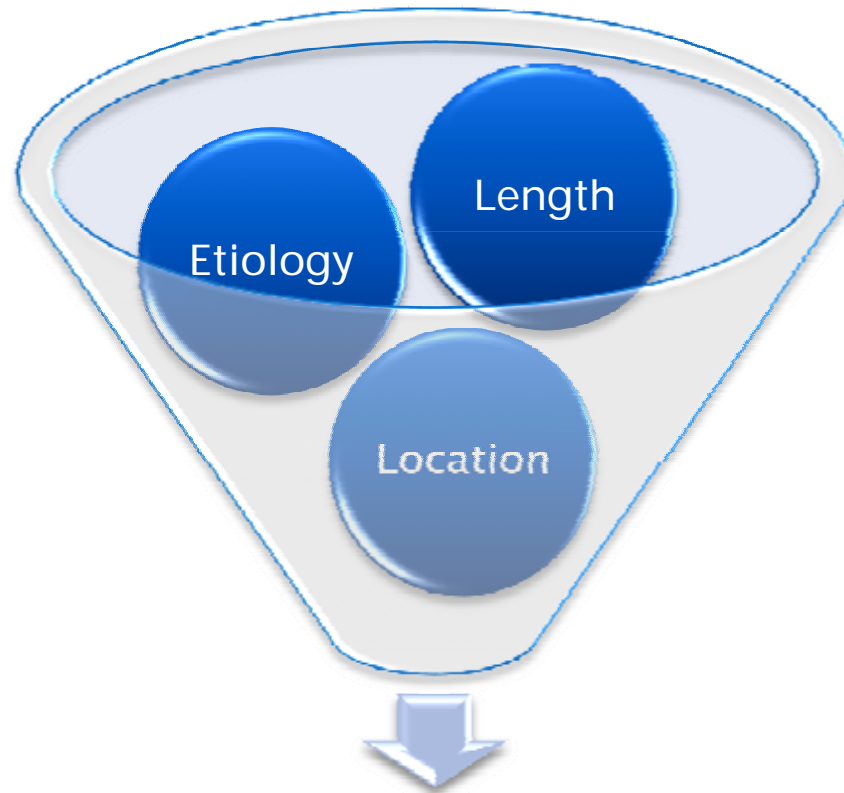
Flap

Graft

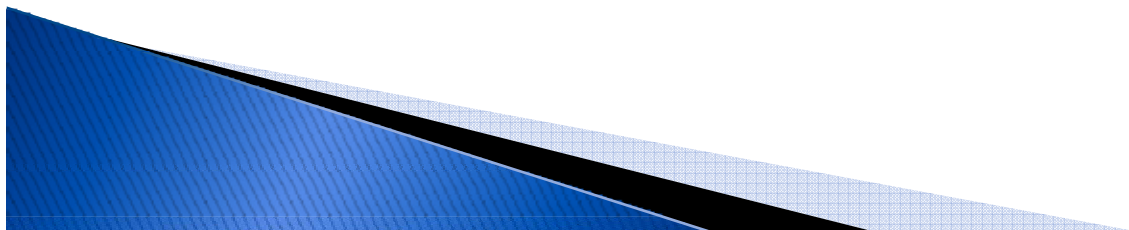
Transplantation

Tissue engineered

**The main and challenging issue remains the
outcome evaluation**



Outcome



Long-Term Followup of Bulbar End-to-End Anastomosis: A Retrospective Analysis of 153 Patients in a Single Center Experience

Guido Barbagli, Michele De Angelis, Giuseppe Romano and Massimo Lazzeri*

From the Center for Urethral Reconstructive Surgery (GB), Unità Operativa Urologia, Ospedale San Donato (MDA, GR), Arezzo, and Department of Urology, Santa Chiara-Firenze, Florence (ML), Italy

- ▶ Of 153 cases
 - 139 (90.8%) were successful.
 - There were 14 patients (9.2%) who experienced sexual/ejaculatory dysfunction,
 - # 1 - a cold glans during erection; # 7 a glans that was neither full nor swollen during erection and #11 had decreased glans sensitivity.

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Objective outcome measures: a foggy report

- ▶ The ideal manner to report outcome for treatments of failed hypospadias repair *remains unsettled.*
- ▶ What 's about the patient's perspective ?



Minimal requirements for outcome measurement

- ▶ A blend of
 - Anatomical requirements
 - Functional requirements
 - Longevity of data at long term follow-up
 - **Patient reported outcome**



