

A Comparative Analysis of Turkish and English YouTube Videos on Peyronie's Disease in Terms of Content, Quality, and Reliability

YouTube'da Peyronie Hastalığına Yönelik Türkçe ve İngilizce Videoların İçerik, Kalite ve Güvenilirlik Açısından Karşılaştırmalı Analizi

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Abstract

Objective: This study aimed to comparatively evaluate Turkish and English YouTube videos related to Peyronie's disease in terms of content, quality, and reliability.

Materials and Methods: In this observational cross-sectional study, YouTube searches were conducted between January 1 and 15, 2026, using Turkish ("Peyronie hastalığı", "penis eğriliği") and English ("Peyronie's disease", "penile curvature") keywords. After applying inclusion and exclusion criteria, a total of 351 videos (143 Turkish, 208 English) were included. Videos were analyzed according to source of upload, content theme, and engagement metrics. Video quality and reliability were assessed using the JAMA Benchmark Criteria, Modified DISCERN, and Global Quality Score (GQS). Statistical analyses were performed using SPSS version 26.0.

Results: English videos had significantly longer durations and higher view and like counts compared to Turkish videos (all $p < 0.001$). English videos also demonstrated significantly higher JAMA, Modified DISCERN, and GQS scores ($p < 0.001$). Guideline-discordant or incomplete information was identified in 23.8% (34/143) of Turkish videos and 6.7% (14/208) of English videos, with a statistically significant difference between languages ($\chi^2 = 19.44$; $p < 0.001$). Most videos containing guideline-discordant information were uploaded by private practice or private hospital physicians. In both languages, videos focusing on non-surgical treatments exhibited the lowest quality and reliability scores.

Conclusion: English YouTube videos on Peyronie's disease provide higher-quality and more reliable information compared to Turkish videos. In Turkish content, guideline-discordant information is predominantly concentrated in individually produced and promotional videos. Greater involvement of academic institutions and professional associations in digital health content creation is essential to improve the quality of online patient education.

Keywords: Peyronie's disease, YouTube, social media, health information, video quality

Özet

Amaç: Bu çalışmada, YouTube platformunda Peyronie hastalığına ilişkin Türkçe ve İngilizce videoların içerik, kalite ve güvenilirlik açısından karşılaştırmalı olarak değerlendirilmesi amaçlanmıştır.

Gereçler ve Yöntemler: Bu gözlemsel kesitsel çalışmada, 1–15 Ocak 2026 tarihleri arasında YouTube'da Türkçe ("Peyronie hastalığı", "penis eğriliği") ve İngilizce ("Peyronie's disease", "penile curvature") anahtar kelimeleri kullanılarak yapılan aramalar sonucunda belirlenen videolar analiz edilmiştir. Dahil edilme ve dışlanma kriterleri sonrası toplam 351 video (143 Türkçe, 208 İngilizce) çalışmaya alınmıştır. Videolar; yüklenme kaynağı, içerik teması, izlenme ve etkileşim parametreleri açısından incelenmiş; kalite ve güvenilirlik JAMA Benchmark kriterleri, Modified DISCERN ve Global Quality Score (GQS) kullanılarak değerlendirilmiştir.

Bulgular: İngilizce videoların video süresi, izlenme ve beğeni sayıları Türkçe videolara kıyasla anlamlı derecede daha yüksek bulunmuştur (tümü için $p < 0.001$). İngilizce videolar JAMA, Modified DISCERN ve GQS skorları açısından da daha yüksek puanlara sahipti ($p < 0.001$). Türkçe videoların %23,8'inde (34/143), İngilizce videoların ise %6,7'sinde (14/208) kılavuz dışı veya eksik bilgi saptanmış olup, fark istatistiksel olarak anlamlıydı ($\chi^2 = 19,44$; $p < 0,001$). Kılavuz dışı bilgi içeren videoların büyük çoğunluğunun özel muayenehane veya özel hastane hekimleri tarafından yüklendiği görüldü. Her iki dilde de cerrahi dışı tedavilere odaklanan videolar en düşük kalite ve güvenilirlik skorlarına sahipti.

