

Hypospadias

What is hypospadias?

Hypospadias is when the male urethra does not form correctly. The urethral opening, the hole where the urine comes out, is not in the normal position. Instead of the tip, it is on the underside of the penis. Hypospadias may be mild, moderate, or severe depending on where the opening is on the penis. Boys with hypospadias are usually missing the underside of their foreskin, so that the foreskin forms a hood. There may also be a bend or curve called chordee in the penis when the boy has an erection. The more severe forms of hypospadias are usually associated with worsening degrees of chordee.

What causes hypospadias?

The reason for hypospadias is not known, but it can occur in other family members.

How is it diagnosed?

Your child may have been diagnosed at birth by a physical exam. Boys with hypospadias urinate with a stream that is often directed downward rather than out and away from the body. This condition, when left uncorrected, may make future sexual intercourse difficult.

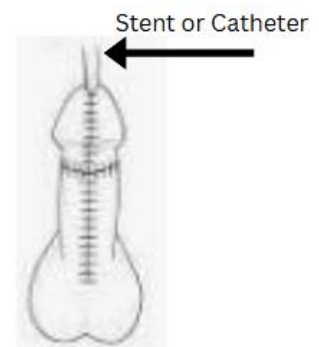


How is hypospadias treated?

Usually, surgery is recommended to correct the problem. The procedure takes 1-3 hours, and your son will go home the same day. It is best done before your son starts potty training. If the hypospadias is severe, more than one surgery may be needed and will be repaired in different stages. The last stage will be the final hypospadias repair.

What happens during surgery?

Your son will receive general anesthesia to help him sleep and not feel pain during surgery. A caudal block (numbing medicine placed near the tailbone) will be given. The urethra is built using local tissue and the skin on the penis shaft is reconstructed. The child often needs a catheter or stent (a small plastic tube) to drain the urine during healing for several days after the operation. There is a minimal low risk after surgery concerning bleeding, infection, stenosis of the urethra or development of a fistula.



Will my child be in pain?

Most children do well with the surgery. If your son is in pain, a pain medicine can help. You may alternate Acetaminophen (Tylenol® or another brand) and Ibuprofen (such as Advil® or Motrin®). Do not give aspirin because it may cause bleeding.

What can I expect after the surgery?

Before your child is discharged you will be given written information about their care at home and any questions you have will be answered.

FOLLOW YOUR SURGEONS' SPECIFIC INSTRUCTIONS FOR POST OP CARE

Below are the typical post op cares you can expect

- **Diet:** Resume regular diet as tolerated
- **Activity:** Your child may return to school or daycare when pain is well controlled. Avoid straddling activities, contact sports and swimming for 14 days.
- **Wound Care:** If your child has a dressing on the penis, follow your surgeon's specific instructions for removal.
 - You will need to check the penis frequently, every 2-3 hours during the first day to watch for bleeding and to make sure the catheter or stent is draining urine. The penis and scrotum may appear more red or darker and there may be swelling and bruising that develop.
 - Apply a generous amount of ointment (Aquaphor® or Vaseline®) to the surgical area 4 times a day.
 - Glob the ointment on the surgical area and let it melt around the area. The ointment helps decrease irritation and protects the skin. You may notice off-white patches of healing skin around the surgical area and along the incisions, this is a normal part of the healing process.
 - The catheter or stent is placed to allow a constant flow of urine from the bladder through the newly repaired urethra 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 removed in the office 1-2 weeks post-operatively. Using a larger diaper over the regular size diaper can supply extra padding. Keep your child distracted during diaper changes to prevent pulling on the stent.
- **Bathing:** Sponge bathe your child for the first 2 days after surgery and then give short baths (5-10 min) in plain water for the next week. This will promote healing and can be soothing.
- **Medicines:** Pain can be controlled by alternating Acetaminophen (Tylenol® or another brand) and Ibuprofen®. Do not give aspirin because it may cause bleeding.
 - If your child is prescribed an antibiotic, follow your surgeon's specific instructions.
 - Your surgeon may supply a prescription for medicine which should help relieve bladder spasms while the catheter is in place, follow your surgeon's specific instructions.

Do not give the bladder spasm medicine the night before his catheter is scheduled to be removed.

What to call the surgeon for:

- Any dressing problems: the dressing moves to the base of the penis, or the dressing becomes too tight causing restriction
- Significant swelling, significant bruising or bleeding from surgical area.
- If the wound starts separating
- Fever with worsening redness or pus like drainage at the surgical site
- Any problems with the catheter or stent:
 - no urine coming out
 - leaking around the tube
 - the tube has moved or falls completely out
- Pain not controlled with prescribed medications

Call your primary care provider for any other concerns.

Follow-up care:

Follow-up with your child's surgeon as directed following the surgery.

Call your surgeon's office to schedule an appointment (612)813-8000 option #3.

Questions?

This information is not specific to your child but provides general information.

If you have any concerns or further questions, please call our clinic at (612)813-8000 option #6 for the nurse message line.

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