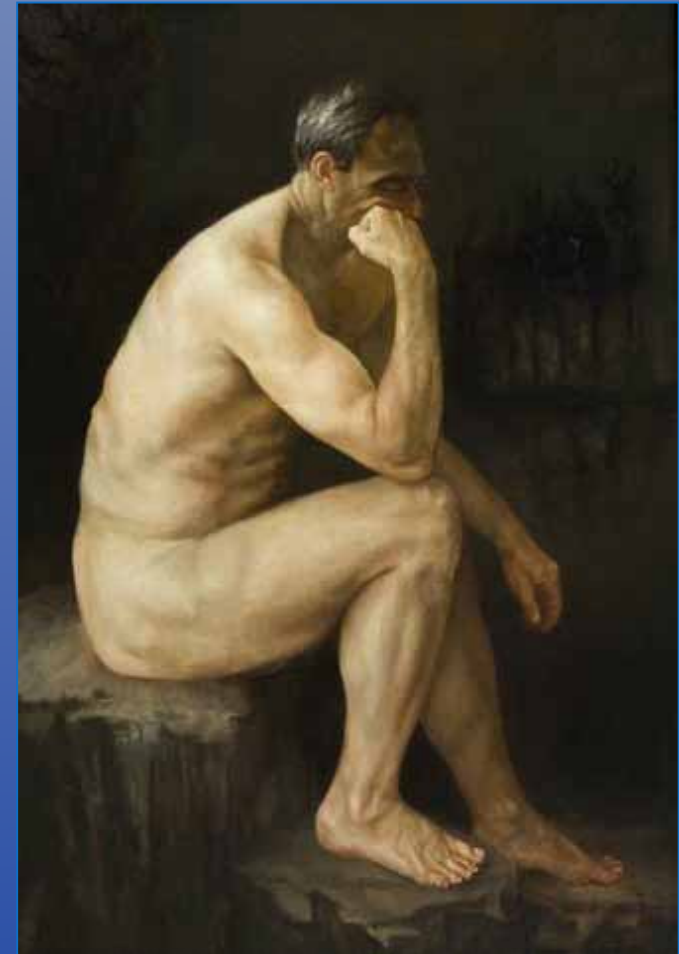
21^o century care aims

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PRO definition

- ▶ Any outcome evaluated directly by the patient himself and based on patient's perception of a disease and its treatment(s) is called patient-reported outcome (PRO).



PRO definition

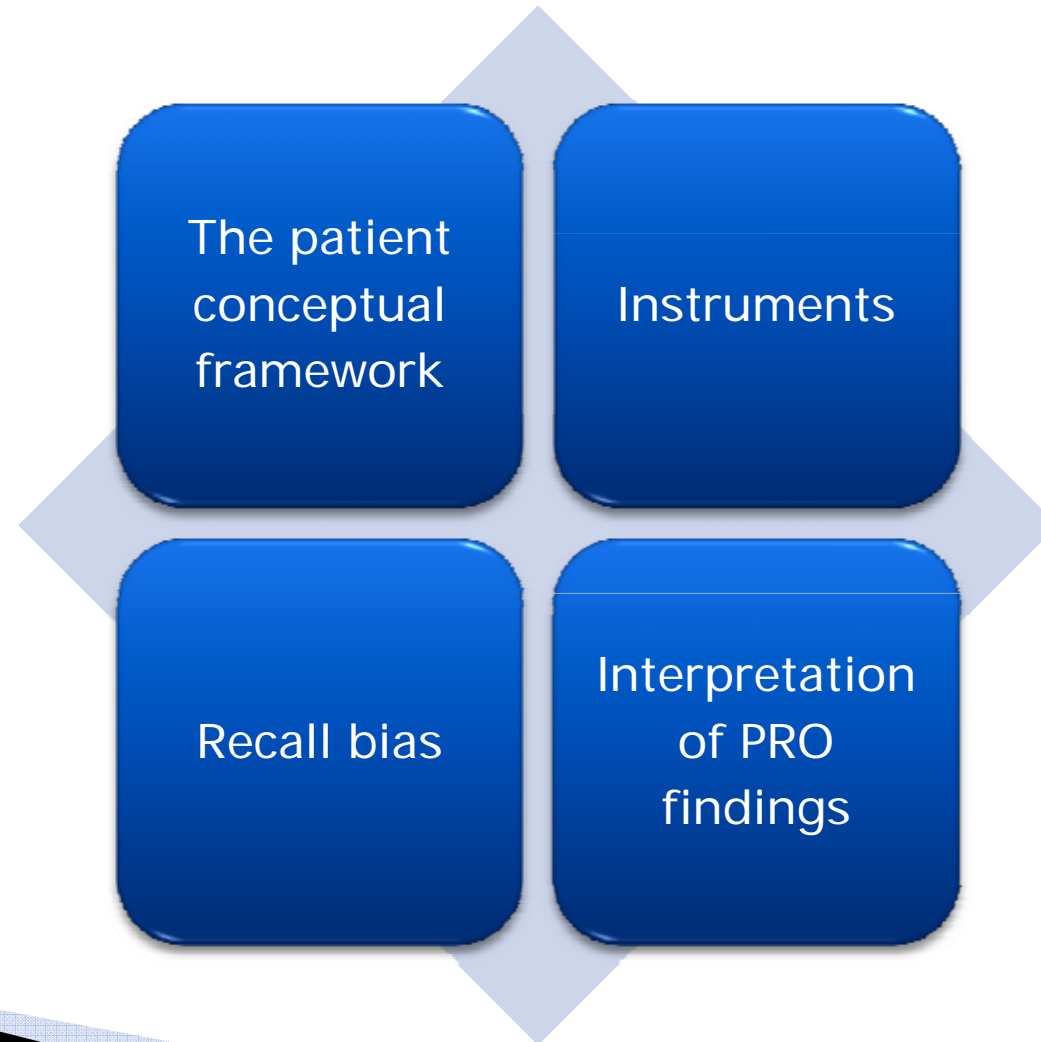
It is a measurement of any aspect of a patient's health status that **comes directly from the patient** without the interpretation of the patient's responses by a physician