Sonuç: YouTube'daki Peyronie hastalığına yönelik İngilizce videolar, Türkçe videolara kıyasla daha yüksek kalite ve güvenilirlik sunmaktadır. Türkçe içeriklerde kılavuz dışı bilginin özellikle bireysel ve tanıtım amaçlı videolarda yoğunlaştığı görülmektedir. Akademik kurumlar ve mesleki derneklerin dijital platformlarda daha aktif rol alması, güvenilir sağlık bilgisinin yaygınlaştırılması açısından önem taşımaktadır.

Anahtar Kelimeler: Peyronie hastalığı, YouTube, sosyal medya, sağlık bilgisi, video kalitesi

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Introduction

Peyronie's disease is a condition characterized by the formation of fibrotic plaques within the tunica albuginea of the penis, leading to penile curvature, pain, and sexual dysfunction, thereby significantly impairing male quality of life [1]. Although Peyronie's disease can occur across all age groups, it is most commonly encountered in middle-aged men. The reported prevalence of the disease in the literature varies widely, with rates ranging from 0.3% to 20%. Nevertheless, despite differences in study methodologies, the most frequently cited prevalence is approximately 9% [2-4]. It is well recognized that some patients avoid seeking medical care due to embarrassment or reluctance, and even when they do present to healthcare facilities, they often turn to internet-based resources to obtain additional information regarding diagnosis and treatment [5,6].

In recent years, online video-sharing platforms such as YouTube have become easily accessible sources of health-related information for patients. Indeed, in daily urological practice, it is frequently observed that patients actively use YouTube to acquire supplementary information about their medical conditions [7-9]. However, the quality of content available on YouTube is not always adequate, and the largely unregulated nature of the platform may facilitate the dissemination of misleading or inaccurate information.

Although studies evaluating the content quality and reliability of English-language YouTube videos related to Peyronie's disease are available in the literature, there is currently no study focusing on Turkish-language content [10]. Therefore, the aim of the present study was to comparatively evaluate Turkish and English YouTube videos related to Peyronie's disease in terms of content, quality, and reliability.

Materials and Methods

This study was designed as an observational cross-sectional analysis based on the content evaluation of YouTube videos related to Peyronie's disease. For the assessment of Turkish- and English-language videos, an application was submitted to the institutional Health Research Ethics Committee, and it was confirmed that ethical approval was not required for this study.

YouTube searches were conducted between January 1 and January 15, 2026. The keywords "Peyronie hastalığı" and "penis eğriliği" were used for Turkish content, while "Peyronie's disease" and "penile curvature" were used for English content. Searches were performed in a logged-out (non-personalized) mode in both languages, and YouTube's default relevance-based sorting algorithm was applied. For each language, the first 200 videos retrieved from the search results were initially screened for eligibility.

Each video was individually reviewed to determine its suitability for inclusion. The inclusion criteria required that the video be in the relevant language and aim to provide information about Peyronie's disease. Videos unrelated to the disease, off-topic or misleading content (e.g., videos retrieved due to keyword matches but created solely for humorous purposes), duplicate videos, and short-form videos (YouTube "Shorts") with a duration of less than one minute were excluded. In addition, videos without audio or with very poor visual quality were not considered eligible for analysis.

Ultimately, the URLs of the included videos were recorded, and the following data were collected for each video (**Figure 1**).

General characteristics: The upload date, video duration (minutes), number of views, likes, and comments were recorded.

Source of upload: Based on similar studies in the literature and in line with the aims of the present study, the source of upload was classified into five main categories:

- (1) Academic institutions or hospitals (universities, training and research hospitals),
- (2) Health information websites or urological associations (institutional health platforms and professional societies),
- (3) Private practice or private hospital physicians (videos uploaded by individual physicians or private healthcare institutions),
- (4) Patients or non-physician individuals (patient experience-based content or non-medical personal channels),
- (5) Television programs (health-related programs or media organizations).

For videos produced through collaboration between multiple individuals or institutions, classification was based on the dominant source presenting the primary content of the video.

