



Information for
patients and
carers

Hypospadias

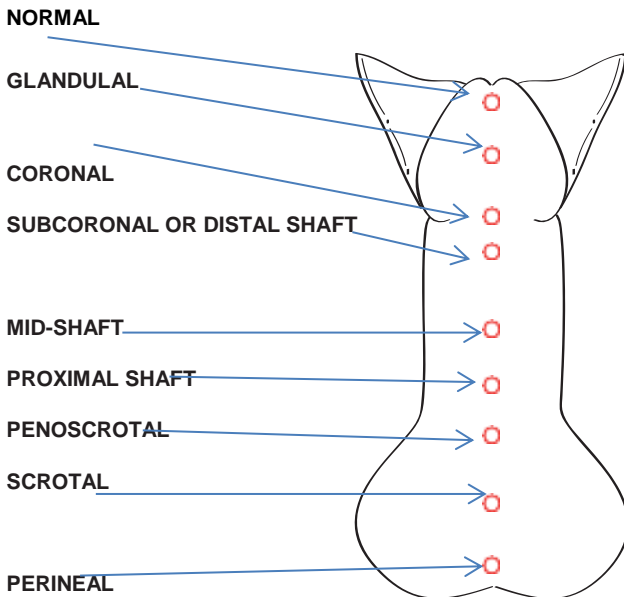
Pre and postoperative care

What is Hypospadias?

Hypospadias is a condition that is present at birth affecting a boy's penis. With this condition:

- The hole through which the urine passes is not at the tip of the penis and is instead on the underside. In medical terms this is called the meatus. In some boys it is only a small distance away from the tip of the penis, and in others it can be further away or rarely in or behind the scrotum.
- There is usually a deficient foreskin that is present on the top, but on the under-surface.
- Sometimes the penis is bent when it is erect.

Boys with hypospadias may have other conditions such as undescended testes or inguinal hernia. Your doctor will check for these.



What causes hypospadias?

The cause of hypospadias is not fully understood at the moment and more research is needed to learn more about this. About one in 150 boys has hypospadias. It seems to be more common in some families.

How is it diagnosed?

Doctors can diagnose hypospadias by checking the appearance of the penis during a routine examination at birth or during a regular check-up when the baby is a few months old. It is important that a circumcision doesn't take place as the foreskin may be needed as part of corrective surgery.

What is the treatment?

Hypospadias is not life threatening and does not cause any immediate problems. However, in most cases if it is not treated, it may cause problems later on such as:

- Not being able to pass urine standing up as the urine stream may be difficult to direct into a toilet and may spray backwards.
- If the penis bends when erect this may cause problems with erection and make sex difficult.

However, in some cases hypospadias is so mild treatment may not be required.

Surgery is the only option to treat the condition and is usually carried out at the age of 6 months to 3 years. The actual operation will depend on the individual boy but in general it aims to:

- Straighten the penis if it is bent.
- Move the meatus (hole) to the tip of the penis.
- Carry out a circumcision by removing the foreskin that is present, or if possible, carry out a repair to the foreskin.

The type of operation depends on how far down the penis the meatus is present, and how bent the penis is during erection. The type of operation is sometimes decided at the time of operation.

There are primarily 2 types of operation that can be done:

1. One stage repair - a new urethra (tube that carries urine out from the body) is reconstructed to bring the meatus (hole) close to the tip, and the penis straightened in one operation.
2. Two stage repair – occasionally if there is not enough tissue to create a urethra the surgeon will add skin as a skin graft at the under surface of the penis at the first operation. Approximately 6 weeks later, during a second operation, the tube is then created to bring the meatus close to the tip of the penis.

The foreskin is usually removed during the operation, particularly if the skin from the foreskin is needed for the operation. Therefore, the end result is a circumcised penis. Occasionally, the foreskin can be re-created. However, the results of this are not always good or successful.

What are the benefits of surgery?

A hypospadias repair moves the urethra (wee tube) closer to the tip of the penis and corrects the bend of the penis so your son will:

- Have “normal” looking usually circumcised penis.
- Have a single urinary stream (urine will not spray).

- Penis will not bend unnaturally when erect.

What are the risks of surgery?

- As with any operation there is a small risk of bleeding or infection that may require further treatment.
- Bruising and swelling after the operation will settle down in a few weeks.
- Occasionally the stent or catheter could get blocked or come out accidentally. Please get in touch with the Children's ward immediately if this happens.
- Sometimes the original hole opens up (fistula) and urine passes through both openings. This will need another operation 3 – 6 months later to correct.
- If the new opening becomes narrow (stricture) another operation may be required to enlarge that opening.
- Occasionally a fold of skin persists that may need trimming.
- There are rare risks associated with the anaesthetic which the Anaesthetist will discuss with you before surgery.