PRO definition

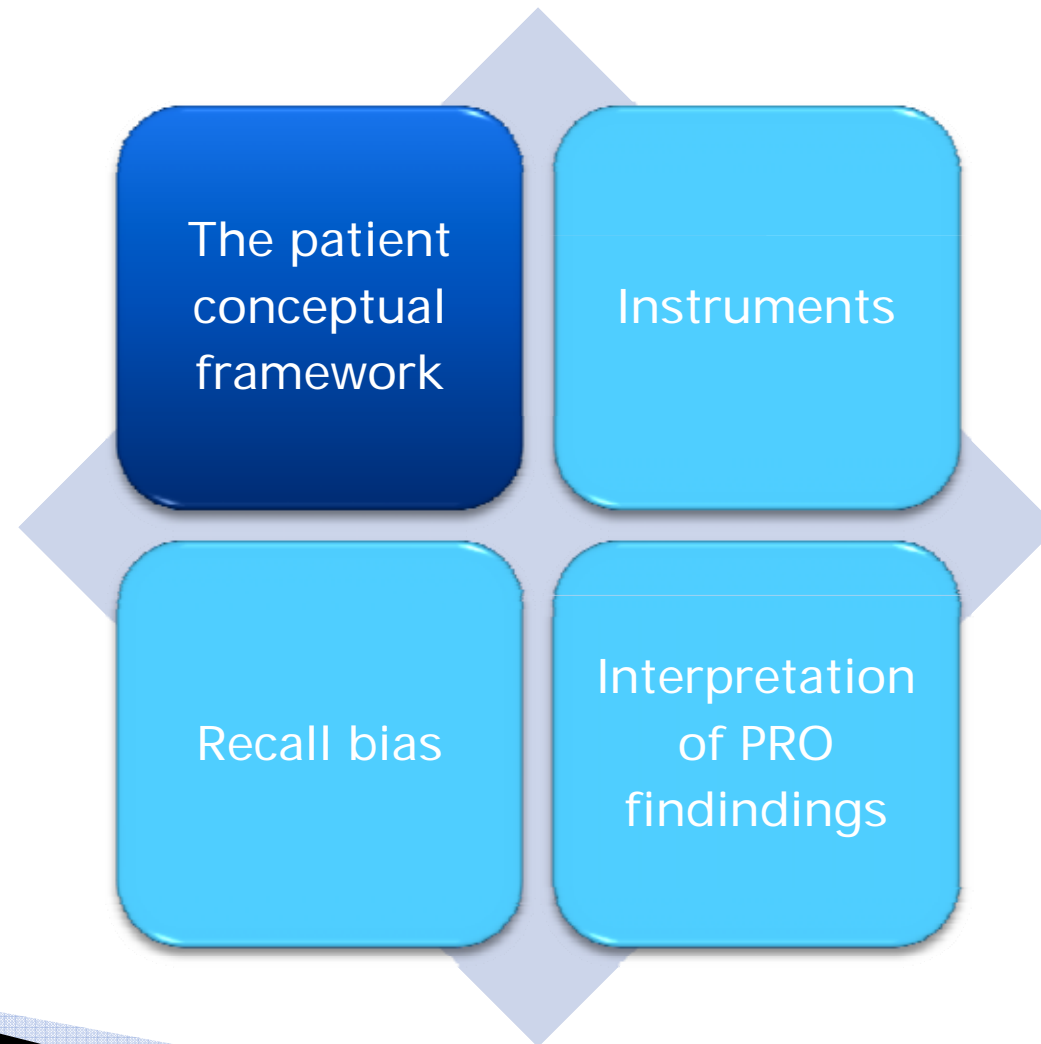
- ▶ It is such an umbrella that covers both single dimension and multi-dimension measures of
 - symptoms
 - health-related quality of life (HRQL)
 - health status
 - adherence to treatment
 - satisfaction with treatment



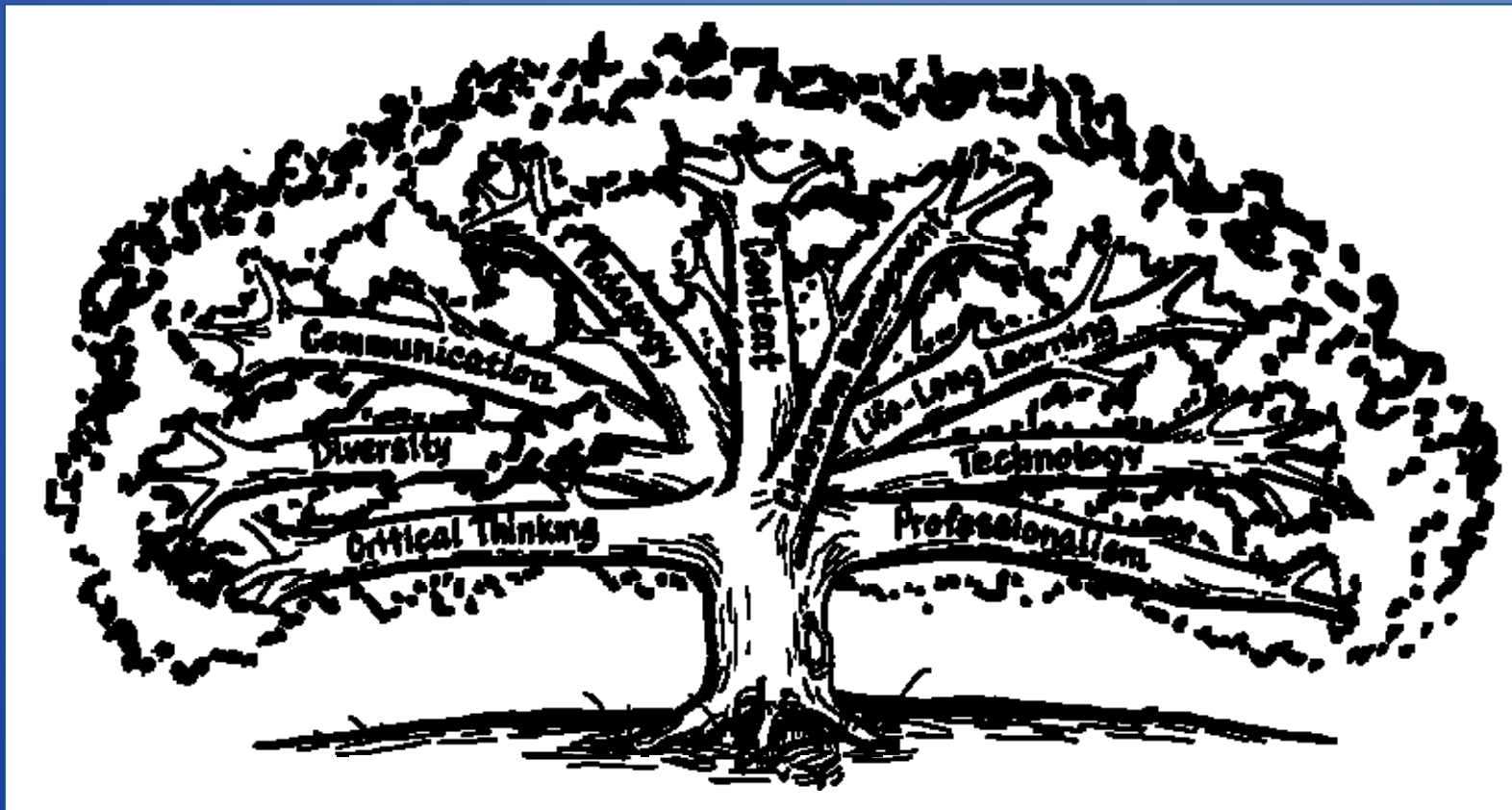
DEVELOPING A PRO TOOL: What do we have to consider?