Content theme: Videos were categorized according to their main thematic focus based on the primary information provided. Accordingly, each video was assigned to one of the following categories:

Figure 1. Flow diagram of the search, screening, and selection process of YouTube videos related to Peyronie's disease

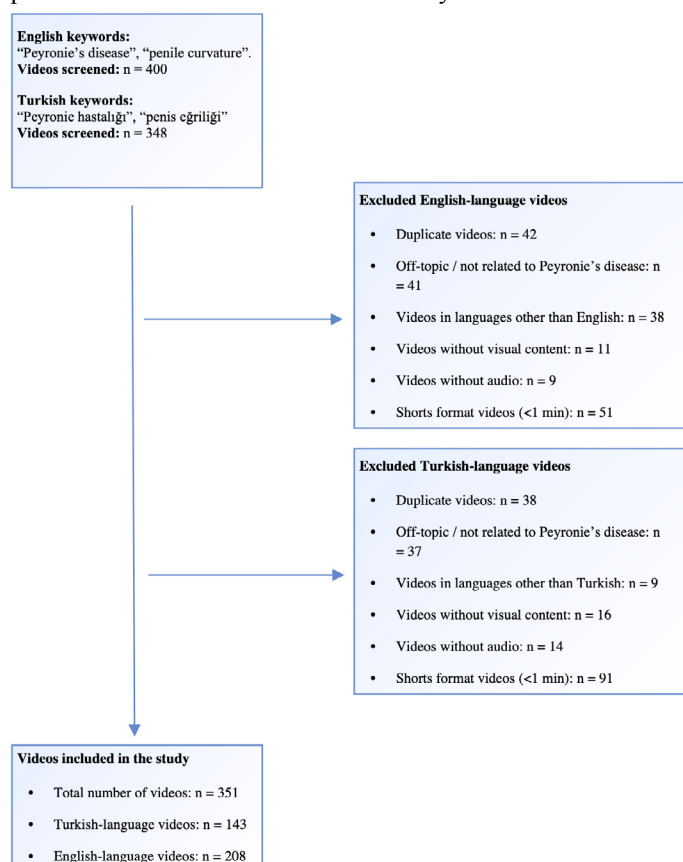


Table 1. Assessment tools used for evaluating the content quality and reliability of YouTube videos

Modified DISCERN (Assessment of the Reliability of Health Information)* [11]		
No	Assessment Criterion	No (0) Yes (1)
1	Are the aims clear and explicit?	☐ ☐
2	Are reliable sources used?	☐ ☐
3	Is the information balanced and unbiased?	☐ ☐
4	Are additional sources of information provided?	☐ ☐
5	Are areas of uncertainty discussed?	☐ ☐
JAMA Benchmark Criteria** (Assessment of transparency and reliability) [12]		
1	Is authorship / speaker information provided?	☐ ☐
2	Are references cited?	☐ ☐
3	Is the date of publication or upload provided?	☐ ☐
4	Is a conflict of interest or sponsorship disclosure present?	☐ ☐
Global Quality Score (GKS) (Assessment of overall video quality and educational value)*** [13]		Score
Poor quality; very limited information, most content is missing and not useful for patients		1
Generally poor quality; some information provided but many important topics are missing		2
Moderate quality; some key information is adequately discussed, others are superficial		3
Good quality; most information is provided, but some important topics are missing		4
Excellent quality; very good flow of information, highly useful for patients		5

*Total score: 0–5; ** Total score: 0–4; *** Total score: 1–5

- (1) Anatomy and general information (disease definition, etiology, pathophysiology, and clinical characteristics),
- (2) Symptoms and diagnosis (clinical findings and diagnostic approaches),
- (3) Non-surgical treatments (pharmacological therapies, intralesional injections, and other conservative approaches),
- (4) Surgical procedures (surgical techniques and operative approaches).

When a video addressed more than one topic, classification was performed according to the predominant content theme.

Content accuracy: The scientific accuracy of the medical information presented in the videos was evaluated based on current clinical guidelines and the available literature. Two independent urologists (ÇŞ, İCA) reviewed each video and classified the content as either accurate or inaccurate/misleading according to its consistency with up-to-date evidence. Videos providing evidence-based and guideline-concordant information regarding the management of Peyronie's disease were classified as containing accurate information, whereas videos presenting unproven claims or treatment recommendations not supported by current guidelines were categorized as containing inaccurate or misleading information. In cases of disagreement between the two reviewers, consensus was achieved through an independent evaluation by a third senior urologist (ŞO).

