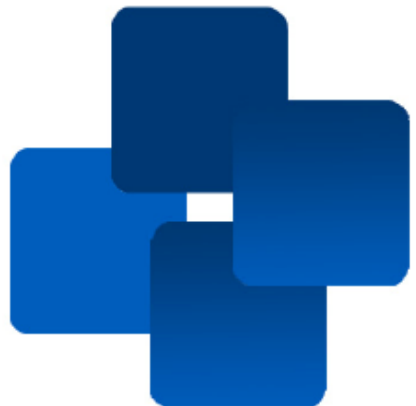


Patient Information

Hypospadias

Department of Plastic Surgery



Introduction

The purpose of this leaflet is to explain what hypospadias is, how it is diagnosed and the treatment available.

What is hypospadias?

Hypospadias is one of the most common developmental conditions affecting the penis. It occurs in approximately 1 in every 300 boys. The main feature of this condition is that the penis looks slightly different from normal (explained below) and it may not function completely normally until it has been corrected. This is not a condition to be worried or embarrassed about.

Appearance of the penis

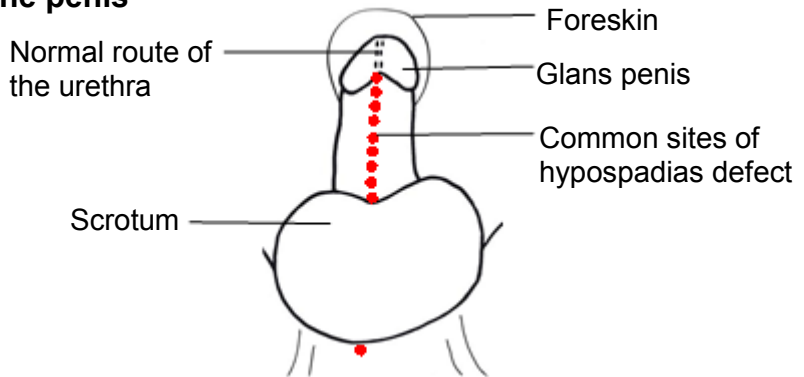
The urethra (the tube that brings the urine from the bladder to the outside via the penis) does not form properly at the penile end. It should form into a circular tube all the way to the tip of the penis. In hypospadias, it falls short of this and opens either on the underside of the tip of the penis or somewhere along the underside of the penile shaft, or even between the two sides of the scrotum.

In most of these cases the foreskin also fails to develop on the underside of the penis and seems to be too much on the topside of the penis. This is called the “dorsal hood” of the penis.

Some patients will have a distinct bend in the penis which is more apparent on erection. This is due to some developmental disproportion of the various structures of the penis and scarring in the shaft of the penis near the tube, which acts like the string on a bow and may lead to discomfort during sexual intercourse. This is called “chordee” or “ventral curvature”.

Although hypospadias is often the only developmental abnormality, it sometimes occurs with other problems of development, and we may recommend special tests which will be explained to you at the time of consultation.

Diagram of the penis



Treatment

When hypospadias is extremely mild there is no absolute need to correct it, because the basic function of the penis is reasonable (i.e. the urine comes out at the end and so will the sperm during sexual intercourse). In quite a few patients the urine comes out in a downward or backward direction. This is when surgical correction is necessary.

Hypospadias may be corrected with one, two or sometimes more operations. If two operations are needed the first will be to correct the bend in the penis and the second done about six months later to make the urinary tube long enough to reach the tip of the penis. Sometimes further multiple operations are required. There is no one standard operation for correction of hypospadias as the condition is not always the same.

The main benefit of the operation is that it aims to make sure the penis functions normally and also looks reasonably normal by the time the child starts school (about three years). The exact timing of the surgery is not critical and if we can fit the operation in to suit social arrangements of the family, then we will try to do so.

It is very rare to need to correct the hypospadias soon after birth or as an emergency. Only one condition requires semi-urgent treatment. This is when the hole at the end of the urinary tube is too small and the child has difficulty emptying his bladder. This requires a very small operation to cut one edge of the skin hole where the urine comes out so as to widen the opening.

Possible complications

In some children when the tube has been lengthened it does not heal perfectly. With the urine passing through it under pressure, the fine delicate stitches may give way and the urine comes out through or in between the stitches. It then seems to come out from more than one hole. This is known as a urinary “fistula”. Fortunately it is not a very serious problem and can usually be corrected by having further surgery.

Occasionally, the outlet or the new tube itself may be too narrow and the child has undue pain while passing urine or the flow is not smooth and easy. This is known as “stenosis” or “stricture”. Dilatation (stretching) or an operation may be necessary to widen the tube.

Very often a “tidy-up” procedure may be required later to remove excess foreskin, persistent puffiness or to improve appearance of the penis. It is usually advisable to wait several months before doing a subsequent operation to allow enough time for the scars to soften. As with any kind of surgery, problems such as bleeding, wound infection, delayed wound healing, bruising and swelling may occur.

Before the operation

If you wish to proceed with the operation, your child may have an appointment to undergo a check, and to be familiarised with the ward and staff at the hospital. The nurse will ask you about your child, so that we can provide as normal a routine as possible.