What we have to consider ?

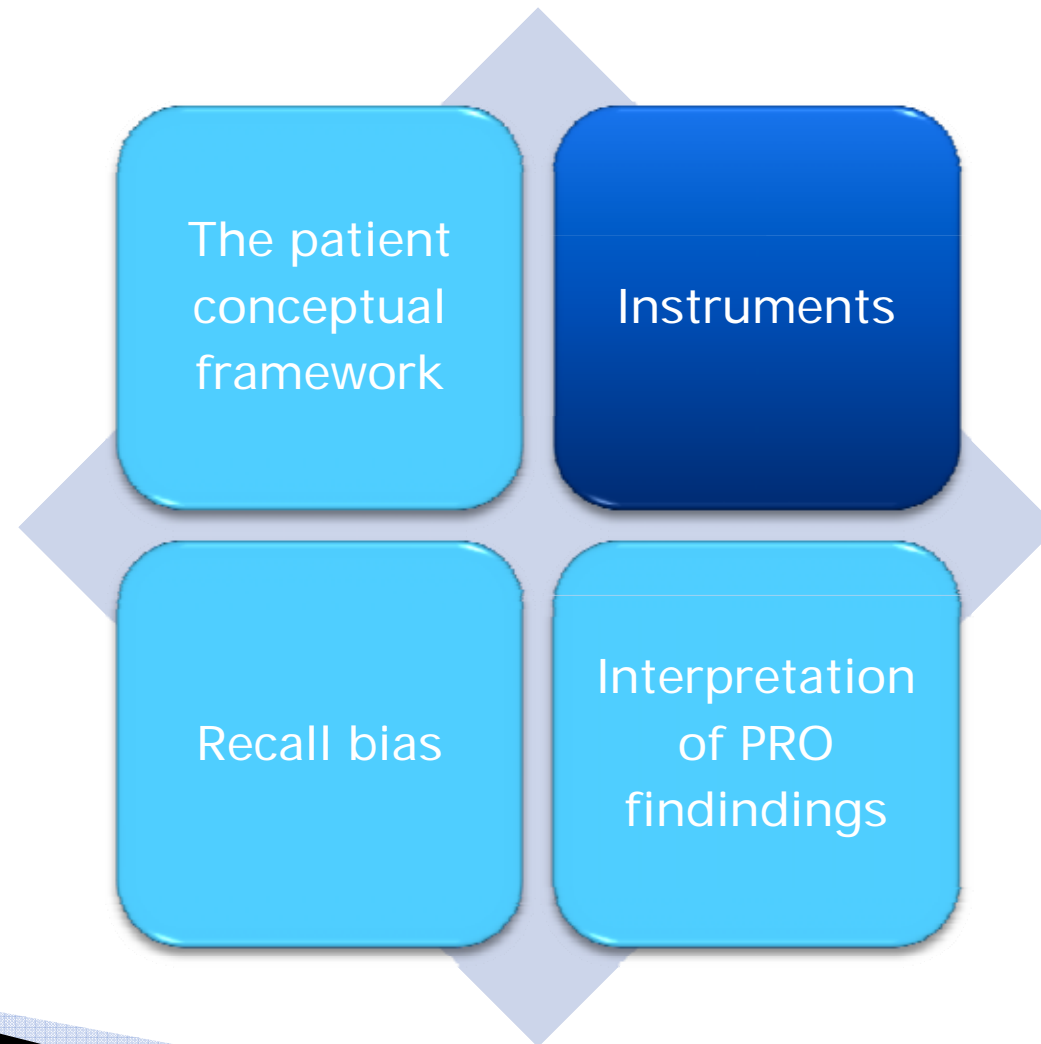


Patient conceptual framework



A set of beliefs, ideas or rules that is used as the basis for making judgments, decisions, etc.

What we have to consider ?



