HYPOSPADIAS CONVERSATIONS

TRANSCRIPT: PSYCHOLOGISTS ROUNDTABLE DISCUSSION PART 1

Guests: Lillian Hayes, Ph.D., Jennifer Hansen-Moore, Ph.D., Jackie Papadakis, Ph.D. and Jeff Garofano, Ph.D.

JOHN: *This episode of Hypospadias Conversations is brought to you by our sponsor, MyHypeLife.org. Wondering why you've never seen a TikTok, Reel, or Insta story about hypospadias? It's because they don't exist. Why? Well, it's because no one wants to talk about their privates online, let alone post a video blog about it. So, we found a workaround. At MyHypeLife.org, you tell us your story in private. We turn it into a powerful TikTok video recreated by professional actors. Your face and name stay out of it, but your story gets told in a relatable real way. Parents, girlfriends, guys with hypospadias, your story will help someone else feel seen for the first time. We need your help to tell it. Visit myhypelife.org to sign up and participate. That's 'myhype h y p e life dot org'. Let's put some TikTok stories out there for how to live a hype life with hypospadias.*

JOHN: *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: Welcome to another episode of Hypospadias Conversations. I'm your co -host, John Filippelli, along with my lovely co -host, Bonnie Steinberg. Bonnie, how are you today?

BONNIE: We're doing all right. We're excited for this panel.

JOHN: Absolutely. Absolutely. We have a great show planned for everybody. We have a wonderful panel of very esteemed psychologists from around the country who are going to be talking about all things hypospadias in terms of pediatric aspects, adult aspects, including emotions and confidence, relationships and decision-making. So without further ado, I'd like to introduce our panel. We have Lillian Hayes, Ph.D. from Boston Children's in Boston, Massachusetts. Jennifer Hansen-Moore, Ph.D., with Nationwide Children's Hospital in Columbus, Ohio. Jackie Papadakis, Ph.D., with Lurie's Children's Hospital in Chicago, Illinois. And Jeff Garofano, Ph.D., with Johns Hopkins University in Baltimore. Lillian, would you like to introduce yourself?

LILLIAN HAYES Ph.D.: Yes, thank you. So hi, I'm Lillie Hayes. I'm an attending psychologist in the Department of Urology at Boston Children's Hospital. I am also part of an interdisciplinary program here in urology. And my role is directed toward providing behavioral health services to children, adolescents, and young adults. Mostly I help with patients with coping with their medical condition. I help them prepare for surgeries or other medical interventions and how that also impacts their mood and family life and social life. Thanks for having me.

JOHN: Wonderful. We're very happy to have you here. Dr. Hanson-Moore, would you like to introduce yourself? Sure.

JENNIFER HANSEN-MOORE, Ph.D.: So I'm Jen Hansen Moore, and I'm out here in Columbus at Nationwide Children's Hospital. And I work in a program that provides interdisciplinary care for youth and young adults with a urogenital difference.

JOHN: Wonderful. It's a pleasure to have you here. And Dr. Papadakis?

JACKIE PAPADAKIS, Ph.D.: Hi, I'm Jackie Papadakis. I'm a pediatric psychologist at Lurie Children's Hospital in Chicago, and I work specifically with the Division of Urology. So, I see patients with spinal bifida, differences of sex development, and many other congenital, urogenital conditions, including hypospadias. And I do this work as part of an interdisciplinary team, but then also kind of independently in like a traditional outpatient setting. And I see kids of all ages. So, infants all the way up until, you know, I think some of my oldest patients are sometimes in their late twenties.

JOHN: Well, welcome. We're happy to have you here. And Dr. Garofano?

JEFF GAROFANO, Ph.D.: Yes, I'm Jeff Garofano. I'm a clinical psychologist. I specialize in pediatric psychology. I'm here in Baltimore, Maryland, School of Medicine, Johns Hopkins Hospital. And I do a lot of work in urology. I'd say roughly about 70 % of my work is in urology. I work with children with a range of urologic conditions, bladder exstrophy, neurogenic bladder, dysfunctional elimination syndrome. I don't see many patients with hypospadias just based on how our clinic is, but I believe a lot of the principles that we use kind of carry through for this population.

JOHN: Wonderful. Thank you so much for being here today.

BONNIE: The first question I think is for Jackie, but anyone can chime in. How does one advise brand new parents who may feel totally overwhelmed and may not feel like they're getting enough of the information that they need about what the life course with hypospadias will look like? And what processes does your institution give for parents to go through the education and the orientation that they need to make the decisions for medical care for their children?