Please tell the nurse or doctor of any special care your child needs or any medicines your child takes regularly at home. If you have any questions, please do not hesitate to ask the doctor or the nurse.

It is also a good idea to mentally prepare your child before the operation, so he is prepared for the “strange” appearance of the penis and the presence of the catheter (a thin silicone tube which brings the urine out from the bladder) in the penis after the operation.

The operation

Your child will be admitted to the paediatric ward at Lister Hospital usually on the morning of the operation.

The procedure is performed under general anaesthesia. The anaesthetist will also see your son and may listen to his chest and heart, check for coughs and colds and generally make sure he is fit for an anaesthetic.

Your child will be asked to wear an identity bracelet and he will wear a gown to go to theatre. A local anaesthetic cream will be put on the back of his hands to reduce the discomfort from any injections, which may be necessary for the general anaesthesia. A parent may accompany the child to theatre and stay with him until he has been anaesthetised.

After surgery when your child returns to the ward, his penis will be covered with a dressing and taped to his abdomen. A catheter will be securely taped to the side of the abdomen as well. Your child should be encouraged to lie in bed as much as possible. All this is done in order to minimise swelling of the penis, reduce pain and prevent the catheter moving against the stitch line and compromise healing.

Following surgery, the skin of the penis tends to be very bruised and swollen. Bruising and swelling does not mean that the penis is painful, and any pain only occurs if your child tends to pass urine normally. Local anaesthetic blocks given at the time of the operation, the catheter, and pain-relieving medicine, keep your son comfortable. He will also be prescribed antibiotics to prevent infection. The amount of time the catheter remains in the bladder is variable but it is usually a week.

The hospital stay

Children tend to be happier after an operation if they are in their familiar home environment. As long as you are agreeable to manage your child at home, we will discharge him a day or two after the surgery. This allows your child to recover in his known home environment.

During your child's time in the hospital, the paediatric nurses on the ward will show you how to look after the dressings, catheter, urine-bag etc.

Sometimes the hospital stay can be longer (about a week to ten days). This depends on the actual type of operation being done, how far you live away from the hospital, and whether your child can go home with a catheter or not. This will be discussed with you.

At home

- Ensure your child drinks plenty of fluids to keep the catheter flushed and help prevent infection.
- Ensure the catheter and penis is well taped to the abdomen. The penis should remain elevated.
- Ensure there are no kinks or twists in the catheter.
- Empty the urine-bag regularly.
- Ensure the area is kept clean and dry.
- Ensure your child continues to rest in bed or on the sofa.
- Ensure he continues to receive any medication you were given for your child.

Important - Please contact Bluebell Ward (who may contact the duty plastic surgeon) on 01438 284008 if any of the following occur:

- Urine leaks from around the catheter
- Urine stops flowing into the bag
- Urine looks cloudy/blood stained or smells offensive
- The catheter comes out or dressing is falling out
- Your child develops a high temperature or starts vomiting
- You are worried about some other aspect

Follow-up appointment at the outpatient clinic

An appointment will be given for your child to attend the first wound check, which is usually done in the children's dressing clinic at Lister Hospital approximately a week after the surgery.

The penis will be un-taped from the abdomen; the dressing taken down, the catheter removed and the wound is checked. In most cases the stitches are dissolvable and do not need removal.

Occasionally, depending on the procedure, sutures (stitches) may need to be removed. The penis will have a circumcised appearance, be bruised and swollen. This is normal and lasts for several weeks.

Your child will need to pass urine at the clinic before he can go home. This may take a few hours so it is a good idea to bring some drinks/snacks, magazines, toys etc., with you to the hospital for this visit.

Managing your child at home after the first dressing clinic appointment

- You will be given an ointment to take home. This is to be applied to the suture line for a further week and it is important to keep the area clean and dry.
- Antibiotics are no longer needed after this. You can continue to give paracetamol for pain if required.
- Encourage your child to drink plenty of fluids, this encourages him to empty his bladder regularly and prevents infection.
- Ensure he passes small volumes of urine frequently; rather than holding on and passing large quantities under pressure as this may cause the fine delicate stitches to give way.
- If your child has difficulty passing urine, sitting in a warm bath often helps.
- Your child should wear supportive pads inserted into snug fitting cotton pants for one week. The penis should remain elevated.
- It is important to avoid direct trauma, such as with a ball in games or an accidental kick/blow, or sitting astride objects, such as bicycles, see-saws, sit and ride toys etc., for 6-8 weeks afterwards.

After the first dressing appointment, your child will next be seen six weeks later by the surgeon at Lister Hospital. Please keep this outpatient appointment as arranged. All subsequent clinic appointments, as necessary, will usually be arranged at that point. If you are unable to attend, please inform the clinic as soon as possible so that the appointment can be rearranged.

Questions

If you have any other questions that have not been answered by this leaflet, please ask a member of staff at the clinic.

Contact Telephone Numbers

Bluebell Ward, Lilac zone, Lister Hospital	☎ 01438 284008
Children's A&E, Lister Hospital	☎ 01438 284333
QEII Urgent Care Centre, Welwyn Garden City	☎ 01707 247549

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