1° advice:

- ▶ You should use questionnaires to estimate the impact of urethral surgery on QoL.
 - Voiding function
 - Sexual function
 - Estetic appearance
 - Donor site morbidity



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Platinum Priority – Reconstructive Urology

Editorial by Christopher Chapple on pp. 42–45 of this issue

Morbidity of Oral Mucosa Graft Harvesting from a Single Cheek

Guido Barbagli^a, Santiago Vallasciani^a, Giuseppe Romano^b, Fabio Fabbri^c, Giorgio Guazzoni^c, Massimo Lazzeri^{d,}*

^a The Centre for Reconstructive Urethral Surgery, Arezzo, Italy

^b Unità Operativa Urologia, Ospedale San Donato, Arezzo, Italy

^c Department of Urology, San Raffaele Turro University-Hospital, Milan, Italy

^d Department of Urology, Santa Chiara-Firenze, Florence, Italy

Questionnaire

First name:

Family name:

Birth date:

Age at time of surgery:

Surgery date:

Type of urethroplasty:

- Penile
- Bulbar

Harvesting site:

- Right cheek
- Left cheek
- Bilateral cheek
- Lower lip
- Lower lip and cheek
- Primary/secondary

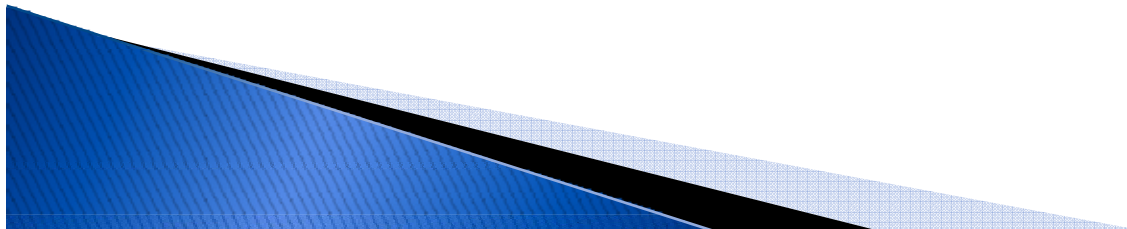
Early postoperative complications:

1. Did you suffer from bothersome bleeding during the 3 days following oral mucosa harvesting?

- Yes
- No

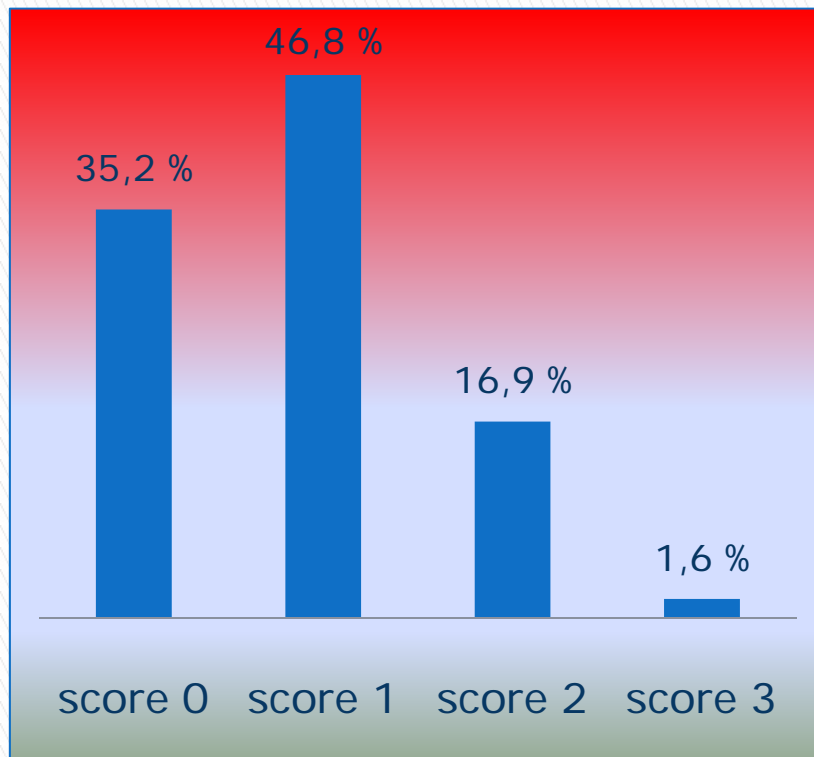
2. How would you score the oral pain during the 3 days following oral mucosa harvesting?

