

# DHB Office Braemar Campus

Private Bag 18 Nelson, New Zealand

29 October 2021

### Response to a request for official information

Thank you for your request for official information, received 31 August 2021 by Nelson Marlborough Health (NMH), followed by the necessary extension of time 28 September 2021 and notice of decision 27 October 2021.

Please see our response under each question, noting due to low numbers, there is a risk of individual identifiability; the exact numbers are withheld under Section 9(2)(a) 'to protect the privacy of natural persons, including that of deceased natural persons'. In the circumstances, the withholding of that information is not outweighed by other considerations which render it desirable, in the public interest, to make that information available.

How many surgical procedures have been carried out each year in relation to hypospadias
 ("hypospadias repair") in the last 4 years (2016-2017, 2017-2018, 2018 – 2019, 2019-2020)?
 Please give specific numbers for each of the following age groups 0-4, 5-9, 10-14, 15-19 years.

# Response:

TABLE 1

	2016/17	2017/18	2018/19	2019/20
0-4	0	<3*	8	<3*
5-9	0	<3*	0	0
10-14	0	0	0	<3*
15-19	<3*	0	0	0

<sup>\*</sup>The exact number is withheld under s9(2)(a) to maintain the privacy of natural persons.

2. How many surgical procedures have been carried out to repair post-operative urethral fistula in the last 4 years (2016-2017, 2017-2018, 2018-2019,2019-2020)? Please give specific numbers for each of the following age groups 0-4, 5-9, 10-14, 15-19 years.

# Response:

#### TARIF 2

	2016/17
15-19	<3*

<sup>\*</sup>The exact number is withheld under s9(2)(a) to maintain the privacy of natural persons.

3. What other procedures have been carried out in relation to anomalies of male genitalia including, but not limited to, procedures intended to alter the shape or curvature of the penis, or to reposition the urethra in the last 4 years (2016-2017, 2017-2018, 2018-2019,2019-2020)? Please give specific numbers for each procedure carried out on people within the following age groups 0-4, 5-9, 10-14, 15-19.

# Response:

#### **TABLE 3**

	2016/17	2017/18	2018/19	2019/20
0-4	0	<3*	0	0
5-9	0	0	<3*	0
10-14	<3*	<3*	<3*	0
15-19	0	<3*	0	0

<sup>\*</sup>The exact number is withheld under s9(2)(a) to maintain the privacy of natural persons.

#### **TABLE 4**

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Anomalies of Male Genitalia By Principal Procedure	0-4	5-9	10-14	15-19
Correction of chordee of penis			<3*	
Division of penile adhesions			<3*	
Excision of lesion of testicle			<3*	
Exploration of scrotal contents with fixation of testis, bilateral		<3*		<3*
Exploration of scrotal contents with fixation of testis, unilateral		<3*		
Orchidectomy, unilateral	<3*			

<sup>\*</sup>The exact number is withheld under s9(2)(a) to maintain the privacy of natural persons.

4. How many surgical procedures have been carried out in relation to reducing or adjusting clitoral size or appearance in the last 4 years (2016-2017, 2017-2018, 2018-2019,2019-2020)? Please identify the diagnoses and give specific numbers for each of the following age groups 0-4, 5-9, 10-14, 15-19.

#### Response:

No patients between 0 -19 years have required this surgery.

5. How many surgical vaginal construction (or reconstruction) procedures were undertaken in the last 4 years (2016-2017, 2017-2018, 2018-2019, 2019-2020)? Please identify the diagnoses and give specific numbers for each of the following age groups 0-4, 5-9. 10-14, 15-19?

# Response:

**TABLE 5** 

	2016/17
10-14	<3*

<sup>\*</sup>The exact number is withheld under s9(2)(a) to maintain the privacy of natural persons.

6. What other procedures have been carried out (including, but not limited to, vaginal dilation, labiaplasty, vulvoplasty, and surgery to modify the urogenital sinus) in relation to anomalies of female genitalia in the last 4 years (2016-2017, 2017-2018, 2018-2019, 2019-2020)? Please give specific numbers for each procedure carried out on people within the following age groups 0-4, 5-9, 10-14, 15-19.

