



Pediatric Surgical Associates, Ltd.

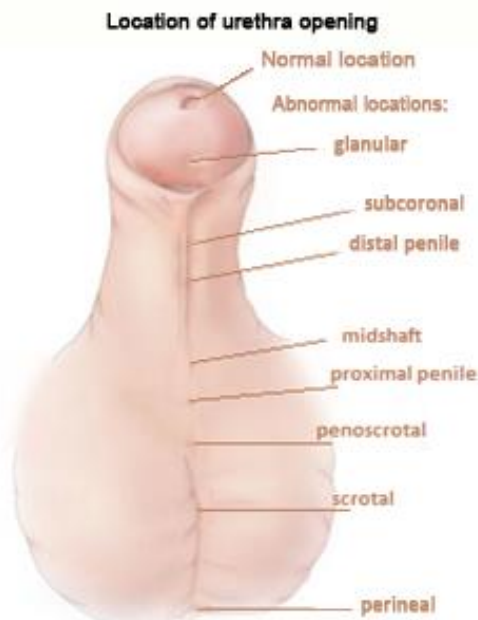
Patient and Family Education

Hypospadias Repair: Pre-Operative Information

What is hypospadias?

Hypospadias is a birth defect of the penis. The urethral opening, the hole where the urine comes out, is not in the normal position. Instead of the tip, it is on the undersurface of the penis. Boys with hypospadias are usually missing the underside of their foreskin so that the foreskin forms a hood. For this reason, most boys born with hypospadias are not circumcised. There is often a bend or curve (called chordee) in the penis when the boy has an erection. Hypospadias may be mild, moderate, or severe depending on how far back the opening is and how much curvature is present. The more severe forms of hypospadias are usually associated with worsening degrees of chordee.

Abnormal locations of the urethra



What causes it?

Incomplete development of the urethra causes hypospadias. It can occur in families. The reason for it happening is usually not known.

Why is it important to recognize hypospadias?

An abnormally placed urethral opening does not allow the urine to pass as it should. A boy with hypospadias urinates with a stream that is often directed downward rather than out and away from the body. This causes wet pants and shoes. This condition, when left uncorrected, may make future sexual intercourse difficult, or impossible.

Can it be corrected?

Yes, surgery can correct the problem. These operations are best done between 6 and 18 months of age. The repair is usually performed in one surgery. If the hypospadias is severe, it may be necessary to have more than one surgery. The surgery usually lasts 1-3 hours and the patient goes home the same day. The child often needs a catheter or stent (a tube to drain the urine during healing) for several days after the operation.

What is the outlook for boys with hypospadias?

Following surgery, most boys have normal function and a good cosmetic result. Long-term studies show that these boys do well emotionally. The ability to have children and to have erections are expected to be normal after the repair, except in the most severe cases.



Recovery At Home

Following surgery, boys often have a clear bandage (tegaderm) which usually comes off within the first week. You will need to check the penis every 3-4 hours during the first day for bleeding. If the tegaderm slips toward the base or head of the penis in a constricting manner, it could become an emergency. Try to remove the plastic dressing and call the office.

The penis & scrotum will often appear dark pink and may develop some swelling and bruising. You will be asked to apply a generous amount of antibiotic ointment with diaper changes or 4 times daily for the first week. Let it melt around the area; do not try to spread it. The ointment helps prevent infection around the stitches. It is not unusual to see off-white patches of healing skin during that time. A larger diaper over the regular size diaper can provide extra padding.

The catheter or stent is placed to allow a constant release of urine from the bladder through the newly repaired tissue and may cause some uncomfortable bladder spasms. Your surgeon may provide a prescription for medicine which should help relieve spasms. Avoid constipation, as this could cause an increase in bladder spasm pain. The stent is usually removed in the office 1-2 weeks post-operatively.

You should bathe your child once a day and as needed (after bowel movements) in plain water for 5-10 minutes. This may be started the day after surgery unless your surgeon tells you otherwise. As always, never leave your child alone in the bath. You are encouraged to *refrain from* using straddle toys or equipment, or carrying the child across your hip for 2 weeks post-operatively.

See the Discharge Instruction Sheet for specific instructions about pain medicine, incision care, eating, activity, and when to see the surgeon again.

Loose fitting, comfortable clothes (such as sleepers, sweat pants, or gym shorts) will be best after surgery. It helps to use clothes that are a size larger than normal.

For older boys, you may use a lap try to “tent” the blankets. This avoids any rubbing or pressure on the penis. A cardboard box can be made into a lap try.

When should I call the surgeon?

- plastic dressing slides down toward the base of the penis
- plastic dressing seems too tight
- child pulls the plastic dressing off
- bleeding from the incision that does not stop after 5 minutes of gentle pressure
- problems with the catheter or stent:
 - no urine coming out
 - leaking around tube
 - tube seems to have moved in or out
 - tube falls out
- pain that is not relieved with the prescribed medicine
- vomiting the day after surgery
- temperature higher than 101°F
- increasing swelling, redness, or pain in the penis
- pus coming from the incision

If you have questions

If you have questions or concerns, please call your child’s doctor at Pediatric Surgical Associates at (612) 813-8000 or 1-800-992-6983.