Assessment of video quality and reliability: The quality and comprehensibility of the health-related information provided in the videos were assessed using multiple objective and widely accepted evaluation tools reported in the literature (**Table 1**) [11–13]. Each video was independently scored by two investigators using the following assessment instruments.

All videos were evaluated independently by the two reviewers using the aforementioned scoring systems. When discrepancies

occurred between the reviewers, the video in question was re-evaluated by a third expert, and consensus was reached.

Statistical Analysis

All statistical analyses were performed using SPSS software version 26.0 (IBM Corp., Armonk, NY, USA). Continuous variables were reported as mean $\pm$ standard deviation or median with interquartile range (IQR), depending on data distribution, while categorical variables were presented as frequencies and percentages (%). Normality of continuous variables was assessed using the Kolmogorov–Smirnov test.

Comparisons between Turkish and English videos were conducted using the Student's t-test for normally distributed continuous variables and the Mann–Whitney U test for non-normally distributed variables. Categorical variables were compared using the chi-square test, or Fisher's exact test when expected cell counts were insufficient. A p value < 0.05 was considered statistically significant for all analyses.

Results

A total of 351 YouTube videos were included in the analysis, of which 143 (40.7%) were in Turkish and 208 (59.3%) were in English. Comparisons between Turkish and English videos revealed that English videos had significantly longer durations, higher numbers of views, and more likes than Turkish videos (all p < 0.001). In contrast, the number of comments was significantly higher in Turkish videos (p = 0.002) (**Table 2**).

Regarding content quality and reliability, English videos achieved significantly higher scores than Turkish videos across all assessment tools, including the JAMA Benchmark Criteria, Modified DISCERN score, and Global Quality Score (GQS)

Table 2. Comparison of content characteristics, quality, and reliability scores of Turkish and English YouTube videos on Peyronie's disease

Parameters	Turkish (n=143)	English (n=208)	P
Video duration (sn)	143.0 (91.0–237.0)	296.5 (167.0–461.0)	<0.001
Number of views	5114.0 (1 028.5–15 103.0)	25223.5 (3 868.0–55 162.2)	<0.001
Number of likes	23.0 (4.5–62.0)	47.5 (12.0–195.5)	<0.001
Number of comments	3.0 (1.0–11.0)	1.5 (0.0–5.2)	0.002
JAMA score	1.0 (1.0–1.0)	4.0 (3.0–4.0)	<0.001
Modified DISCERN score	3.0 (1.0–3.0)	4.0 (4.0–4.0)	<0.001
GQS score	3.0 (2.0–3.0)	4.0 (4.0–4.0)	<0.001
Guideline-discordant information, n (%)	34 (%23.8)	14 (%6.7)	<0.001

(all $p < 0.001$). When guideline adherence was evaluated, guideline-discordant or incomplete information was identified in 34 Turkish videos (23.8%), compared with 14 English videos (6.7%). The difference in the prevalence of guideline-discordant content between Turkish and English videos was statistically significant ($\chi^2 = 19.44$; $p < 0.001$) (Table 2).