JACKIE PAPADAKIS, Ph.D.: These are great questions. And I'm glad I get to be the first one up answering questions. I hope I'm not too wordy because there's so much to say about this, but I'll try my best to be concise and comprehensive. So, I'm actually going to start with the latter part of that question, Bonnie. So you're asking about—is there a

protocol or process in place that all parents go through when doing surgical decision-making for their child?

The answer to that is that it differs from institution to institution. At this point, there is no standardized process across the country that is followed to guide parents in decision -making around this. And so, I can say a little bit about what we do at my institution and then my colleagues here could could jump in if they want to answer that differently, but one thing I'll say is that what is emphasized. with not just surgical decision-making related to hypospadias, but surgical decision-making in general, is that there really is a benefit to doing this within the context of an interdisciplinary team. And so over the past years to decades, interdisciplinary teams have really grown for this reason. And what an interdisciplinary team is just, it can look differently institution to institution, but it's going to be comprised of different specialists who are all going to come together with a family and participate in shared decision -making about what's best for this family. An interdisciplinary team could include surgeons, urologists, pediatric surgeons, psychologists, social workers. Depending on the exact clinic, it could include other folks, you know, endocrinology. It all depends on orthopedics, what kind of specific diagnosis we might be talking about. But being part of that interdisciplinary team and having time with all of those providers to get counseling education from all of them is kind of the baseline of the process.

So, a little bit more to the first question, that question of like, how do we advise new parents from a psychology standpoint? I have kind of a spiel, if you will, of all the talking points I like to go through with families. And this is at least an hour-long conversation, if not more, but so I'll just throw some highlights out right now for you. So, the first thing is that when a new baby is born with hypospadias, is that letting parents know that there are a range of feelings that they might be having and however they're feeling, it is completely valid and completely normal. And whether they're shocked, they're anxious, they're confused, these are all normal reactions and that it is very important for parents to recognize how they're feeling and get support, get the support that they need for themselves. Their feelings matter too. You know, if they take care of themselves, they're going to be able to take care of their baby better. And so that's one point I always emphasize. Something else is emphasizing just how common hypospedias is, in terms of like the prevalence. And because many families have never heard of it, or often that seems to be the experience. And so letting them know that this might be new to you, but there is a whole community out there and great resources like this podcast that are there and available to you, and letting them know that we're gonna help connect them with those if they want. A couple more points, I always try to emphasize that while It may feel like everything hypospadias is at the center of your world right now. It's not always going to be like that. Your child is a whole person and they're going to grow up to be, you know, have their interests, all these things like this is going to be the least interesting thing about them. And so just to to kind of give them that perspective that this is just one thing and one piece of the pie. And then, two more things I'll say is that I sometimes do like a knowledge check with them, like just reviewing, like what do you understand so far? Like what have the other providers told you?

And I do emphasize that this is lifelong because I think that's something that some kind of shift in care where we hear families saying like they didn't realize this was lifelong. So I think we're all doing a better job of trying to emphasize that early on that there might be gaps in time where you, aren't needing care, you're not going to the urologist and then this reemerges maybe in adolescence. But this is not something that we take care of now and then you can pretend it didn't happen, right? Like this is kind of a lifelong thing and that's okay. And we can get assistance on this whole journey. And they may absolutely grow up with normal urinary and sexual function as many people do. or they may have some other challenges. And so really making sure they have the landscape of the possibilities I think is important. And then the last thing I'll say, I swear all my answers so that your questions won't be this long, but is to actually just sit with them and get a sense of what are their future-oriented worries for their child. What are they worrying about? Because, you know, often parents will tell me, like, I don't want my child to be teased. I want them to have good romantic relationships. And I sit with them in that and let them know that, you know, the truth is, is we don't know what our children's lives will look like. You cannot prevent them from being teased. They may get teased for all sorts of reasons. You do not know how they will be in romantic relationships. However they are, romantic relationships may have nothing to do with hypospadias. Uncertainty is woven into everyday life. And so just trying to find ways to kind of sit with that uncertainty, take one step at a time, and just encouraging parents to just raise your child. where you're emphasizing things like diversity and bodies and give them self-advocating skills and let them know that they're able to overcome their challenges. Like give them the skills so that if things are hard in the future, they'll be able to overcome it. So those are the talking points I like to kind of go over with families, at least that's my digest version. Bonnie.

