

for Parents

You should encourage your child to drink slightly more than normal to keep the tube draining well.

It is important not to give your son a bath or shower until the dressing and catheter are removed. Then only showers for a further week. You may dry the area with the cool air setting on a hair dryer (not hot setting).

Your son should not ride a bicycle or any sit-on-toys until he is fully healed.

You will be given an appointment to go back to the ward to have the dressing and tube removed. It is advisable to give your son pain relief beforehand. This procedure is done quite quickly but your son can be distressed for a short time. Afterwards, the penis may look red and a little swollen, you may even see the stitches. You need to be prepared to stay on the ward until your son has passed urine and is comfortable.

An outpatient appointment will be made for you to see the surgeon about 2-3 months after the surgery.

This leaflet explains what hypospadias means and answers some of the questions commonly asked by parents.

Hypospadias is a birth defect of the penis. It is one of the commonest birth defects and affects about 1 in 250 boys. Three problems may be present:

1. The penis is curved downwards when stiff (because of bands called chordee)
2. The opening where the urine comes out (called the urethra) is not at the tip. Instead it opens underneath and further back than normal.
3. There is extra foreskin on the top of the penis and not enough underneath it (giving a hooded appearance).

Not all these problems need to be present. In its mildest form, the penis may just be curved. More rarely, the opening can be as far back as the scrotum.

downwards

NORMAL

HYPOSPADIAS

We will offer follow-up
for your child until
sexual maturity.

1. Penis is curved

**Hospital
Switchboard**

**01603 286286
Buxton Ward**

**01603 286321
Jenny Lind
Outpatients 01603
289764**

The ward is
located in level
2 in the West
Block.

Please use the
Jenny Lind
Children's
Department
entrance/s and
follow the signs
to Buxton
Ward.

If you are
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and need to
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The cause is unknown. It occurs because the penis has not developed normally in the womb. Sometimes there is a family history, so a father and son may be affected.

The treatment is surgery.

If left untreated, your son may suffer with the following issues:

1. Downward spray of urine (instead of forward), and so difficulty with passing urine whilst standing
2. Embarrassed by curvature of the penis as it will look different from that of other boys
3. Difficulty with sexual intercourse when older if the hypospadias is severe

The surgery will aim to correct these problems and make the penis look more normal or circumcised look.

We prefer to perform the operation at about 12 months of age or above.

There are possible complications with any operation and these will be discussed with you before you give consent to the operation.

Bleeding: Small risk but close observation of your son will be made after the operation for any signs of bleeding. If you notice any bleeding at any time you must tell the doctor. At home it is important to protect the area from knocks.

Infection: Again, the risks are small but you must observe your son for any signs of infection. If he develops a temperature, becomes generally unwell or there is any smell or oozing from the wound you must let the hospital know as soon as possible.

Blocked Catheter (Urine Tube): Rarely the catheter becomes blocked. If your son becomes distressed and is not helped by the pain relief medicine, check that the tube has not kinked. If the urine stops draining or the nappies remain dry you must tell the hospital immediately. If the tube falls out you must tell the hospital and they will advise you what to do next.

Risks of a General Anaesthetic: The risk tends to be small. Some of the older children feel sick and may vomit after an operation. This is a side effect which usually passes quickly. Medication can be given if this is a problem.

Stricture & Fistula: This affects about one in five children and may require a further operation. A *stricture* is where the newly constructed tube is too narrow and children have to strain to pass urine. The treatment for this is one or more short anaesthetic procedures where the newly constructed tube is stretched (dilated) or sometimes cut (meatotomy). A *fistula* is where there is a leak in the newly made tube. This can only be closed by a further operation, but cannot be done for at least six months after the previous one. Sometimes parents and doctors are not aware of a fistula until boys are being potty trained and are standing up to pass urine.

To protect the penis while healing takes place most surgeons will put in a small catheter (or tube) for about a week. This works by draining urine from the bladder. A dressing is put around the penis to keep the catheter in place. This also helps to protect the penis and to reduce any swelling.

For children who have their operation when they are about a year old you will be shown how to put your son in double nappies. The first nappy will collect any faeces. While the second nappy (of a larger size) will collect the urine from the drainage tube (stent).

For children who have their operation when they are older (about 4 years old) a different type of drainage tube (catheter) is used. This can have a cap on the end which is taken off to pass urine or can be directly connected to a urine collection bag. Usually, the dressings and catheter are removed after a week.

Your son will have stitches but these will be dissolvable and do not need to be removed. They can take up to 6 weeks to dissolve completely.

The operation will be explained to you and you will be able to ask any questions you may have before you give consent (written permission) for the operation. It is done while your child is asleep (under a general anaesthetic) so you will also see an anaesthetist who will discuss any concerns with you. You will also receive information from the hospital about how to prepare your child for an operation. There is a list of helpful contacts at the end of this leaflet.

Tests are not usually necessary. However, with more severe forms of hypospadias there is a chance of other problems, which your doctor will discuss with you.

You may be asked to come to the hospital the day before the operation. Your child will need to stay for at least one night after the operation. A parent or carer will always be able to stay with their child.

It is very important that you tell the doctors if your son is taking any medicines or has any allergies before the operation.

Your son will be given medication during the operation so that he does not feel any pain when he wakes up. However, he may be upset when he wakes up because he is in a strange place and feels thirsty and hungry.

As he recovers on the ward the nursing staff will be able to give him pain relief usually

in the form of syrup. Your son will also be able to eat and drink normally once he is awake.

He is likely to feel uncomfortable for the first couple of days following surgery, so you will be given advice on what medicine to give at home and for how long. It is also advisable for your son to wear loose fitting clothing.

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Proximal penile C

There are different types of operations to correct hypospadias. The aim of the surgery is:

1. To make the penis straight
2. To make the opening at the tip, sometimes using skin from the foreskin
3. The foreskin maybe reconstructed or may be circumcised.

Sometimes this is done as a single stage operation and sometimes it is done in two stages.

It is very important that children with hypospadias are not circumcised. This is because at operation, the abnormal foreskin maybe used.

The Single Stage Procedure

This operation is suitable when there is a very little curvature of the penis (chordee) and the opening (urethra) is not too far from the tip. The principle is to make the new tube for the urine with the skin in the midline and cut the bands (chordee) causing the abnormal curvature.

The Two-Stage Procedure

The two-stage procedure is needed when the penis is more curved (chordee) and/or the opening (urethra) is further back. The surgeon will need to correct the curvature first, because by doing so it can make the opening even further back. During the first procedure a split is made from the opening to the tip of the penis. This split is then covered with skin taken from the foreskin. The second procedure is very similar to the single stage procedure described above. Each operation takes a few hours excluding anaesthetic time.

NO	HYPOSPADIAS	
RM		
AL	SURGICAL PROCEDURE	
Urine sprays forward Able to pass urine standing	Urine sprays everywhere Difficult to pass urine standing	g Chordee released and new opening (urethra) is made

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Modified
from
Snodg
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