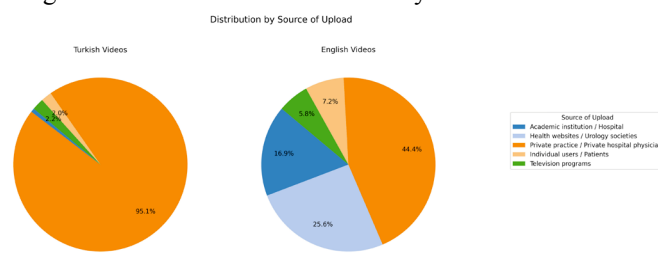
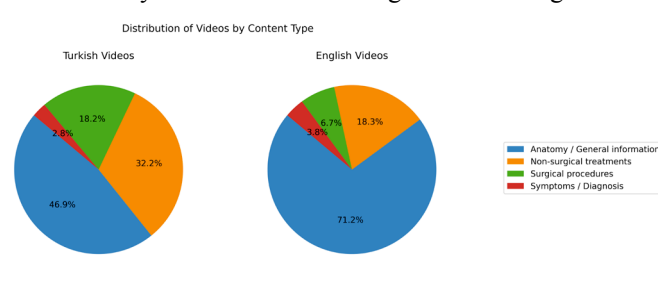
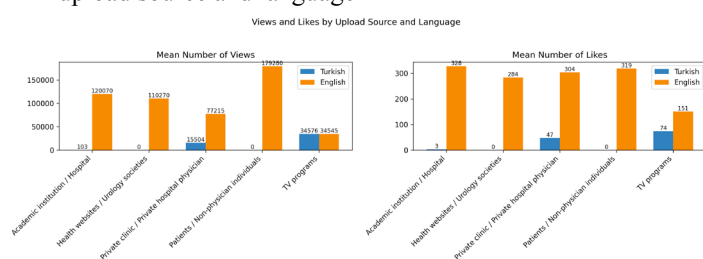
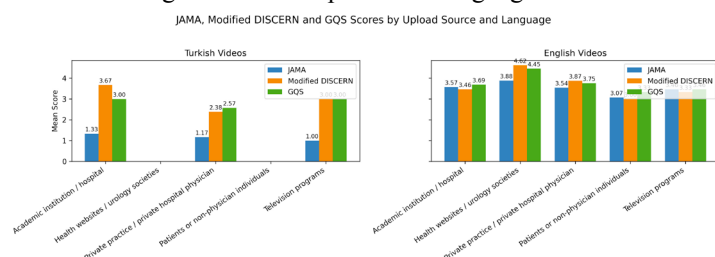
All Turkish videos containing guideline-discordant information (34/34, 100%) were uploaded by physicians working in private practices or private hospitals. In contrast, among the 14 English videos with guideline-discordant or incomplete information, 8 (57.1%) were uploaded by private practice or private hospital physicians, 4 (28.6%) by patients or non-physician individuals, and 2 (14.3%) by health information websites or non-profit organizations.

Most Turkish videos were uploaded by physicians from private practices or private hospitals and primarily consisted of promotional content. Conversely, the distribution of upload sources among English videos was more heterogeneous, with a higher proportion originating from academic institutions and health information websites/urological associations (Figure 2). A statistically significant difference was observed between Turkish and English videos in terms of upload source distribution ($\chi^2 = 99.05$; $p < 0.001$).

When video content types were analyzed, videos in both language groups predominantly focused on anatomy and general information. However, a statistically significant difference in content distribution was observed between Turkish and English videos ($\chi^2 = 25.03$; $p < 0.001$) (Figure 3).

When analyses were stratified by upload source and language, English videos were found to have higher mean numbers of views and likes than Turkish videos across all source categories. In particular, English videos uploaded by academic institutions, health information websites, and urological associations demonstrated markedly higher levels of viewership and user engagement. In contrast, Turkish videos generally exhibited lower viewing and interaction rates, with the relatively highest numbers of views and likes observed in content originating from television programs (Figure 4).

Evaluation of quality and reliability scores according to upload source revealed substantial differences in JAMA, Modified DISCERN, and GQS scores across source types and languages (Figure 5). In English videos, content produced by health information websites, urological associations, and academic institutions achieved higher quality and reliability scores, whereas videos uploaded by physicians from private

Figure 2. Distribution of sources of upload for Turkish and English YouTube videos related to Peyronie's disease**Figure 3.** Distribution of Turkish- and English-language YouTube videos on Peyronie's disease according to content categories**Figure 4.** Comparison of the mean number of views and likes of YouTube videos on Peyronie's disease according to upload source and language**Figure 5.** Comparison of JAMA, Modified DISCERN, and GQS scores of YouTube videos on Peyronie's disease according to source of upload and language

practices or private hospitals demonstrated lower scores in both language groups.

In analyses based on video content type, English videos consistently showed higher mean numbers of views and likes than Turkish videos across all content categories (**Figure 6**). Among English-language videos, the highest view counts were observed in content focusing on symptoms and diagnosis, while in Turkish videos, relatively higher view counts were noted in videos addressing non-surgical treatment options. In both language groups, videos focusing on non-surgical treatments received the highest numbers of likes.

When quality and reliability scores were evaluated according to content type, English videos achieved higher JAMA, Modified DISCERN, and GQS scores than Turkish videos across all categories (**Figure 7**). Nevertheless, in both language groups, videos focusing on non-surgical treatments exhibited lower JAMA, Modified DISCERN, and GQS scores compared with other content types.

