

Start	End	Topic	Speakers
		Introduction	Benjamin Namdarian
		Hypospadias – Paediatric Perspective	Grahame Smith
		Hypospadias – Transitioning Perspective & Beyond	Robert Coleman
		Posterior Urethral Valves	Robert Coleman
		Transitional care in “Urogenital reconstruction”	Piet Hoebake
		Case Discussions	Benjamin Namdarian Piet Hoebake Grahame Smith Robert Coleman

### **Aims of Workshop**

Many patients with urologic conditions diagnosed in childhood will need to transition to an adult urology practice as they become adults. The negotiation of the transition is imperative. If not successfully met, failure of transition can result in serious consequences, such as renal failure, urinary incontinence and sexual dysfunction. This workshop will provide guidelines on how to transition care of adolescents with major congenital anomalies and include interactive presentations and case studies on transition patients.

Attendees will learn how to manage transition patients with hypospadias, posterior urethral valves and other long-term urologic problems diagnosed in childhood.

### **Learning Objectives**

Management of Hypospadias from the paediatric and adult perspectives

### **Target Audience**

Urology, Urogynaecology and Female & Functional Urology

### **Advanced/Basic**

Advanced

### **Suggested Learning before Workshop Attendance**

A knowledge of Transition Urology from a paediatric or adult perspective; Transition and Lifelong Care in Congenital Urology: Wood, Hadley M., Wood, Dan (Eds.)

Robert Coleman

### **Hypospadias: Implications for adult patients**

As paediatric urologists, we strive to correct hypospadias during childhood, usually before toilet training. However, some patients will present in adulthood with late complications of hypospadias surgery. The most common of these include retracted urethral meatus, stricture, urethrocutaneous fistula, residual chordee and urethral diverticulum. Bulbar urethral stricture is also common in this population due to previous instrumentation. A significant proportion of adult patients requiring revision surgery after childhood hypospadias repair will have histological evidence of balanitis xerotica obliterans (BXO).

These complications require individualised surgical correction and management. Psychosocial and sexual outcomes in adult men born with hypospadias are good, with affected men scoring similarly to age matched controls on validated scoring systems.

### **Posterior urethral valves**

Posterior urethral valves (PUV) occur only in males, affecting 1:5,000 to 1:8,000 males. First described by Young in 1919, the majority (95%) are Type 1 valves, arising from the veru montanum and extending laterally and distally. The resulting bladder outlet obstruction affects the entire urinary tract above the level of the obstruction, although the severity of the urinary tract dysfunction varies between patients.

The bladder has poor sensation and initially tends to have reduced compliance with hypercontractility, progressing towards myogenic failure with age. Renal function is affected at glomerular and tubular levels. A degree of reversible obstructive uropathy is accompanied with renal dysplasia which is irreversible. Tubular dysfunction results in reduced ability to prevent water and sodium loss. While the obstruction is relieved with valve ablation, patients require ongoing surveillance and management of the above issues.

At all ages, low pressure urine storage and adequate cycling of the bladder must be maintained. Infant children require careful UTI prevention while continence becomes a management priority in older children. Despite pro-active management, renal impairment occurs in 25-35% of adults and around 15% ultimately reach end stage renal failure. Up to 10% will be dependant on CISC for adequate bladder cycling. Most will retain normal sexual function. Renal dysfunction is progressive and multifactorial, and PUV patients need lifelong urological follow-up.