BONNIE: For Lily, my follow up question to that comprehensive answer is how does a parent handle or avoid or mitigate… lessen putting their anxieties on to the growing baby, the boy?

LILLIAN HAYES, Ph.D.: Thank you, Bonnie. That's a great question. And you know, it's, it's one that's hard to answer, because I think it's easier said than done in many situations. Of course, parents are allowed to experience their own varied emotions as they process information and plan for the future. But what we know is that when in situations when kids don't really know how to respond or what to feel, they may look to their parents to model that for them. And so it's as best we can, it's important to try to manage our own feelings so that kids can make their own interpretations and meanings.

One of the most important aspects of making sure that parents can process their own feelings about all of this, I think is having their own support system. That could be their spouse, that could be a sibling, it could be a parent or a friend that they can really open up to and express their feelings with. In some cases, we have caregivers who connect with other caregivers of boys with hypospadias, who then maybe have that deeper level of understanding about what they might be going through, if that's something that they're able to access. When kids are young in particular, I think it's important to have a plan, to have a support person who's there at maybe certain doctor's appointments or

even during surgeries so that, you know, there may be a situation where you have grandma, you know, take your infant out of the room so that you can focus on the conversation with your provider and ask all the questions you want to ask and so that you feel like you can focus and process all the information. And as the kid grows older, of course, there'll be room to like relay that information to your child as well when that's developmentally appropriate. But at least in the meantime, it gives you time to process the information.

And I would just say, too, that I think in the very realistic scenario that parents do have that very genuine, anxious reaction in front of their child, it's not the end of the world. Having those open conversations shows that you're not afraid to talk about those very natural feelings. And for your child, it can normalize feeling and showing emotion about these different things that are that they're going through in their life. And so, you know, it can be helpful if you process that with them. And then I think especially helpful if you show them how to work through that in a healthy way. How you work through your own emotions.

BONNIE: How to raise our sons with hypospadias and improve their confidence, their social comparison issues, how to help them with the fear and the trauma associated often with going to the doctor so that even as they grow older, as they become adults, they still seek medical care whenever they want it or need it. and can actively advocate for themselves?

LILLIAN HAYES, Ph.D.: Another really good question. I think that the biggest takeaway for me on this is that while we know hypospadias is going to be part of who they are or part of their identity, it's not the entirety of who they are. I was chuckling earlier when Jackie mentioned a pie, because I often use this analogy with patients I'm working with, where we think of their life as a pie. It could be like an apple pie, a pumpkin pie, a chocolate pie, or even a pizza pie, whatever you like. And we talk about how each slice represents a different part of who they are. So, you know, one slice could be related to their hypospadias, seeing doctors, et cetera. But then the other slices represent the other parts of them, like family, friends, soccer, hockey, art, school, part time job, whatever it is. And there may be some times in their life that the slice of the pie related to their medical condition is bigger. But overall, we want to try to find balance.

And the truth is, and this is not going to come as a surprise to anybody listening, kids don't want to feel really different than others. So, while I think it's really important to educate them about their medical condition and involve them in their doctor's appointments when it's appropriate, it's equally if not more important to make sure that they're developing the other parts of who they are. And that's really where they get those opportunities to develop their identity outside of their medical condition and develop their self-confidence and self-esteem. And then that confidence will in turn help them in the future to handle those conversations with their doctors, their friends or their partners about their medical condition, even when they might be experiencing anxiety.

JOHN: Thank you for that, Lillian. I love that idea with the pie. That's that's amazing. Jackie, I actually have a quick follow up, actually, from what you're talking about with the interdisciplinary team. Does the child life aspect come in to play at all in terms of that as well? And if so, how?

JACKIE PAPADAKIS, Ph.D.: I didn't mean to exclude them from my list, but yes, some teams do include child life. And because every hospital and every team is different, it might be that maybe child life isn't part of the interdependency. per se, and they're like on the clinic days, but they're available and the interdisciplinary team consults with them as needed. So that's often a scenario as well.

JOHN: Great. Thanks for adding that. So, I'd like to jump to adolescence now. We touched a little bit about the early stages. So, for Jackie, for parents who decided to have surgery for their child, when and how do they have a discussion with their child explaining that he had the surgery when he was younger as a baby or a toddler?

