

**Hypospadias In Children
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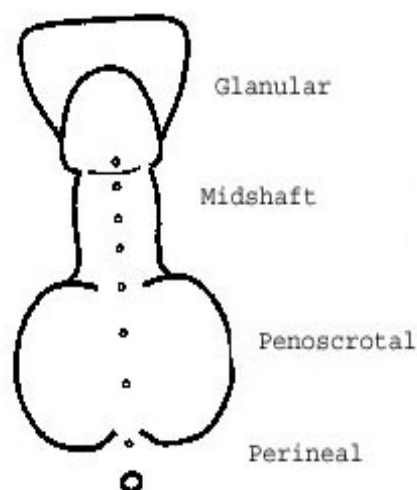
Dear parents,

The goal of this booklet is to answer some of your questions about hypospadias and its treatment. It does not replace information or instructions given to you by your doctor or nurse. Please consult your doctor for specific details concerning your child.

What is hypospadias?

Hypospadias is very common condition. Approximately 1 in every 300 boys is born with hypospadias.

Hypospadias is a condition where the opening for urine (meatus) is not at the tip of the penis (fig.).



In mild cases of hypospadias, the opening is near the tip of the penis. In more severe cases, the opening is in the middle or near the bottom of the penis. In some boys, the penis may bend downward (called chordee). The foreskin on the underside of the penis may also be missing.

Circumcision in newborn babies with hypospadias is not recommended. The foreskin may be used later to repair the hypospadias.

What causes hypospadias?

In hypospadias, the tube which carries urine through the penis (urethra) is not fully formed before birth. The exact cause for hypospadias is not known. It is sometimes inherited.

Why hypospadias is repair important?

Hypospadias affects the cosmetic appearance of the penis. It is not life-threatening condition. Hypospadias makes it hard for some boys to stand and urinate straight. Also, in adulthood, the location of the opening and the bend in the penis may hinder sexual function.

What is the treatment for hypospadias?

There are varying degrees of hypospadias, some quite mild and others more severe. Very mild forms of hypospadias may not need treatment. The treatment for hypospadias is surgical. Surgery, under general anesthesia, is usually done between the ages of 6 to 24 months. This is an ideal age because the penis is big enough and very young children do not remember the experience.

The modern results of hypospadias repairs are very encouraging. Over 90% of boys with hypospadias will have the problem corrected in a single operation. More severe forms of hypospadias may need more than one operation. In such cases, the operations are usually done 6 to 12 months apart.

Will my child need to stay in the hospital?

Most forms of hypospadias can be repaired on a day surgery basis (home the same day). However, a small number of boys will need bigger operations and to stay overnight in the hospital. If necessary, hypospadias repairs can be combined with surgery to move the testicle(s) into the scrotum.

Surgery

Before surgery

When the diagnosis of hypospadias is made, the urologist may suggest other tests. Some boys may need male hormone (testosterone) to enlarge the penis before surgery. The hormone is given by injection(s) in the child's thigh.

When the date of the operation is set, you will be given information about when and where to go, fasting, and other preparations at the Pre-Operative Assessment Clinic. It is important to follow all the instructions carefully.

What happens during the operation?

The length of the operation and the recovery time will vary depending on the severity of the problem. Mild cases of hypospadias with minimal chordee (bending of the penis) are often a simple procedure. Moderate or severe cases with chordee will require a longer operation and a catheter.

During hypospadias repair, the penis is straightened first. Then a new urethra (urine tube) is created using skin from the penis, foreskin or tissue grafts. The head of penis (glans) is remolded and excess foreskin is removed.

Goals of surgery

- To bring the urine opening to the tip of the penis
- To straighten the penis
- To make the penis look as normal as possible
- To restore normal direction of urine stream and normal erection
- To remove excess foreskin

After surgery

The penis will look very swollen and bruised after surgery. It will be more normal looking after 2 to 3 weeks. It may take several months for all the swelling to disappear. Some oozing and spotting on the diaper or underpants is normal.

Dressing

A clear plastic dressing is placed around the penis to minimize swelling and protect the wound. The stitches dissolve after several weeks. A top dressing may cover the clear dressing, and you will be instructed when to remove it.

Pain

Several methods are used to keep your child as comfortable as possible:

- Your child will be given pain medicine (local anesthesia or suppository) at the end of the operation. This medicine provides pain relief when he first wakes up and for 4 to 6 hours.
- Once your child is at home, give acetaminophen (Tylenol or Tempera) and alternate it with ibuprofen every 4 hours. You may continue to give pain medications for up to a maximum of 7 days, a maximum of 5-7 doses per day.
- Pain usually improves after 48 hours, but may last 5-7 days. If pain persists, consult your doctor.
- Children who go home after surgery without a catheter may complain of pain or cry when they urinate for 1 or 2 days.

Catheter or stent

Some children go home with a tube (catheter) in the penis. This tube drains urine and allows the new urethra to heal.