Discussion

This study provides a comprehensive comparative analysis of Turkish and English YouTube videos related to Peyronie's disease in terms of content, quality, and reliability. Our findings demonstrate that, beyond language differences, both the source of upload and the primary focus of video content play a decisive role in determining information quality and adherence to clinical guidelines. In our analysis, English-language videos were found to have longer durations and significantly higher numbers of views and likes compared with Turkish videos. The broader global use of the English language may partly explain these differences. Supporting this assumption, previous studies comparing English and Turkish YouTube content have similarly reported longer video durations and higher engagement metrics for English-language videos [14].

In the present study, Turkish videos exhibited significantly lower JAMA, Modified DISCERN, and GQS scores than English videos, along with a higher prevalence of guideline-discordant information. One plausible explanation for this finding is that Turkish videos predominantly consisted of promotional content uploaded by physicians working in private practices or private hospitals, while videos produced by academic institutions or hospitals were relatively scarce. Prior studies have shown that videos uploaded by academic institutions, urological associations, and health information websites rarely contain guideline-discordant information and generally provide more balanced, evidence-based content, reflected by higher JAMA, Modified DISCERN, and GQS scores [15,16]. Consistent with these findings, Aydın et al. reported that YouTube videos on chronic prostatitis uploaded by individual physicians frequently lacked sufficient scientific accuracy [17].

Similarly, Baydilli et al., in their analysis of English-language YouTube videos on Peyronie's disease, reported that a substantial proportion of videos were of low to moderate quality and provided limited guideline-concordant treatment information, particularly among content produced by individual creators and commercially motivated sources. In that study, treatment-focused and highly popular videos more frequently contained inaccurate or incomplete information—often emphasizing

Figure 6. Comparison of the mean view and like counts of YouTube videos according to video content and language

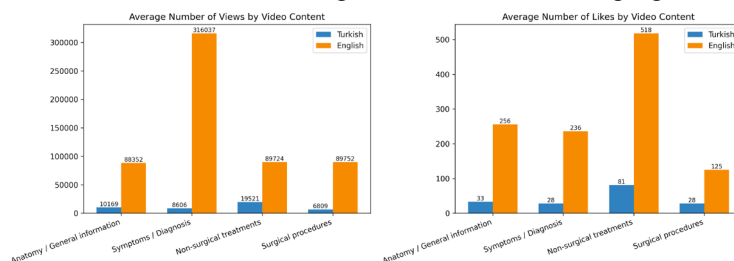
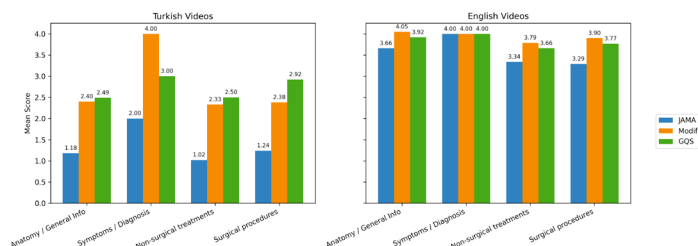


Figure 7. Comparison of JAMA, Modified DISCERN, and GQS scores of YouTube videos according to video content and language



herbal products or experimental approaches—with nearly half of such videos (48.3%) being inconsistent with current clinical guidelines. Moreover, videos containing misinformation were shown to receive higher daily view and like counts compared with those providing accurate information [10].

High view or like counts, however, should not be interpreted as indicators of accuracy, balance, or reliability. Indeed, studies evaluating YouTube content across various medical topics have consistently demonstrated that videos with lower information quality may achieve higher view counts and broader dissemination, thereby facilitating the spread of inaccurate or incomplete health information [18,19]. In line with these observations, our study found that videos focusing on non-surgical treatment options—particularly in both Turkish and English content—were characterized by higher user engagement alongside lower JAMA, Modified DISCERN, and GQS scores, as well as a higher frequency of guideline-discordant information. This finding highlights a clear mismatch between popularity and scientific quality. These results suggest that engagement-driven algorithms on social media platforms may prioritize attention-grabbing narratives and “easy solution” messages over scientific accuracy. Importantly, this issue does not appear to be specific to Peyronie's disease but rather reflects a broader challenge inherent to digital health content dissemination [18,20].

