

# Surgical Outcomes in Patients with Disorders of Sex Development in Mofid Children's Hospital 2001-2014

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## Introduction

Disorders of sex development is a childhood and infantile anomaly that affect not only the somatic growth; but also leading to stress and anxiety among parents who are seeking optimal treatments. Accordingly, in this study, the surgical outcomes in patients with disorders of sex development in Mofid Childrens Hospital from 2001 to 2014 were determined. In this case series study, 72 consecutive children with disorders of sex development in mofid childrens Hospital from 2001 to 2014 were enrolled and followed in a regular manner. Data were gathered by existing medical documents and were recorded in a prepared checklist. The surgical outcomes were assessed with an interview and clinical examination after the announcement by the hospital. The success and complication rate were determined by a group of surgeons and compared according to other variables. In the current study, we have evaluated seventy-two patients: 55 (76.38%) affected by Congenital Adrenal Hyperplasia, thirteen (18.05%) by Testicular Feminization, 2 (2.7%) by Ovotesticular disorder and two cases (2.7%) by Mixed Gonadal Dysgenesis (MGD). Most common type of applied surgery was Clitoroplasty, Genitoplasty and Pull through Vaginoplasty. Fifty-nine patients (81.9%) had no surgical complications. All patients had good conditions at discharge and no mortality was registered. Three cases of testicular feminization (4.2%) who underwent pull through colovaginoplasty were married. According to our findings, surgical outcomes in cases of Disorders of Sex Development are relatively good and satisfactory. However long-term follow-up study is required to determine the final outcomes, especially for marital and sexual issues. The act of performing surgery may be called a surgical procedure, operation, or simply "surgery". In this context, the verb "operate" means to perform surgery. The adjective surgical means pertaining to surgery; e.g. surgical instruments or surgical nurse. The person or subject on which the surgery is performed can be a person or an animal. A surgeon is a person who practices surgery and a surgeon's assistant is a person who practices surgical assistance. A surgical team is made up of the surgeon, the surgeon's assistant, an anaesthetist, a circulating nurse and a surgical technologist. Surgery usually spans from minutes to hours, but it is typically not an on-going or periodic type of treatment. The term "surgery" can also refer to the place where surgery is performed, or, in British English, simply the office of a physician. Surgical procedures are commonly categorized

by urgency, type of procedure, body system involved, the degree of invasiveness, and special instrumentation. Inpatient surgery is performed in a hospital, and the person undergoing surgery stays at least one night in the hospital after the surgery. Outpatient surgery occurs in a hospital outpatient department or freestanding ambulatory surgery center, and the person who had surgery is discharged the same working day. Office surgery occurs in a physician's office, and the person is discharged the same working day.

## Preoperative Care

Prior to surgery, the person is given a medical examination, receives certain pre-operative tests, and their physical status is rated according to the ASA physical status classification system. If these results are satisfactory, the person requiring surgery signs a consent form and is given a surgical clearance.

## Staging for Surgery

The pre-operative holding area is so important in the surgical phase since here is where most of the family members can see who the staff of the surgery will be, also this area is where the nurses in charge to give information to the family members of the patient. In the pre-operative holding area, the person preparing for surgery changes out of his or her street clothes and is asked to confirm the details of his or her surgery. A set of vital signs are recorded, a peripheral IV line is placed, and pre-operative medications (antibiotics, sedatives, etc.) are given. When the person enters the operating room, the skin surface to be operated on, called the operating field, is cleaned and prepared by applying an antiseptic Ideally chlorhexidine gluconate in alcohol, as this is twice as effective as povidone-iodine at reducing the risk of infection. If hair is present at the surgical site, it is clipped off prior to prep application. The person is assisted by an anesthesiologist or resident to make a specific surgical position, then sterile drapes are used to cover the surgical site or at least a wide area surrounding the operating field; the drapes are clipped to a pair of poles near the head of the bed to form an "ether screen", which separates the anesthetist/anesthesiologist's working area (unsterile) from the surgical site.

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