JACKIE PAPADAKIS, Ph.D.: Great question. I feel like this is a topic that I probably talk — one of the topics that I talk about the most with families, and I'm actually going to Just I'm going to answer it in two ways. I'm going to start by saying that we actually recommend that parents be very open about this from the beginning so that Kids grow up knowing this about themselves, and there is no big conversation that has to happen during the adolescent years. And the reason we recommend that is for a few reasons. So, when kids grow up knowing this about themselves from the beginning, it's much easier to kind of integrate that into the narrative about themselves or their sense of identity. Because let's go back to that pie analogy, like, there's already a piece of pie dedicated to that versus when you're an adolescent and then all of a sudden it's like, wait a second, this is my pie. What do I do with this piece? And so, if possible, start from an early age talking to your child about this. And a lot of families will say, well, how do I do that? And you can just find natural opportunities. So maybe when you're on your way to your doctors, 'hey, We're going to see the urologist. Do you know what a urologist is? Do you know why we're seeing them? Did you know that you had surgery as a baby? Do you know what hypospadias is?' Just having these conversations, asking questions to see what your kids do and don't know, and then just telling them.

And of course, the words you're going to use are going to be different when you're talking to a five-year-old versus a 15-year-old, and that's okay. And I always say, like, you know, you always want to be honest with them. You don't want to lie, but you don't have to tell them every single thing when they're little. It might just be too much for them, and they probably don't care, honestly, but you just give them the facts, kind of a surface level that's appropriate for their age. And then over time, you can fill in the blanks with more detail based on as they mature and their intelligence grows, but also based on their interest.

They will likely become more interested in knowing these details as they get older, and they will need to as they participate more in medical discussions, perhaps, and things like that. And so that's just a really important thing. And so another thing parents will sometimes bring up, though, is which is really understandable, like, well, I want to wait

till my child is older when they're more mature and they'll be able to, like, understand all this more. And I think that sometimes that's sometimes that's true, but it can also come with a little bit more distress to kind of find out something new for the first time when you're older. And I think sometimes then we have to really talk about like why it wasn't they weren't told until they were older. And often it's always coming from a good place right always it's it's of course we're going to tell you, but we these are complicated things, but so all that said, it's best to kind of have your child grow up knowing this about them. If they are middle school, teenage years, and maybe you haven't had the conversation yet, and that is okay. How do you go about doing it? Again, I think finding a natural opportunity to, like maybe you have a doctor's visit, or maybe something comes up, using that natural opportunity to sort of conversation. And I think you just want to start kind of slowly by giving them little bits of information and gauging their level of interest in knowing about this and following their lead and answering their questions and just being honest about all of it. And sometimes the conversation will unfold after one occasion. Sometimes it might be a couple occasions, like several conversations, and that's okay. Sometimes parents can offer, do you want to schedule a doctor's appointment so we can talk more about this with your doctor? And some kids like that, and other kids like to just hear it from parents. So, I think it's really about following their lead.

JOHN: I would imagine too, especially for young men as they're growing into adulthood, to be able to understand the impact of what they're experiencing and how they were born leads us right into the next question, really, in my mind, that… how and when should a young man or maybe a parent of a young man who's listening to this, when should they tell a partner about their hypospadias or their surgeries?

JENNIFER HANSEN-MOORE, Ph.D.: Yeah, so that is a great question. And one that we get a lot and one that we oftentimes talk about in clinic, even if it's like a younger adolescent who maybe isn't yet kind of in the dating scene, but has this thought kind of in the back of their mind. So, these are common conversations that we have. And so, I'm going to piggyback a little bit on on what Lily and Jackie were talking about. and talk about really what's important to address before getting into a relationship. And I think a big part of that is feelings of shame.

So ultimately, what isn't talked about leads to shame because it's social comparison with a perceived inadequacy, like perceived being the key word there, sort of a feeling of otherness, a feeling of disconnection or not belonging. And then also it's often described as a uniqueness in suffering, feeling like no one else really can possibly get it or can possibly understand. And then also some of that feeling of anticipation of rejection or of pity. and maybe even a feeling of unworthiness of love. So, shame is something that is universal. These are things that we talk about certainly outside of our clinics with urogenital differences. But the antidote is really to have an accurate biological understanding, just as we talked about, and a normalization of variations that takes the judgment out. and to realize that you're not alone and that you're part of a community. And that's why opportunities like this podcast are really so critical and so important to the population because it really just highlights that and takes away that

feeling of otherness and aloneness. You need to have self-compassion with yourself that enables you to be able to reach out to others. So, you have to have that self-compassion first and then connection with others who can empathize

