Preface

The genitourinary tract is one of the systems most frequently affected by congenital defects. Such defects can be solitary (e.g., hypospadias) or involve multiple organ systems (e.g., myelodysplasia or cloacal exstrophy). In addition, patients with neurological conditions of childhood like cerebral palsy (CP) and neuromuscular diseases often have substantial urological comorbidity that is progressive with age. For a small subset of this group (e.g., exstrophy), the urologist is often the most knowledgeable care provider about the patient's condition, anatomy, and long-term medical risks. As such, the urologist may serve an important role in the facilitation of primary care role for some of these individuals. However, as these patients now are surviving to adulthood with excellent health, issues of sexuality, post-pubertal genital appearance and function, urinary and fecal incontinence, fertility, and pregnancy are becoming important health and quality of life issues. Many of these issues largely fall outside the spectrum of pediatric urological practice. Moreover, with aging and development of other medical comorbidities, patients with congenital anomalies experience typical urological age-related problems (like BPH and prostate cancer) that are often more complicated by their coexisting anomalies and prior operations.

Many patients who have these conditions will have undergone complex surgery. This represents a contract of care between parent, patient, and health-care systems—duty bound to provide lifelong care for these patients who are now surviving into middle life and beyond. This means that surgeons and others looking after these patients in adult life must have an understanding of both the conditions and their pediatric treatment in order to provide appropriate long-term care.

This book covers many of the most prevalent challenges for the urologist caring for adult congenital patients. The first part provides a framework for *transition to an adult care model* as well as a general approach to patients with three of the most common conditions encountered in congenitalism: myelodysplasia, hypospadias, and exstrophy. The remainder of the parts cover topics by anatomic category. Sexuality, fertility, and genital issues are discussed in Part II, followed by lower tract management issues in Part III, and finally upper tract management issues in Part IV. Part V addresses urological care of the pediatric cancer survivor.

We would like to extend our sincere appreciation to all the contributors to this book—their collective experience represents the only real "data" upon

which we can make treatment recommendations, since there is a dearth of scientific literature in this area. In addition, we would like to thank Patrick Carr for his persistence and skill in bringing each chapter to life. And finally, we would like to thank our mentors and friends, Eric Klein, M.D. and Professor Christopher Woodhouse, for their support and encouragement for this project and in our careers.

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http://www.springer.com/978-3-319-14041-4

Transition and Lifelong Care in Congenital Urology
Wood, H.M.; Wood, D. (Eds.)
2015, X, 222 p. 33 illus., 30 illus. in color., Hardcover
ISBN: 978-3-319-14041-4
A product of Humana Press