- 0 No pain
- 1 Slight
- 2 Moderate
- 3 Severe

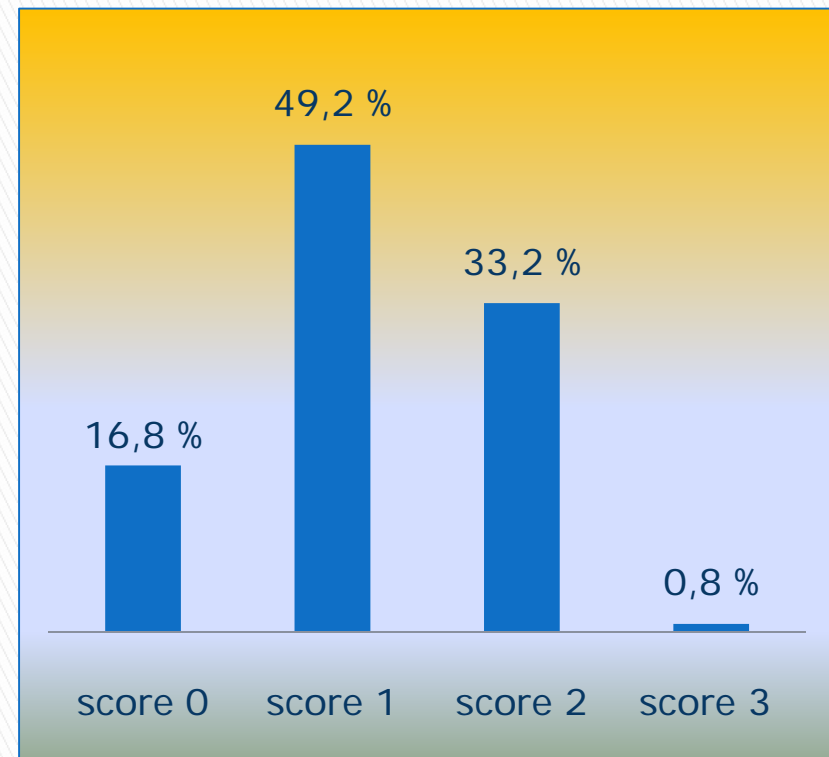


Patient's perspective

Pain



Swelling



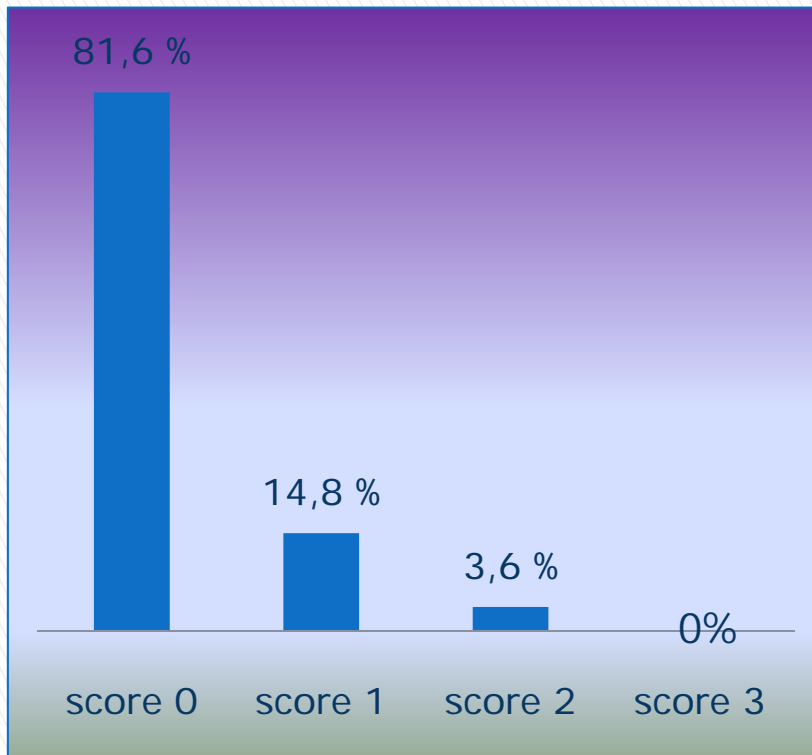
Patient's perspective

- ▶ Ability to resume normal diet:
 - 156 pts (52.%) within 3 days
 - 108 pts (36%) within 6 days
 - 36 pts (12%) within 10 days

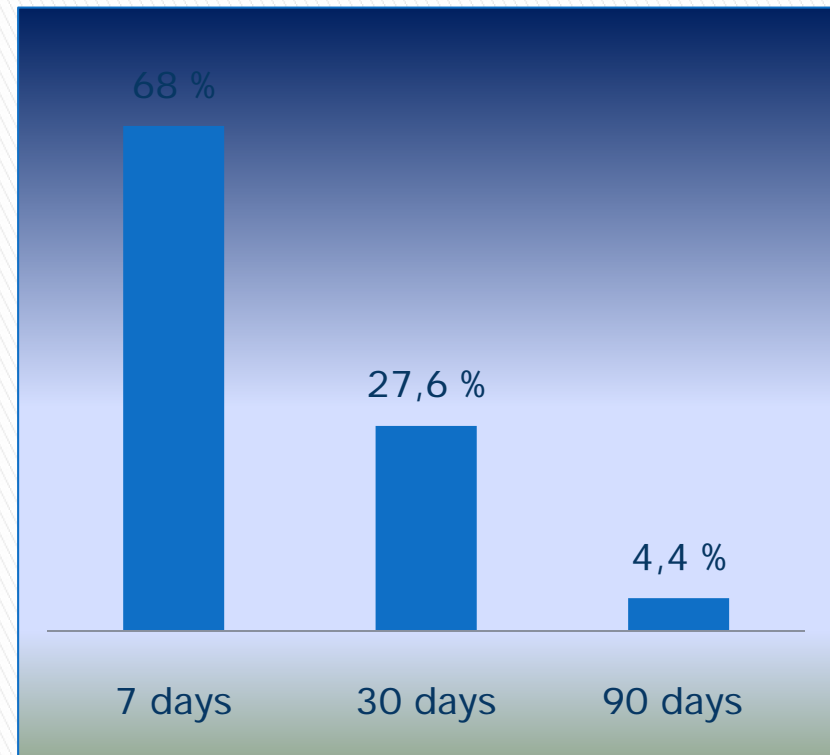


Patient's perspective

Bothersome Scar



Perioral numbness



Patient's perspective

- **Difficulty to smile:**
 - ▣ Score 0: 99%
 - ▣ Score 1: 0
 - ▣ Score 2: 1
- **Changes in the face physiognomy:**
 - ▣ Score 0: 99%
 - ▣ Score 1: 0
 - ▣ Score 2: 1%



2° advice

- ▶ Patient's perception of outcome can be lost when that perspective is filtered only through a clinician's evaluation of urethral surgery.





Just an example >>

PERINEOSTOMY

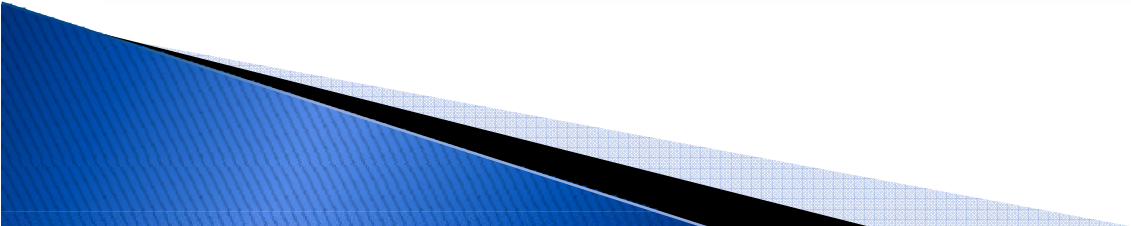
Bulbar urethroplasty using 1-stage techniques showed a higher success rate 85-90%