And we're going to distinguish that from sympathy. Sympathy is feeling for someone and a kind of poor you, whereas empathy is a feeling of joining with someone. And that's more of that acceptance and maybe some me too's around similar feelings, even if the experiences are a little bit different. So, putting putting all that aside, getting back to your question at hand. So once… once that… once someone feels like they're ready to get into a relationship, the how and when to tell a partner can vary so much depending on the specific relationship, you want to think about, you know, is this someone who you've already felt that you can confide in about other things and who has been able to keep your confidence and show you support and empathy? Ideally, this person has also confided in you about certain things.

And then you have this foundation of shared vulnerability. And that's really what underlies a solid relationship. Also plan for how quickly things might progress or how quickly you're anticipating things might progress. progress from like into a sexual relationship that also includes the genitals. And that might depend on your age, your culture, your religion, just different things like that in terms of how quickly you might be progressing to something like that. So, all of those things can can kind of be taken into account in terms of how to or when to kind of tell a partner when you know that the timing is is right. And we can talk a little bit more about specifics about kind of how to have some of those conversations, too.

JOHN: Absolutely, Jen. And that's actually the follow up that I have here.

JENNIFER HANSEN-MOORE, Ph.D.: So there you go.

JOHN: So, for the young man, again, or the man or and the parent, how do they what kind of language should they use in order to explain it to a partner without embarrassment to avoid that sense of shame and rejection, awkwardness that you were alluding to?

JENNIFER HANSEN-MOORE, Ph.D.: So, when the relationship is right, you want to make sure that the timing is right too. When you have and your partner has a fair amount of time to talk privately and not rushed by other outside commitments or done during a period of significant intoxication or when other stressors are going on or things like that. So, I think, you know, sharing ahead of time that you want to speak with them about your early medical history and you wanna set aside some time to do that. Because of course, if you say the phrase of like, I think we need to talk, that's gonna set off alarm bells for all kinds of other, that can mean a whole bunch of other things. So, I think if you really kind of lay the groundwork and say, not super specifically, but mention that you wanna talk about, you wanna set aside some time to talk about your early medical history, that really kind of, sets the stage and then you kind of talk about things and you lay things out in terms of medical facts. And again, when you're able to talk in that kind of language, that helps to remove some of that stigma that can be associated to things

when you're talking about the genitals. Just keep it to kind of very medical facts and then you can include sort of your thoughts and feelings on things, but that way they have a good lay of the land. And most people don't know about hypospadias, even though it's exceedingly common. And so, you might need to have that extra time set aside just to provide, you know, kind of some medical one-on-one, a one-on-one on what it actually is.

JOHN: And I'm just curious, anecdotally, is there like a specific timeframe, like early in the relationship or after a certain period of time when you generally hear patients bringing up these discussions or that you would recommend that they would be a better time for them to have that conversation?

JENNIFER HANSEN-MOORE, Ph.D.: So, I would say, again, there's so many factors. I think it's really hard to have specific rules or guidelines around this other than the foundation of the relationship, feeling comfortable, having those… testing the waters with those shared moments of vulnerability is, I think, really important. But I've found that it can occur during kind of bigger conversations about next steps in the relationship. Maybe it's before you know, high school sweethearts are going to be going to different colleges or, you know, something else. Or sometimes it just comes up really organically or in the context of something else big that maybe their partner has shared. So, it really can vary. It really can vary so much in my experience when individuals have decided to share that experience with me.

JOHN: That's great. Thanks so much for that, Jen. I'm going to follow up now with, you alluded to, you know, as things develop for these young men and they become intimate with their partners, what should he do if he's anxious before sexual experience, whether it's his first time, just the intimacy, or if it's a new partner, what would you say to that?

JENNIFER HANSEN-MOORE, Ph.D.: So, I'm going to sound like a broken record, but just sort of coming back to the relationship, but really feeling comfortable in your partner's company, getting comfortable with gentle caresses and kisses so that aspects of the relationship already feel like they're more comfortable. And then I think, you know, expectations or not having expectations, I should say, are really so important. So not setting yourself up for those specific expectations, recognizing that that penile penetration is not the be all and end all. And also just kind of reminding yourself that, or just, I can tell you. Everyone is nervous and is focused on their own appearance and their own perceived inadequacies. And also recognizing that there is a sizable portion of the population who have very satisfying sexual relationships where no one has a penis. And so, there are lots of ways to make a sexual relationship work.