Care of the catheter

- Be careful that the tube is not pulled out accidentally during diaper change and bathing. It is helpful to have 2 people during diaper changes (1 to change and the other to distract child).
- Antibiotics to prevent urine infection will be prescribed.
- The drainage tube can irritate the bladder causing bladder spasms. During these spasms, your child may suddenly become irritable, pull up his legs or grab his penis. The spasms are not harmful. Oxybutynin (anti-spasm medication) will be prescribed if spasms are expected. Oxybutynin can cause facial flushing, dry mouth and constipation.
- Urine sometimes leaks around the drainage tube or spurts through the end of the tube. Check that catheter is not kinked.
- Excessive leaking around the tube and no drainage from it may be a sign that the tube is blocked. If you were instructed to irrigate, then flush 10 ml of normal saline into the tube. If unsuccessful, call the doctor.

- The catheter is held in place by a stitch and will be removed in the Urology Clinic after 5 to 10 days. Give your child a dose of acetaminophen 30 minutes prior to tube removal.
- After the catheter is removed, your child may experience pain and the urine may spray the first time he urinates. This will improve after a few days.

Diaper

- Apply generous amounts of Fucidine ointment to the tip of the penis at every diaper change for 2 weeks. (If your child is not in diapers, apply ointment 3 to 4 times a day).
- Change the diapers as needed. Wash the anal area with soapy water after each bowel movement. Carefully wipe any stool that gets on the tube or dressing away from the penis. If the tube or dressing becomes very soiled, wash with mild soap and rinse your child in a tub of clear water.
- Dress your son in loose clothing to prevent pressure on the penis
- If your child is older, the catheter will drain into a bag attached to his leg.

Fever

A low grade fever up to 38.5 C is expected after surgery. Acetaminophen, sponge baths and an increase in fluid intake will help reduce your child's temperature. If fever persists for more than two days, consult your doctor.

Signs of infection

- Fever > 38.5 C. lasting more than 48 hours.
- Penis is progressively swollen and hot to the touch
- Foul smelling drainage or urine

Bleeding

On the day of surgery, check for bleeding (bright red blood) every 2 hours and once during the night. If bleeding occurs, apply gentle pressure using clean gauze to the penis for 5 minutes. If not effective, notify the doctor. Some oozing (pinkish or brownish discharge) under the dressing or spotting in the diaper is normal.

Diet

For the first two hours after surgery, give your child water or apple juice. If tolerated, progress to milk and soft foods. He may eat normally within 12 hours of surgery.

- Encourage your child to drink plenty of fluids to make lots of urine to prevent the catheter from blocking.
- Prevent constipation by offering foods high in fiber such as fruits, vegetables and whole grain products. Straining to have a bowel movement can put stress on the site of the operation and aggravate bladder spasms.

Bathing

One the day of surgery, give your child sponge baths. Apply generous amounts of Fucidine Ointment to the penis after the bath and at every diaper change. Fucidine ointment helps prevent infection and loosen the clear dressing.

- 24-48 hours after surgery, begin tub baths. Soak your child (with the catheter) in a tub of clear water for 10 to 15 minutes (no soap). Tub baths help loosen the dressing, clean the penis, and promote healing.
- After the tub bath, gently pat the penis dry with a clean towel (do not rub). Carefully start to peel off the clear dressing. It may take a few days to completely take off the dressing.
- Apply Fucidine ointment over the entire penis after each tub bath especially on the underside.
- Give tub baths and apply Fucidine ointment 1-2 times a day for 5 days or until the catheter is removed. Once the catheter is removed, continue tub bath and Fucidine ointment 1-2 times a day for 5 days. Then bath as usual.
- The penis will look swollen and bruised at the beginning. The swelling and discoloration will improve slowly with each passing day. It may take several months for all the swelling to completely disappear.
- A few days after surgery, you may see a yellowish substance over the head of the penis. This is not a sign of infection. It will clear on its own after several days.

Activities

When your child wakes up from surgery, he may feel dizzy and his legs may feel weak. He may resume normal quiet activities the next day.

- Your child needs extra supervision for 2 weeks to prevent injury to the penis. Avoid straddle toys (bicycles, rocking horses and walkers), chlorinated swimming pools, and sandboxes.
- Pad your son's lap with a small blanket or towel when using a seat belt or a car seat to prevent injury.

Possible complication

The complication rate for hypospadias repair is very low (less than 5%)

- Infection is rare but can occur during the first 6 weeks following surgery.
- A fistula or leak may develop along the shaft of the penis. If the fistula does not close by itself during the first 6 months following surgery, then it will need to be repaired.
- Scarring or narrowing of the new urethra can also occur. This may cause the urine stream to be thin or the child to push to urinate. We recommend that you occasionally observe for changes in your child's urine stream during the first 6 months after surgery.

When to call the doctor?

Call Urology Department: tel: 0138966666 Ext. #1051 ask for the urologist on-call in case:

- **Bleeding – bright red blood that does not stop after applying gentle pressure to the penis for 5 minutes.**
- **The catheter is blocked and irrigation is unsuccessful.**
- **The catheter falls off.**
- **Fever – 38.5 C lasting more than 48 hours, with foul smelling drainage or urine.**
- **Pain – which persists despite the medication given as prescribed.**
- **Your child is straining or unable to urinate.**