

# **HYPOSPADIAS CONVERSATIONS**

## **TRANSCRIPT: INTERVIEW WITH ASHLEY**

### **Episode 8: Discussion with Ashley, a mom of a young man with hypospadias**

*Welcome to **Hypospadias Conversations** with co-hosts John Filippelli and Bonnie Steinberg. We are members of the community that have experienced living with hypospadias and we want to begin the dialogue with members of that community, the men, women, and parents whose lives or the lives of those they love, have also been affected by this common yet largely unknown condition and to create more safety to have these conversations.*

**JOHN:** And we have you know, a really special episode today that I think a lot of people will really find great value in. I know I'm excited, Bonnie, and I feel like you're going to be excited about this too.

**BONNIE:** It's so rare for a mother to be so open. I'm looking forward to hearing what you have to say, Ashley.

**ASHLEY:** Yes, I'm looking forward to speaking. Thank you for having me.

**JOHN:** Absolutely. And so, yes, without further ado, our guest today is Ashley. She's the mother of a 20-year-old son and she's come on today to share her experiences and her family's experience with hypospadias. So welcome, Ashley.

**ASHLEY:** Thank you.

**JOHN:** Let's dive right in. You're a mom, obviously, and your son was born with hypospadias. Can you talk to us a little bit about your son's medical history as it relates to hypospadias?

**ASHLEY:** Sure. So, my son, he is a twin just for reference. And he was born with penoscrotal hypospadias with chordee. And he has now had I think about 16 surgeries and he has upcoming surgeries as well. So we are not finished. This has been going on for his whole life. We've been through three different physicians, three different facilities. And we have now been with a physician out of state and we have high hopes that this will be, you know, close to the end here for him as far as repairing.

**JOHN:** Right.

**ASHLEY:** It's been a long journey for him.

**JOHN:** Can you walk us through that a little bit? Your experience of finding out? I have so many questions, but we'll start there.

**ASHLEY:** You know, 20 years ago when I had my son, him and his brother were born early, 31 weeks. And I just remember the doctor telling me in the OR, actually, after he was born, that your son has hypospadias. I know you don't probably know what that is, but it's going to be a real easy fix. You'll meet with a urologist. They'll do a repair and everything will be fine. And at the time, I was very out of it, obviously, from a C section. But my main concern was, you know, I had him early. Is he going to be okay? I'll deal with hypospadias later. And so I think I didn't really get a grasp of it until he had a stay in the NICU for several weeks with his brother. And I just kind of started getting that basic foundation of what hypospadias was, just from the neonatologist and the urologist that did come to see him at the bedside. But again, it was kind of on the back burner. It was just like, hey, we're not going to fix this until six months of age. We'll deal with this later. And at the time, I was twenty-five-ish. I'm thinking. I was still fairly young. And I was going to school to be in the medical field. But I hadn't even started any of my medical classes. So again, all the terminology was very new for me. We had stayed with a physician locally. And that's kind of when we got the gist of everything. It would be a three-stage repair and everything would be fine after that.

And the most of the surgeries, I feel like there has been three-stage repairs. And then he's had the complication of scar tissue and the chordee returning. So we had to go back times to fix that. And once we were done locally, we decided to reach out to a physician in the San Francisco area. And at the time, again, I was young. I did as much research as I possibly could. And there was only so much at the time out there online. And we decided to have some procedures done in San Francisco. I felt like he was in great care. But he ended up having the same complications again. So we started another three-stage repair. So I feel like every time he's gone back in, it's always been these two to three-stage repair surgeries. So that would explain why he's had so many. It's just that same complication. And the more you work on an area, the more risk you're taking. It's more damage to that area. So we're back at this three-stage repair again.

And unfortunately, as he's older, his complications are getting a little bit more severe this time around, so more fistulas, more constriction in areas, more scar tissue, that sort of thing. So that's kind of why we are where we are today. It's mainly just from complication, I think.

**JOHN:** How would you say your son's handled it emotionally from what you've observed?

**ASHLEY:** Honestly, I think he's a rock star. He's my son, so yes, I'm biased. But I know that he remains, tries to remain as strong as he can possibly be on the outside for himself and for his mom. And overall, I think he's handled it great, but I know that he struggles. We've gotten very close over this journey, extremely close. And I feel like we're kind of in this together. I feel like I'm the one who kind of understands him the most, as much as it possibly can be. But I'm going to be honest, he has probably some depression with it. Not in the sense to where he just wants to stay in his room all day. He really, really tries every day. But it's a daily struggle for him to kind of psych himself up to approach the world.