And I'm going to come back to a quote that I love from British psychologist, Li Mei Liao, who says that loving relationships are rarely founded on ideal anatomy. And so, remembering that is, is also important. And then certainly it's, it's important first and foremost, to feel comfortable with your body and what you enjoy in addition to focusing on their pleasure. So that's where that communication piece really comes in and is so important so that you're communicating, whether it be expectations or not having expectations. If there are specific boundaries for you or your partner, or other concerns

that may come up so that that foundation of trust and respect is really so important. You know, definitely taking some some deep breaths or doing things to relax beforehand is is helpful. I think just taking it slow and enjoying foreplay without this expectation of having an absolute endpoint for yourself is super important. And then also not to overdo it on substances or to self-medicate because that will inevitably lead to problems.

BONNIE: The psychologist that you mentioned, I'm wondering if that's information that we should be more specific about. How do you spell the person's name? And are the readings, are their writings relevant to our community? Or is it something that you can do?

JENNIFER HANSEN-MOORE, Ph.D.: Sure. So Li Mei Liao is L -I -H dash M -E -I. Her last name is L -I -A -O. And I actually have her book here. I would say this is, I think it's useful for a general population as well. It's called *Variations in Sex Development: Medicine, Culture, and Psychological Practice*. And so this came out just in the last couple years. She's wonderful, and this book is wonderful, but she's definitely a force and a great leader in this field.

BONNIE: And she's in England, did you say?

JENNIFER HANSEN-MOORE, Ph.D.: I believe so, I believe, I believe she's in the UK or she was in the UK at least at one point. I'm not 100 % sure but she was at one point in the UK. I will just mention kind of one more thing that's kind of tangential to talking about romantic relationships. And so, another way to kind of deepen relationships sort of early on is to build excitement. So, there's sort of a known technique that, or not a known technique, a known association where we know that adrenaline can increase physiological arousal. And then if you are—engage in an activity with your partner, that increase in physiological arousal will sort of be also attributed to to them, which can kind of like fuel attraction and connection and things like that. So, thinking about dates that might be like an amusement park ride or a haunted house or an escape room, go karting or a scary movie. These are all things that can increase excitement and can lead a little bit more easily into into more of physical connection or learning something together, doing some meaningful work together, things like volunteering on a project or a shared passion can also help to kind of deepen that relationship.

JOHN: That was very interesting, actually, to learn that. Lily, I think that you had a follow up a little bit to that of whether a young man or an adult should consider working with a sex therapist or a pelvic floor specialist.

LILLIAN HAYES, Ph.D.: I think that this is always something to keep in mind as a resource, if you feel like you could benefit from this. I know that, you know, at Boston Children's we have our pelvic floor physical therapy team who I learned a lot from and I know our patients learn a lot from, and they can help with things that aren't necessarily surgical in nature. but have to do more with muscle coordination. And they may be able to provide some more guidance on sexual positioning, if that's something that you'd like some advice on. But they can also help with other issues related to pelvic floor muscles

and urinary control. So, if there's difficulty with urinary incontinence or urgency or frequency or pain or tightness in the pelvic floor muscles, that's also something that they can help with.

And, you know, I mentioned Boston Children's obviously we're a pediatric institution, but, you know, we have that available at our hospital, but you may be able to access pelvic floor physical therapists through the institution you're being seen at where your urologist is. And that may be true even for adults as well. And then on the other hand, sex therapists can be helpful with sexual confidence and body image and performance anxiety, pain or difficulty with intercourse. And they can even help with managing trauma or negative medical experiences that might be impacting sexuality and intimacy. There's an organization responsible for credentialing sex therapists called the American Association of Sexuality Educators, Counselors, and Therapists, or for short, ASECT. And they have a directory online where you can look up someone in your area. And you can also try to look at local clinics online or ask your urologist if they have any resources, especially if you're seeing an adult urologist and you're an adult yourself.

BONNIE*: The hosts of this podcast are not medical professionals. And the information presented during the podcast is not intended as a substitute for medical advice. If you or someone you love has a medical question concerning hypospadias, please consult your physician.*

JOHN*: For more information related to this podcast, visit livingwithhypospadias.com.*