From a public health perspective, patients with conditions associated with sexual health and potential stigma, such as Peyronie's disease, are particularly likely to seek information through digital platforms. Our findings indicate that Turkish-speaking patients are disproportionately exposed to individual, often promotional, video content. Such exposure may contribute to unrealistic expectations, delays in seeking effective treatment, and deterioration of the patient–physician relationship. Therefore, greater involvement of urological associations and academic institutions in producing high-quality Turkish-

language digital content is essential, along with a more proactive role in guiding digital health communication.

Several limitations of this study should be acknowledged. First, YouTube search results are inherently dynamic; thus, the analyzed videos represent a specific time frame, and results may change over time. Second, the study was limited to Turkish and English videos, excluding content in other languages. Third, although widely used and validated tools such as the JAMA benchmark criteria, Modified DISCERN, and Global Quality Score were employed, some degree of subjectivity in quality assessment is unavoidable. Nevertheless, this limitation was mitigated by independent evaluations conducted by two reviewers, with consensus achieved through a third evaluator when necessary. Finally, engagement metrics such as views and likes reflect popularity rather than scientific accuracy and should not be interpreted as indicators of information quality.

Conclusion

This study demonstrates substantial differences between Turkish and English YouTube videos related to Peyronie's disease in terms of content, quality, and reliability. English-language videos generally achieved higher JAMA, Modified DISCERN, and Global Quality Score values, whereas Turkish videos more frequently contained guideline-discordant or incomplete information, particularly within specific source and content categories. Videos focusing on non-surgical treatment options were associated with lower quality and reliability scores in both languages. Notably, all Turkish videos containing guideline-discordant information were uploaded by physicians working in private practices or private hospitals, highlighting the need for critical appraisal of physician-generated digital content. These findings underscore the importance of more active involvement by academic institutions and professional societies in producing reliable, evidence-based health information on digital platforms.

Ethics Committee Approval: For the assessment of Turkish and English-language videos, an application was submitted to the institutional Health Research Ethics Committee, and it was confirmed that ethical approval was not required for this study. Accordingly, ethical approval was waived in accordance with institutional and international research guidelines.

Informed Consent: This observational study evaluated publicly available YouTube videos and did not involve human participants or confidential data.

Publication: The results of the study were not published in full or in part in form of abstracts.

Peer-review: Externally peer-reviewed.

Authorship Contributions: Any contribution was not made by any individual not listed as an author. Concept – İ.C.A.; Design – İ.C.A., Ç.Ş.; Supervision – Ç.Ş.; Resources – B.C., M.Ç.; Materials – B.C., M.Ç.; Data Collection and/or Processing – B.C., M.Ç.; Analysis and/or Interpretation – İ.C.A., Ç.Ş.; Literature Search – İ.C.A., B.C.; Writing Manuscript – İ.C.A.; Critical Review – Ş.O.