# Response:

# **TABLE 6**

	2016/17	2017/18	2018/19	2019/20
5-9	<3*	0	0	0
10-14	<3*	<3*	0	0
15-19	0	0	0	<3*

<sup>\*</sup>The exact number is withheld under s9(2)(a) to maintain the privacy of natural persons.

# **TABLE 7**

Anomalies of Female Genitalia By Principal Procedure	10-14	15-19
Hymenectomy	<3*	
Laparoscopic salpingotomy	<3*	
Partial vaginectomy		<3*

<sup>\*</sup>The exact number is withheld under s9(2)(a) to maintain the privacy of natural persons.

7. How many gonadectomise have been performed in the last 4 years? Please identify the diagnoses and the reason for removing the gonads. Please give answers broken down by age groups (0-4, 5-9, 10-14, 15-19 years) and year in which interventions took place (2016-2017, 2017-2018, 2018-2019, 2019-2020).

# Response:

TARIF 8

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	2016/17	2017/18	2018/19	2019/20
0-4	0	<3*	0	0
5-9	0	<3*	<3*	0
10-14	<3*	0	0	<3*
15-19	0	<3*	<3*	0

<sup>\*</sup>The exact number is withheld under s9(2)(a) to maintain the privacy of natural persons.

## **TABLE 9**

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Total Gonadectomies (Orchidectomy) By Principal Diagnosis	0-4	5-9	10-14	15-19
Absence and aplasia of testis, unilateral	<3*			
Malignant neoplasm of testis, unspecified				<3*
Other specified injuries of abdomen, lower back and pelvis			<3*	
Torsion of testis		<3*	<3*	<3*

<sup>\*</sup>The exact number is withheld under s9(2)(a) to maintain the privacy of natural persons.

8. If gonads have been removed from people aged under 18 years in the last 4 years, (i) in how many instances was the diagnosis confirmed using molecular genetic techniques, and (ii) over what period of time were the gonads monitored or observed using MRI prior to gonadectomy? Please give answers broken down by age groups (0-4, 5-9, 10-14, 15-19 years) and year in which interventions took place (2016-2017, 2017-2018, 2018-2019, 2019-2020).

# Response:

This information is not held in a form that is readily retrievable from our Information System and it would take a significant amount of time and resource to extract and manually review individual patient files and/or MRI/testing referrals to collate this. As such, we decline a response under sections 18(f), 'the information requested cannot be made available without substantial collation and research' and 18(g) 'the information requested is not held'.

- 9. What is the current protocol followed (in this region or hospital) in relation to the retention or removal of the gonads of people with Androgen Insensitivity Syndrome? At what ages is there consideration of: (i) the opportunity to retain gonads, (ii) the removal of gonads? (In how many instances) have removed gonads or tissue been retained for future research purposes in the last 4 years?
- 10. Does the protocolinclude explicit discussion of the pros and cons of gonadectomy with people diagnosed with AIS? At what age(s) does such discussion happen, according to the protocol? Who has this discussion with the young people/families concerned (eg. surgeon, psychologist, peer support person)? At what stage, and over what duration, is a psychologist involved?

# Response:

Our Surgical Paediatric service does not undertake this specialist treatment.

11. To whom are young people and families referred for support and information prior to gonadectomy? Please may we see a copy of the resources shared with families and individuals under these circumstances?

### Response:

NMH is not a provider of this service. We have a contract with INP Medical Clinic for Psychologist review of gender dysphoria. Referral to a tertiary service can be considered.

This response has been provided under the Official Information Act 1982. You have the right to seek an investigation by the Ombudsman of this decision. Information about how to make a complaint is available at <a href="www.ombudsman.parliament.nz">www.ombudsman.parliament.nz</a> or free phone 0800 802 602. If you have any questions about this decision please feel free to email our OIA Coordinator <a href="OIArequest@nmdhb.govt.nz">OIArequest@nmdhb.govt.nz</a> I trust that this information meets your requirements. NMH, like other agencies across the state sector, supports the open disclosure of information to assist the public's understanding of how we are delivering publicly-funded healthcare. This includes the proactive publication of anonymised Official Information Act responses on our website from 10 working days after they have been released. If you feel that there are good reasons why your response should not be made publicly available, we will be happy to consider.

Yours sincerely

Lexie O'Shea
Chief Executive