Perineal urethrostomy has a success rate of 70%

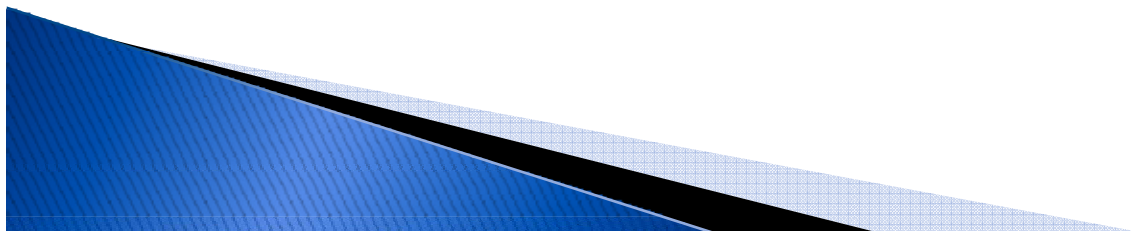


Why should we use a lower success rate technique (perineal urethrostomy) instead of a higher success rate technique (1-stage repair)?

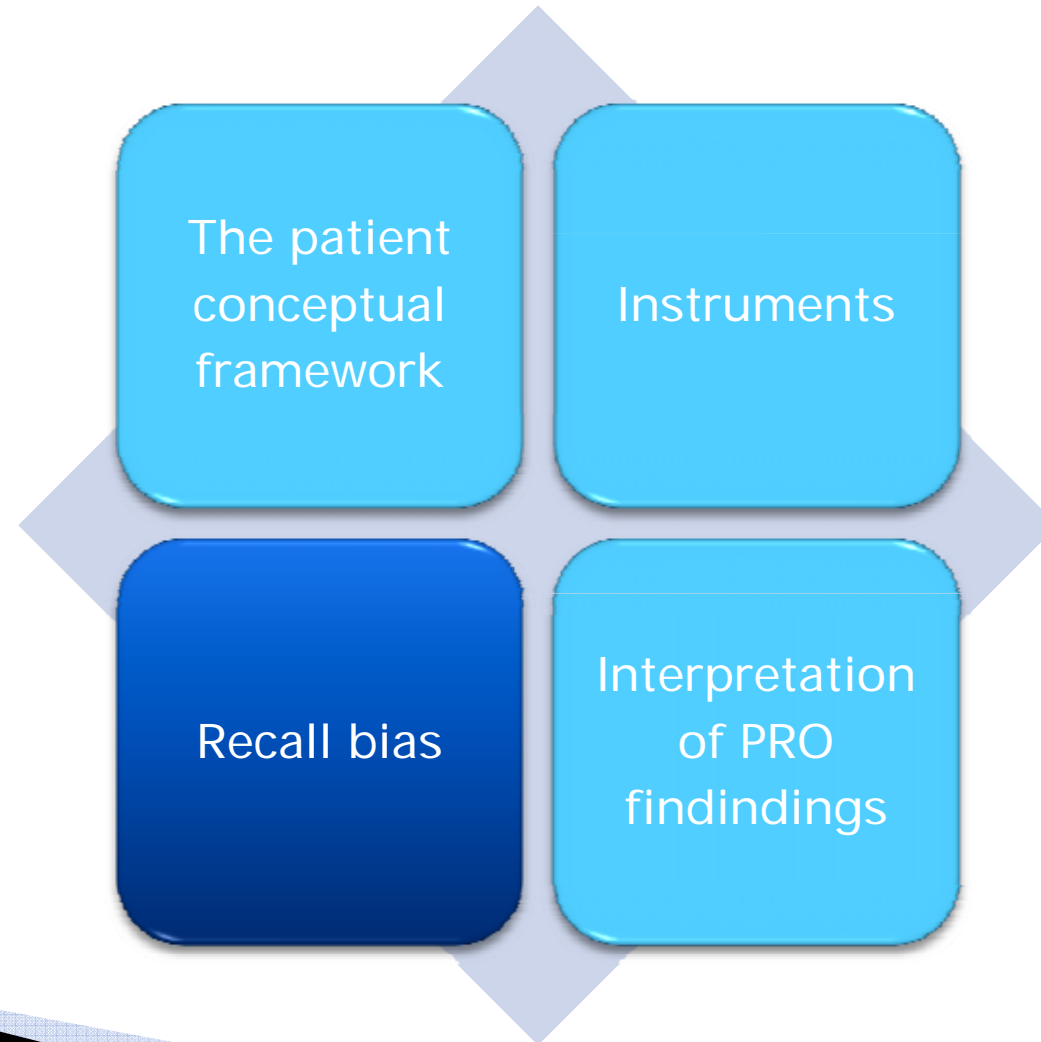


Some outcomes or domains are known only to the patient

- ▶ "I underwent an innumerable number of prior failed operations. I am tired."
 - These words were usually from patients who had undergone failed hypospadias repair
 - The surgeon should respect these words because they are not a sign of inadequacy on the part of the surgeon but a sign of great **humility** and **humanity**