**JOHN:** Sure.

**ASHLEY:** And feel comfortable about himself as a young man.

**JOHN:** For sure. And as I shared in my story and my experiences, I had the exact same thing. I had severe Penoscrotal Hypospadias, had a lot of the same issues. I can definitely think back to when I was his age. And a lot of the challenges, whether it's having to kind of steel yourself for another procedure. And then if that's not happening, it's kind of like this anticipatory anxiety that kind of develops. And then there's just trying to live your life with your family and friends and everyday things that everybody else deals with, you know... absolutely.

I have so many questions. Now when you had your son, and I mean, it makes sense at the time, I mean, you're going to just go to like the local place. But in terms of finding doctors, like what kind of information was provided to you? Were you given any information from [a] pediatrician or obstetrician? Or did you have to do it yourself? Like how did that work?

**ASHLEY:** You know, we have a very good local children's hospital near where I live. And at the time, that was kind of like, it made sense. It was our top facility locally. I was close. This was the best place for him to be. And I think that probably was a referral from a pediatrician just, you know, hey, there's some great doctors here at this hospital. And that's how we ended up being where we were. And unfortunately, you know, the first doctor that operated on him ended up leaving for another state. And so, we ended up kind of continuing care with the physician that took over. And we weren't happy, I guess, with the outcome. So that's when I started trying to think maybe we need to take this someplace else. But it was, it was mainly just kind of word of mouth, pediatrician, but just really keeping it very minimal local. There was not much said at the pediatrician's office. There wasn't any sort of other resources that I had other than the internet and my own curiosity.

**BONNIE:** Were you ever offered the choice to not do surgery? He was obviously urinating healthfully, right?

**ASHLEY:** We were never given that choice. It was just a very matter of fact. This is what needs to be done. And that was through the neonatologist. That was through the pediatrician. And that was also through the urologist that we were referred to for surgery.

**BONNIE:** How do you see that now? What information would you like to see parents get?

**ASHLEY:** I would like to see, which I feel like I'm seeing a little bit more now for the younger parents with the younger kids, the option of not doing surgery. I still think I would have gone through with surgery for him, but it would have been nice to just be able to look online and be able to see this is what happens. And it's okay if you choose not to do surgery. Or this is the course of action that we'll take by a doctor on if you choose not to, we'll just kind of reevaluate every year. And then also what comes along with having surgery. I don't feel like there was a lot of... maybe there wasn't a lot of information at the time 20 years ago of what the complications could be if you just kept going for surgery after surgery after surgery. There just wasn't a whole lot out there. So, I think yeah, just that medical side of it, of what

could happen if you chose to wait or if you chose to proceed with surgery, what all that entailed.

**BONNIE:** How does he relate to his twin?

**ASHLEY:** He, you know, his twin obviously didn't have the same condition. They grew up very close. As they have gotten older, they're kind of doing their own thing. And they've always been very different in personality, but I think it's hard for my son to—I would imagine it's hard for him to relate to his brother just in the sense that he's been kind of stuck here dealing with all of this.

Why brother gets to lead a normal life. But I don't think that that, I don't feel like that has made his love for his brother any different. There's no, I don't feel like there's any resentment, nothing. It's just kind of that desire to wish he could be doing the same stuff.

**JOHN:** Well, how does his brother relate to him? Does he understand what he's going through [on] some level?

**ASHLEY:** I think he deep, deep down he tries, but because his brother is in the military, so he's not physically around. Personality wise, his brother is very quiet. And I think deep down he wants to have a discussion with him about all that to really try to understand. That hasn't happened yet, unfortunately, but I know it's a sensitive subject, but I know my son is, you know, he needs a lot of support. And especially, you know, I feel like a brotherly, fatherly support is great for him. If he can get that, he really needs it.

His father and I have been divorced for several years and I'm kind of my son's shoulder right now to lean on. And he does have a stepfather and, you know, we all try to help him as much as we can, but yeah, definitely would like. Hopefully his brother will come around one day to try to sit down and try to understand this condition and what my son has gone through.

