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PD15-04 ADULT OPINIONS ON SURGICAL CORRECTION OF PENILE CURVATURE

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### PD15-03 DISPARITIES IN ACCESS TO NEWBORN CIRCUMCISION AND ITS EFFECT ON RATE AND DISTRIBUTION OF OPERATIVE CIRCUMCISION

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**INTRODUCTION AND OBJECTIVE:** Policy statements from American Urologic Association and the American Academy of Pediatrics (AAP) report medical benefits of newborn circumcision (NBC) and recommend presenting it as an option. The AAP further recommends insurance coverage for those who choose it. Many newborn males (NBM) who do not undergo NBC may eventually undergo operative circumcision (OC), which carries increased medical risk and cost. We hypothesize that socio-economic factors, including race and insurance, influence access to NBC; and further believe that this results in an increased shift of potential harm to an under-represented population of our community.

**METHODS:** We retrospectively reviewed NBM records at our hospital system from Jan 2010-Jun 2015, excluding those admitted to the NICU. Demographic information collected included race and insurance. The genital exam and reason NBC was not performed were also recorded for NBM that desired the procedure (determined by signed consent). We then reviewed males (ages 6 months-18 years) undergoing OC at our institution from Jan 2015-Dec 2019. Demographics collected included race and insurance, and indications for OC. We excluded patients with concomitant procedures, abnormal penile exams, and underlying medical conditions necessitating OC, in an effort to identify patients undergoing purely elective OC. Analysis was performed using  $\chi^2$ , Fisher exact test, and Student's t-test.

**RESULTS:** Of the 13,351 NBM who met criteria, 10,020 (75.1%) underwent NBC. We found a statistically significant association between NBC and insurance type ( $p<0.001$ ) as well as race ( $p<0.001$ ), with private insurance and white race being more likely to undergo NBC. Evaluation of the 314 eligible NBM, who desired but did not undergo NBC, revealed they were more likely to hold public insurance ( $p<0.001$ ) or be of Black or African American (BAA) race ( $p<0.001$ ). Of the 2,702 patients with OC, 82.6% of boys were publicly insured ( $p<0.001$ ) and 73.7% were of BAA race ( $p<0.001$ ). When comparing demographics between the NBC and the OC cohorts, results revealed a significant difference by race and insurance type, with BAA race (46.2% vs 73.7%,  $p<0.001$ ) and public insurance (29.2% vs 82.6%,  $p<0.001$ ) as the highest predictive factors of undergoing OC.

**CONCLUSIONS:** Patients have unequal access to NBC, with rates impacted by insurance and race. We also observe those groups with less access to NBC subsequently undergoing OC, despite known increased risk and cost burden. These findings represent a disparity of care in our healthcare system.

**Source of Funding:** n/a

### PD15-04 ADULT OPINIONS ON SURGICAL CORRECTION OF PENILE CURVATURE

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**INTRODUCTION AND OBJECTIVE:** Pediatric urologists recommend surgical management for penile curvature (PC) based on curvature severity, with previous work identifying  $\geq 30^\circ$  as the average threshold. We sought to assess adults' opinions on willingness to consider surgical correction for PC in order to determine if this aligns with pediatric urologists' opinions.

**METHODS:** In this cross-sectional study, a survey was administered to adult patients and their partners ( $> 18$  years of age)

in general adult urology clinics at 3 geographically separate institutions. The survey consisted of unlabeled images of penis models with varying degrees of PC (range 10-90°). Respondents were asked to select the images they would want surgically corrected for themselves or their partners. Univariable and multivariable analyses were performed to identify demographic variables associated with willingness to consider correction ( $p$ -values  $< 0.05$  considered significant).

**RESULTS:** Response rate was 77% (300/388). The majority (80%) of participants chose to surgically correct PC, however 20% chose to not surgically correct any degree of PC. Most participants were male (70%), married (62%), heterosexual (92%), and did not work in healthcare (80%) (Table 1). Among those who endorsed willingness to surgically correct PC, the average threshold for correction was 40.5° (SD 25.3). On univariable analysis, there was a significant difference in willingness to undergo PC correction based on gender, age groups, sexual orientation, and region (Table 1). Male participants were more likely to consider surgery at a lower degree of PC compared to females (36.6° vs 50.6°,  $p<0.001$ ). Those who identified as heterosexual also had a lower threshold for correction compared to those identifying as LGBTQ (39.6° vs 56.4°,  $p=0.015$ ). Midwestern residents endorsed an average threshold for correction of 21.5° compared to other regions varying between 40° to 60° ( $p<0.001$ ). Regionality differences remained true on multivariable analysis when accounting for all demographic features ( $p<0.001$ ).

**CONCLUSIONS:** In surveying adults, we identified an average PC threshold of 40° beyond which surgical correction was desired. Females and LGBTQ participants had a higher threshold for surgical correction, but when accounting for all demographic factors, only residence in the Midwest US was associated with a lower threshold for correction.

**Table 1. Demographics & Univariable Analysis**

Study Characteristics	N (%)	Minimum Degree of Correction, Mean (95% CI)	p-value
Gender			<b>&lt;0.001</b>
Female	87 (29)	50.6 (45.2 to 55.9)	
Male	212 (70)	36.6 (32.9 to 40.4)	
Age			<b>0.002</b>
18 to 24	12 (4)	42.7 (25.1 to 60.4)	
25 to 34	35 (12)	44.6 (36.6 to 52.7)	
35 to 44	43 (14)	40.0 (31.9 to 48.1)	
45 to 54	35 (12)	55.9 (47.6 to 64.2)	
55 to 64	77 (25)	38.9 (33.2 to 44.6)	
$\geq 65$	98 (32)	33.0 (26.9 to 39.2)	
Relationship Status			0.14
Single	59 (20)	48.6 (41.1 to 56.1)	
In a relationship	31 (10)	38.6 (26.7 to 50.5)	
Married	186 (62)	38.9 (35.2 to 42.7)	
Divorced	22 (7)	37.6 (25.5 to 49.8)	
Sexual Orientation			<b>0.015</b>
Heterosexual	279 (92)	39.6 (36.6 to 42.8)	
LGBTQ	20 (7)	56.4 (42.9 to 69.9)	
Region			<b>&lt;0.001</b>
Northeast	30 (10)	57.7 (50.3 to 65.2)	
Mid-Atlantic	47 (16)	49.7 (42.2 to 57.2)	
Midwest	97 (32)	21.5 (17.0 to 25.9)	
South	26 (9)	44.5 (34.0 to 55.0)	
West	93 (31)	49.9 (45.2 to 54.6)	
Works in healthcare			0.07
No	242 (80)	38.9 (35.3 to 42.5)	
Yes	57 (19)	46.3 (39.5 to 53.0)	

**Source of Funding:** None

### PD15-05 A NOVEL BEDWETTING ALARM UTILIZING REAL TIME HEART RATE ANALYSIS AND ARTIFICIAL INTELLIGENCE TO WAKE PATIENTS PRIOR TO WETTING: PRELIMINARY OUTCOMES

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**INTRODUCTION AND OBJECTIVE:** Bedwetting alarms (BWA) have been around for more than half a century with little innovation in