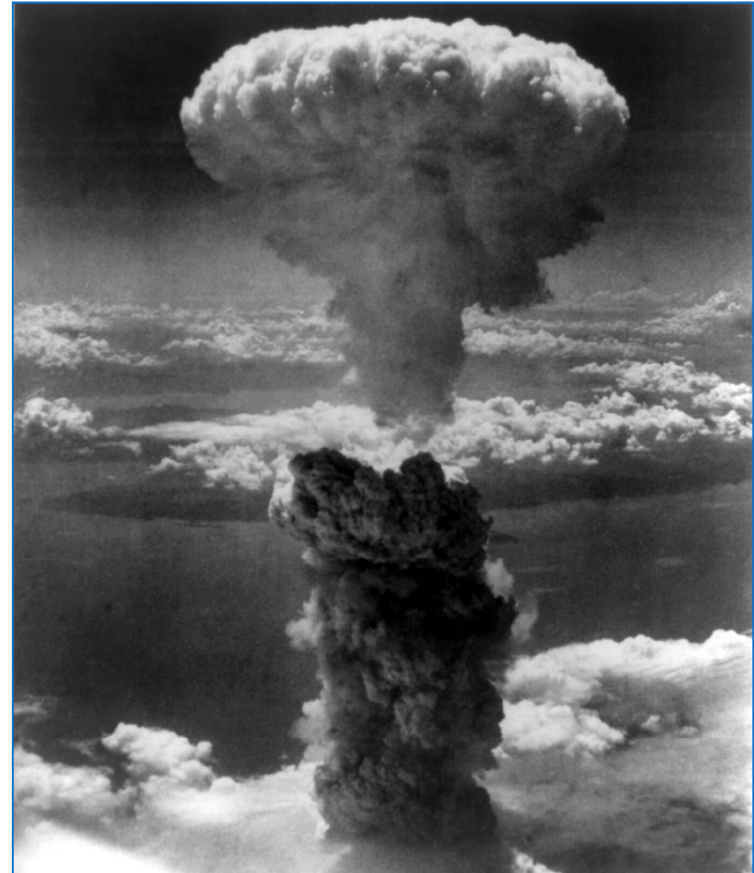
What we have to consider



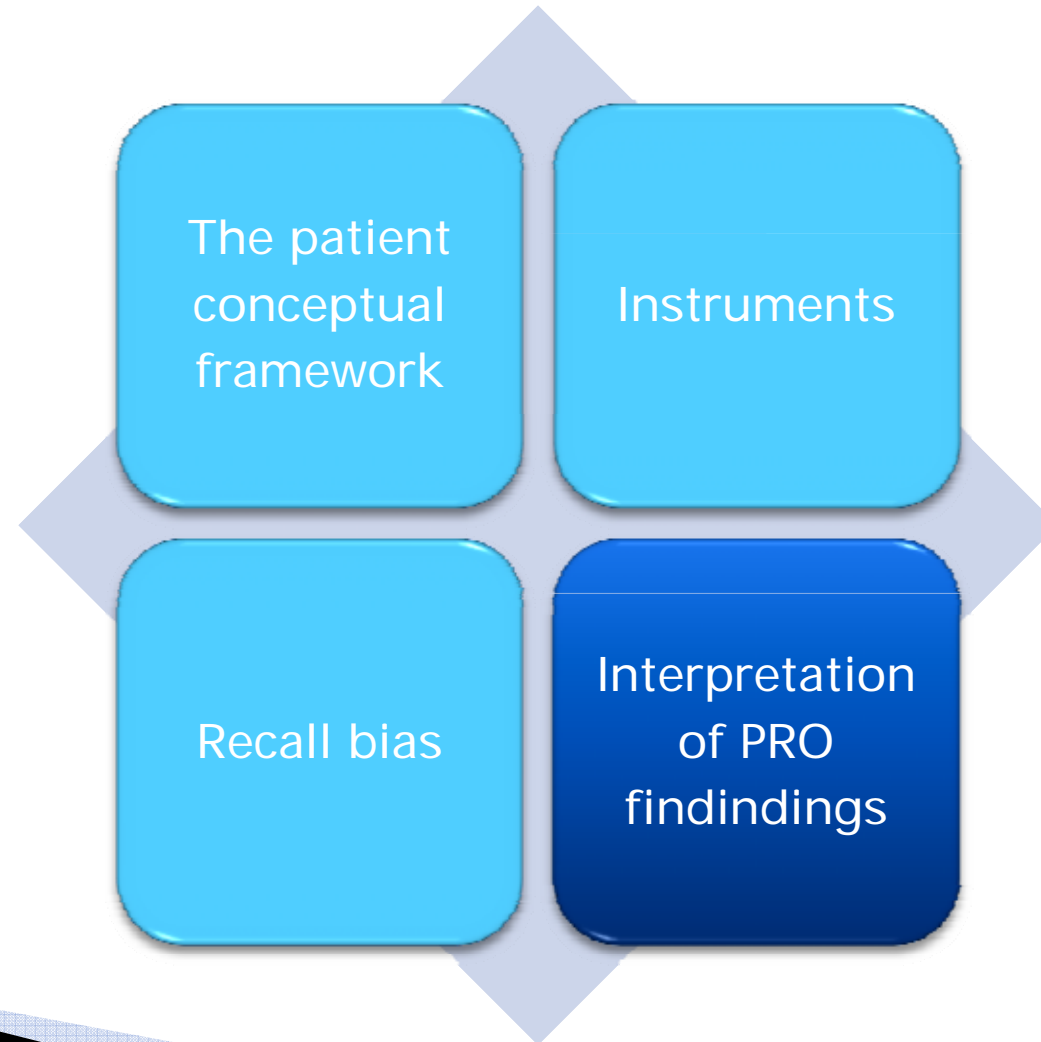


3° advice

- ▶ Time changes the patient's perception
- but...
- ▶ **Bad or un-acceptable outcome are unforgettable in patients experience**



What we have to consider



4° advice

Traditional objective outcome tools are insufficient to determine the real quality of surgical care after urethral reconstruction

Differences between patients and reconstructive urologist perceptions have become apparent in the last years

Take home message: when we face urethral surgery...

- ▶ ...the patient's perspective is crucial; we need to ensure that the patient's voice is heard, by use of the most psychometrically sound tools available.



Thank you for your attention