**JOHN:** Sure.

**BONNIE:** To hear that his twin is in the military, my assumption is that there's a lot of macho or ideas about masculinity that are important in that context and how that plays out also in their relationship or in your son with all the surgeries, how he understands what his options are.

**JOHN:** Well, I could definitely see that, Bonnie, because as someone with hypospadias, you know, growing up with it, there is a sense of shame associated with it and you do kind of see these messages, right, in media or TV or whatever of what, quote unquote, real man is, or, you know, these kind of macho things to aspire to, say. And I know women have it too, but when we're talking about a condition like this and it's something that has a lot of secrecy. You know, it's not something that you could just walk into a dinner party and start really necessarily talking about. It's not really going to happen that way. So you kind of see these things and to your point, Bonnie, I mean, the military is about as macho as it gets, right? So,

you know, you... to see that kind of secrecy and kind of shame that comes along with having hypospadias, not just for the guy either, it's, you know, I'm sure the parents, the siblings might—when they understand what's going on, might have a sense of that. And that's only fair. I mean, makes sense. And this kind of, as Ashley was saying too, I mean, if her other son is kind of quiet and reserved and the time will have to come, like you're saying, for that.

**ASHLEY:** Yes.

**JOHN:** for that that lot to happen. You know, it's, it's a very fascinating thing, but I see your point, Bonnie, because it's really at the heart of so much of this, you know, about what makes, what makes a real man. And like you said, Ashley, I mean, your son is like a champ in this. So knowing just what I know so far, I mean, he's just as strong and just as resilient as anyone in the military.

**ASHLEY:** Yeah.

**JOHN:** It's a full-time gig.

**ASHLEY:** It is.

**JOHN:** ... Full-time gig to deal with it. So, I do want to follow up on that. What areas, Ashley, do you feel like you've through this journey with your son and your family? What areas do you feel like you've received support? Or maybe there was, you know, places where it was lacking in it, that you see opportunity for there to be better support, whether it's family, the medical community, whatever it is.

**ASHLEY:** I feel like family, first off, has been very supportive. At least in my opinion, I do feel like my son feels that way. Family has been very supportive. You know, we're a smaller family and we obviously tried to keep it amongst ourselves. And, you know, out of respect for my son and, but that they've been very supportive from day one.

The medical community—I feel like it is more just a—where we're coming from. It's a little bit more supportive now. I don't feel like that was the case back then. I also feel like there maybe is not enough knowledge about the condition. You know, my son tried therapy a few times and even just going through all the doctors, nurse practitioners, medical assistants, any person that my son had to have a conversation with as he was sitting in a doctor's office. I feel like the understanding is not there.

The empathy, if you will, I guess a lot of people don't know the term hypospadias. And when he describes what that is and what he's gone through, I just don't feel like is, you know, people don't know how to respond to that if they don't know what it is. And so I do wish that there was a little bit more given that area. I do wish there was more knowledge and people understood how sensitive and difficult it is for a man to talk about this. And maybe a little bit more compassion. It's this stage, everyone's busy, especially medical field. Doctors are busy. Everyone's just busy, busy, busy.

And I feel like maybe some more compassion from medical teams would be really, really beneficial for these patients, especially a young man, his age. I feel like they're great with kids, but as they get kind of older, I feel like there's not a lot of understanding on how to deal with that age group, so to speak.

**BONNIE:** Do you look back at the birth experience when the first doctor said, we're going to fix it, it's going to be fine. Do you feel that you were misled?

**ASHLEY:** That's a great question. I do, in the sense, a little bit because of our journey with it. But I know our journey is not as difficult as other's journeys. You know, other parents with children have been able to get it corrected, say after, you know, a three-stage repair. And life is great for them. I'm a little tainted, honestly, because our journey has been a lot more difficult and you are hopeful with every procedure, and when that doesn't go as planned, and it goes in a negative direction, it's really hard to hold on to that hope that there is going to be a positive outcome. It's like what John was saying earlier, you just kind of have this, I can't remember what you said, just leading up to that next, you know, it's always just this anxious, you know, what's going to be like, what, you have to take one day at a time, but you're just, you just want to get to where you're done, you know, and you just want to start life. And I think it would just have been nice to know in the beginning that worst case scenario, A, B, and C can happen. For me, that would have been nice to know, not just paint this picture of butterflies and rainbows, because it is not like that for everybody.