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References

- [1] Sandean DP, Leslie SW, Lotfollahzadeh S. Peyronie Disease. StatPearls. Treasure Island (FL): StatPearls Publishing Copyright © 2025, StatPearls Publishing LLC.; 2025.
- [2] Al-Thakafi S, Al-Hathal N. Peyronie's disease: a literature review on epidemiology, genetics, pathophysiology, diagnosis and work-up. *Transl Androl Urol*. 2016;5:280-289. <https://doi.org/10.21037/tau.2016.04.05>
- [3] Dibenedetti DB, Nguyen D, Zografos L, Ziemiecki R, Zhou X. A Population-Based Study of Peyronie's Disease: Prevalence and Treatment Patterns in the United States. *Adv Urol*. 2011;2011:282503. <https://doi.org/10.1155/2011/282503>
- [4] Sommer F, Schwarzer U, Wassmer G, Bloch W, Braun M, Klotz T, et al. Epidemiology of Peyronie's disease. *Int J Impot Res*. 2002;14:379-383. <https://doi.org/10.1038/sj.ijir.3900863>
- [5] Mulhall JP, Alex B, Choi JM. Predicting delay in presentation in men with Peyronie's disease. *J Sex Med*. 2010;7:2226-2230. <https://doi.org/10.1111/j.1743-6109.2010.01785.x>
- [6] McMullan M. Patients using the Internet to obtain health information: how this affects the patient-health professional relationship. *Patient Educ Couns*. 2006;63:24-28. <https://doi.org/10.1016/j.pec.2005.10.006>
- [7] Aktas BK, Demirel D, Celikkaleli F, Bulut S, Ozgur EG, Kizilkan Y, et al. YouTube™ as a source of information on prostatitis: a quality and reliability analysis. *Int J Impot Res*. 2024;36:242-247. <https://doi.org/10.1038/s41443-023-00666-9>
- [8] Coser S, Kartal IG, Ivelik HI, Alkis O, Kazan Ö, Sevim M, et al. Circumcision Surgery on Youtube™: A Quality Assessment. *Journal of Urological Surgery*. 2024;11:40-45. <https://doi.org/10.4274/jus.galenos.2023.2023-5-4>
- [9] Koseoglu B, Cavis M. Reliability and Quality Analysis of Kidney Cyst Videos on YouTube. *Grand J Urol*. 2026. [Epub Ahead of Print] <https://doi.org/10.5505/GJU.2026.35682>
- [10] Baydilli N, Selvi I. Is social media reliable as a source of information on Peyronie's disease treatment? *Int J Impot Res*. 2022;34:295-301. <https://doi.org/10.1038/s41443-021-00454-3>
- [11] Charnock D, Shepperd S, Needham G, Gann R. DISCERN: an instrument for judging the quality of written consumer health information on treatment choices. *J Epidemiol Community Health*. 1999;53:105-111. <https://doi.org/10.1136/jech.53.2.105>

- [12] Silberg WM, Lundberg GD, Musacchio RA. Assessing, controlling, and assuring the quality of medical information on the Internet: Caveant lector et viewer--Let the reader and viewer beware. *JAMA*. 1997;277:1244-1245.
<https://doi.org/10.1001/jama.1997.03540390074039>
- [13] Bernard A, Langille M, Hughes S, Rose C, Leddin D, Veldhuyzen van Zanten S. A systematic review of patient inflammatory bowel disease information resources on the World Wide Web. *Am J Gastroenterol*. 2007;102:2070-2077.
<https://doi.org/10.1111/j.1572-0241.2007.01325.x>
- [14] Korkut S, Ünsal A, Kaplan A. Comparison of Turkish and English YouTube videos on phlebotomy in terms of content, reliability and quality. *Nurse Educ Pract*. 2023;70:103669.
<https://doi.org/10.1016/j.nepr.2023.103669>
- [15] Zaila KE, Osadchiy V, Anderson AS, Eleswarapu SV, Mills JN. Popularity and worldwide reach of targeted, evidence-based internet streaming video interventions focused on men's health topics. *Transl Androl Urol*. 2020;9:1374-1381.
<https://doi.org/10.21037/tau-20-580>
- [16] Loeb S, Sengupta S, Butaney M, Macaluso JN, Jr., Czarniecki SW, Robbins R, et al. Dissemination of misinformative and biased information about prostate cancer on YouTube. *Eur Urol*. 2019;75:564-567.
<https://doi.org/10.1016/j.eururo.2018.10.056>
- [17] Aydın ME, Kaya C, Aykaç A, Çakıcı ÖU, Sungur M. Content quality and reliability of the YouTube videos about chronic prostatitis. *Colomb Med (Cali)*. 2024;55:e2015861.
<https://doi.org/10.25100/cm.v55i1.5861>
- [18] Madathil KC, Rivera-Rodriguez AJ, Greenstein JS, Gramopadhye AK. Healthcare information on YouTube: A systematic review. *Health Informatics J*. 2015;21:173-194.
<https://doi.org/10.1177/1460458213512220>
- [19] Li HO, Bailey A, Huynh D, Chan J. YouTube as a source of information on COVID-19: a pandemic of misinformation? *BMJ Glob Health*. 2020;5(5):e002604.
<https://doi.org/10.1136/bmjgh-2020-002604>
- [20] Cilio S, Collà Ruvolo C, Turco C, Creta M, Capece M, La Rocca R, et al. Analysis of quality information provided by "Dr. YouTube(TM)" on Phimosis. *Int J Impot Res*. 2023;35:398-403.
<https://doi.org/10.1038/s41443-022-00557-5>