**JOHN & BONNIE:** Right

**JOHN:** And that's the other thing too. I mean, I just, just kind of ties in with what you were saying earlier too, which I wanted to ask about, but I think you made such an important point. When people are having this surgery, they're not educated by anyone on what happens afterward. And that was one of the most common things that I've heard from anyone that I've spoken to. It's been a parent. You know, it's so, so important. I mean, even for me personally, you know, because I don't have kids, but from my, my research and such, finding out the child life, you know, the child life program existed. And that wasn't available, at least to my knowledge, when I was a child. So that wasn't an option for our family when I was going through some of the surgeries back then.

But even more importantly, being able to navigate after you get home, being able to navigate what questions to ask, what are things going to look like? How are things going to be? And you know, that's one of the things I've heard repeatedly that is sorely lacking. You know, is that kind of guidance, education that can really probably make a difference from, you know, having someone not having a little bit of these kind of regrets and maybe not regrets, but saying, yeah, that would really help. And things could have gone better in that sense.

**ASHLEY:** Right. And that's great that you said that because of all the procedures that he's been through, it really is just kind of, okay, we'll see you in three to six months. We'll see how things are. One of the procedures, when we had gone to San Francisco area, when he

was done with those repairs, I remember the physician, and because I had a copy of all the medical records, and I remember his wording on how he closed this procedure. And he said, hopefully, you know, we were done with the three-stage repair. Everything looks great. Hopefully, the mom will have closure. And to this day, I can't seem to just quite forget that because I thought number one, it's not for me. I want my son to be able to have closure one day, but it couldn't, for me, and my son, it didn't stop there.

And knowing, looking back, it really never ends. This is a lifelong condition that my son will live with. Whether it's healed or not, I don't know what your experience is now, now that you're done with procedures and all that. But mentally, emotionally, psychologically, this will be lifelong for him. So, it really, truly never ends. And that would have been really nice to just have more support in that area as well, of maybe start therapy at an earlier age. Let's connect with therapists and any sort of other therapy that would help. But you know, you just kind of just falls off and you just basically come back and see a doctor, if you're having more issues, and they're just outside of that, there really isn't a whole lot of support.

**JOHN:** Yeah.

**BONNIE:** I have a few questions from what you said. And one of the things that I never was warned about or told about was the aftercare. And in the early 80s, when our son was born, we were in the hospital for a long stretch. Like, I think the first, the real one, the big surgery was 10 days. And yet, in subsequent surgeries, we were left alone with the aftercare. I think the insurance system changed, the hospital expectations. And it was just like, okay, go on home with this catheter and empty the cat—you know, and it was a hello.

**ASHLEY:** A lot, yeah.

**BONNIE:** How do I expect us to manage at home? Okay. With these complicated, uh, aftercare issues. And so that's one question that I have. Are parents warned about that. What would you like to tell parents about that whole aspect of it? And the wishful thinking on the part of the two doctors. So, the doctor, when he's born, we're going to do surgery. It's going to be fine. You're going to be fine. And then after 16 surgeries or whatever, the surgeon writes, I hope the mother gets closure. There's so much wishful thinking.

**ASHLEY:** Yes.

**BONNIE:** Why isn't there a focus on the true outcome for the child and the growing developing young man?

**ASHLEY:** Yes.

**BONNIE:** And my other question is you said that you were training for something in medicine. Tell us a little bit about how that's informed your understanding.

**ASHLEY:** So, I am a nurse. I was trying to go to nursing school. And at the time that I had my son and his brother, I wanted to be home with them and take care of them. And I declined my acceptance into the nursing program and waited. I was in a lottery system at the time.

So, I had to wait a few more years, but it allowed me to be at home with them. And to take care of them and just to deal basically, you know, with my son's procedures. So, it really was a blessing in disguise.

Has that helped me today with him? 100%. I work with infants and I see this very often, this condition. So, it helps. And so, I feel like now with social media, I feel like there's a lot more at least with the office and doctor that we are with now. A lot of support for parents and what to expect for the aftercare. And we're, you know, we see a doctor in Texas. So, we have a lot of FaceTime calls, but there is a lot more support. I feel like for the aftercare on what to do, what to look for, nothing like that 20 years ago. Not for me. It just wasn't in that. Yeah.

**BONNIE:** As a nurse—for infants, when you see other parents who just gave birth to a child or to young children with Hypospadias, are you empowered or emboldened to speak your truths to them?

**ASHLEY:** I feel like I am. I have the opportunity to, but at the same time, as a professional in that, in my field, I have to offer a basic general idea of what this condition will bring. But honestly, I do have to limit what I say. Because again, my experience with my son has been very complex. And I don't ever want to make another parent feel like this is going to be their journey. Because they may have a very happy ending, not like what my son and I went [through].

But I do. I try to kind of give them some understanding of what the condition is and what that might entail, the doctor visits and to help them really just do your research and really try to understand, talk to your son and keep that communication open as he grows, as he ages, always talk about it. At five years old, talk about it. Even if everything's repaired when he's 10, when he's 15, always talk about it. Because it's always going to be on his mind.

**BONNIE:** Right. One of the paradoxes is, you talk about it a lot in your family. And we made the mistake of not talking about it a lot in our family. But we were absolutely scrupulous about his privacy at school. It was not on his school records. And on the contradictory, we were always debating whether that was the right thing. And it sounds like you also, you're very open in your small family, in your nuclear family. But in the public arena school, gym, you are protecting his privacy, have protected his privacy.

**ASHLEY:** Right. Right. No one knew in elementary school, middle school, high school. You're correct on that. There was no discussion about it to anybody else. Because nobody would understand. And at a respect for him, yeah, it was very hush, hush.

**JOHN:** So, Bonnie, you had a really interesting point just now about privacy. So, if maybe Ashley could talk a little bit about that, how you've handled the issue of privacy, Bonnie was mentioning in schools and such. So, if you could talk a little bit about that.

**ASHLEY:** Sure. Through elementary school, middle school, high school, it was very private in that area of his life. There was no telling friends, not confiding in anyone that I'm aware of on his end or mine, just again, our immediate family. In elementary school, he had



sometimes to where, you know, he would have to urinate frequently. And I think at the time, the school nurse kind of had just a quick little update on that why he was allowed to use the restroom as often as he needed to. That was the extent of it. And, we didn't really have to start dealing with it physically until I guess around high school. But even then, it was stuff that he was dealing with physically. But everything is, if there was any discussion, if anybody knew anything, it was just our immediate family. But it was not talked about with extended family. It's definitely not a fun conversation. And I know that my son didn't want anyone to know. But you know, my son played sports, had a lot of friends, very active that way. But no one had any idea.

I'm not sure if this will kind of fit into that area. His brother never, at least that I'm aware of, you know, there was never mentioned any of any girlfriends that whenever came over. I don't know if that was the reason. My son was not putting himself out there to develop any sort of relationship with anyone. Very, very protective and scared. So that's kind of just what his life was as he was, you know, in school.

**JOHN:** Do you remember how you introduced the topic to his brother, like how old they were or how that went?

**ASHLEY:** You know, I don't remember the age. I want to say that I probably mentioned it to his brother early on in high school. But I never really sat him down to discuss the ends and outs of it. And I should have. For me, as a parent, it was more of, if there's nothing wrong and my son's not coming to me with any issues, then everything's okay. And I'm not going to make him feel uncomfortable by talking about it. That was the one mistake I made. Just if he's not coming to me, we won't have any conversations about it. I'll let him do that whenever he feels comfortable. But in the meantime, I really should have just kept that line of communication open.

**BONNIE:** How did you explain the 17 surgeries going to the hospital and the aftercare?

**ASHLEY:** With the, my other son? Yeah. It's just more so that brother was having a surgery. And again, it wasn't really talked about it. I think it, I think his brother knew something was up. But again, was very quiet, reserved, didn't, didn't ask questions. And my son, um, I'm remarried and have two younger children that have lots of questions and very aware of what, what older brother is doing and where we're going. So, there's questions now. And honestly, I just keep it very vague that we're having a procedure done. But it's something I'll talk about when they're a little bit older so that they can understand.

**JOHN:** The other question I was going to ask you at his age and he's, you've got an impending surgery in a few weeks. Has there been any discussion or thought that you're aware of in terms of is he going to stick with his pediatric urologist or is he going to now find an adult urologist?

**ASHLEY:** So, he sees an adult surgeon that's doing it. And we have not seen the pediatric one in years. So, we will stick with this particular doctor. And but locally, he does not have anyone. So, that's the downside is probably should have that for future issues that may

arise. But for now, we've just been doing lots of traveling. And again, it's, it falls back to finding a good doctor that you're comfortable with.

**JOHN:** Absolutely.

**ASHLEY:** You know, locally. And that understand and that will be listening and really trying to help as much as possible.

**JOHN:** Definitely. And one of the other things I just wanted to touch on—what could be done differently or, you know, from, from kind of like the guy's perspective. And honestly, Ashley, I mean, everything that you've shared today and, you know, previous conversations, I mean, you're doing it right. The idea really as far as I'm concerned is you've gotten to the point of where you're normalizing it. You know, you and your son have such a close relationship and that's going to carry him through for his entire life, having that and normalizing it because there is. There's a sense of shame. And I mean, I hear your story and I hear so much of my story in there, up to and including, you know, my relationship with my mother, who was there with me in the hospital and for aftercare and did all the things you're doing, you know, we didn't travel, you know, as far as you've had to, but in terms of having that support and that relationship around this is, I mean, I can't, I can't stress it enough. So, that part alone is massive in a good way. I mean, just, I would say just going forward, just continue to validate what he is going through and to continue to validate what he's saying because as he grows and continues to grow and physically and in every possible way and mentally and emotionally and his feelings change and everything, he may have different viewpoints as time goes on and he some days he might be frustrated and kind of reserved and angry or some days he may be fine and, you know, every day is going to be different, but validating that and understanding that, you know, what he's saying is probably coming from something he's experienced already, that he's just now bringing up. If that means...

**ASHLEY:** Yes,

**JOHN:** And those are really the things that jump out to me, but everything that you've been through and he's been through together and your family's been through with this, I mean, it's just—Bonnie, you feel the same way, right?

**BONNIE:** Yeah, but also, John, remember the transition from feeling like you were the only one?

**JOHN:** Yeah.

**BONNIE:** And realizing that no, there's a whole world of men whose repairs did not go spectacularly. They keep having complications. We did the one podcast with Jim who had 27 surgeries, in the middle of his last surgery, his urologist brought him out of the anesthesia and said, would you like your original urethra? That's a huge story. So, your son is not in the minority. He's part of a huge community. And unfortunately, the community doesn't know each other well and they're kind of lost for each other.

**ASHLEY:** Right.

**BONNIE:** But that transition is a great potential to know that he's part of a larger community. He's not in this by himself. You guys are not alone.

**ASHLEY:** And thank you for saying that because it's true and you need to hear that, you know, that there's others out there.

**BONNIE:** Yeah, I also understand the idea that you want to trust the people that, to whom you tell the story and trust the people that are going to support your son and that they're not jokers or they, you know, they're not nasty. I guess.

**ASHLEY:** Right.

**BONNIE:** It's really brave, I think, to do this podcast because you really are going out of your privacy.

**ASHLEY:** Yeah. And that's what I told my son. I said, it's needed and I hope that it can help another parent because I would have loved to have had these podcasts around—20 years ago. It would have definitely helped me feel more confident in the choices that I made for my son.

**JOHN:** Yeah. And I just, you know, I echo Bonnie's sentiment. I think we're both so grateful and thankful that you came on today and how brave and courageous you're being and how brave and courageous your son has been through this experience.

**ASHLEY:** If I could pass on any advice to any other parents, it would be to do your research and when you think you're done, do more research. And really weigh the pros and cons of choosing surgery, not choosing surgery.

Try to reach out, get some, some real accounts of what people are going through. Try to be open to complications and what could happen. And honestly, my number one—to talk to your son because that's the one regret I have. I wish I would have been talking to him non-stop from as young as he could possibly understand me. I would have kept that conversation going. And just a weekly check in, a monthly check in, hey, how's everything going? You want to talk to me about anything. And if you're able to, to maybe start therapy at a young age, because I think if that was started and they were used to that and they had that resource, I think it would have helped my son greatly as he continued to get older. And to be more open and feel comfortable that, hey, he could come to me and tell me something is not quite right. And that's it. If I had somebody helping me with that back then, I would have listened.

**JOHN:** Absolutely. I couldn't say to better myself. And I think a lot of people are going to get a lot of benefit from this podcast. So, thank you so much, Ashley. Thank you, Bonnie.

**BONNIE:** Thank you. And if you have any questions about this episode of ***Hypospadias Conversations***, you can email us at [hypospadiasbook@gmail.com](mailto:hypospadiasbook@gmail.com). And until then, we'll see you the next time on ***Hypospadias Conversations***.

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