What are the alternatives?

Surgery is the only treatment for this condition. The options of surgery will be discussed with you by your consultant to help your decision.

What happens before your son comes to hospital?

- You will be sent a letter regarding a date for surgery.
- We will send starting instructions with your appointment letter.
- If your son uses a nappy please bring in normal size plus a size bigger as he may need both sizes after surgery.

What happens when your son comes to hospital?

- Please see the information leaflet regarding your son's admission to hospital.
- You will be asked to bring your son to hospital on the day of the operation.
- One of the plastic surgery doctors will see you and your son before the operation and once again will discuss the operation, its benefits and the risks.
- You may be asked to sign a consent form for surgery if not already completed.
- You and your son will be seen by one of the ward nurses who will go through the admission paperwork with you.
- Your son will be seen/assessed by the anaesthetist.
- The nurse will advise you if you can give your son anything to drink. It is important not to give him anything to eat or drink unless advised by the nurse.
- When it is time for your son's operation, one parent can accompany him to the anaesthetic room.
- The operation lasts for between one to two hours depending on the type of the surgery. It may be 2 to 3 hours before your son has recovered enough to return to the ward.
- Most boys have a thin plastic tube draining urine from the bladder, this could either be a stent or a catheter.

Post - Operative Care

Once your son is awake he can drink. If he is not feeling sick he can eat as normal, starting with a light diet. It is important for him to drink as much as possible.

Taking adequate amounts of fluids results in:

- A good flow of urine.
- Prevents the stent/catheter from getting blocked.
- Helps keep the urine clear. It is normal for the urine to be blood stained during the first few days after surgery.

Sometimes boys have difficulty opening their bowels post – operatively. To prevent this encourage your son to drink (please feel free to bring his favourite drink/cup if this will help). Encourage him to eat fresh fruit and vegetables, Weetabix, baked beans or drink fresh orange juice. Straining to open his bowels may cause discomfort and cause bleeding so it is important to avoid constipation. If he is struggling then he could be given some medication such as lactulose.

Pain Relief

You will be advised regarding pain relief for your son. Pain relief will be given to ensure he remains comfortable. He will also be given antibiotics to prevent infection whilst the catheter/stent is in place.

When can my son go home?

Most boys go home on the same day as the operation. Sometimes they stay in hospital overnight if they feel sick, or if the doctors recommend that he stay.

Before he can go home your son will have to have:

- Eaten an adequate amount of food and drink.
- Had no significant bleeding.
- Passed urine.
- Stopped being sick.

- Had adequate pain relief.
- The doctor's approval to go home.

Caring for your son at home

- Please give your son the medicines that have been prescribed at home. Please feel free to ask the nurse again if you are unsure of how and when to give the medicines before you leave the ward.
- It is important for your son to drink plenty of fluids at home, and to have a normal diet.
- The stent is placed between the inner and the outer nappy. If the stent stops dripping, check that it is not kinked or twisted. If you can see no obstruction place a new dry outer nappy back on and give your son a good drink. After 30 minutes check the nappy again. If it is still dry and you can see no urine dripping from the stent, then contact the ward immediately for advice.
- Sometimes a catheter is used instead of a stent. A catheter is attached to a plastic bag into which the urine drains. You will be shown by the nurse before you leave how to empty the bag when it fills up. If the catheter stops draining check it isn't kinked or twisted. If you can see no obstruction, empty the bag and give your son a drink. If there is no urine seen in the tube or bag contact the ward immediately for advice.
- When a stent is used it is important to keep the dressing as dry as possible by regularly checking the nappies and changing the outer nappy. Please ask the nurse on the ward to help you change the nappy, we want you to be confident before you leave the ward.
- If the dressings come off or get soiled it is important to contact the ward and arrange to come in for an assessment.
- Please keep the dressing dry until your son is seen back in the hospital a week after surgery. This means avoiding baths or showers until the dressings are removed.

- Even after a week please do not add bubble bath into baths for one month while the area is healing.
- Avoid swimming for one month.
- Please do not allow your son to straddle trikes/bikes for one month.
- If you have any problems contact the ward on **01772 523632/524913**, do not go to your GP or ED.
- Your son can return to nursery/school after 2 weeks.

When will my son be seen in hospital?

- You will be asked to return to the paediatric dressing clinic one week after the operation for the stent/catheter to be removed. The stent is held in place with a small stitch that needs to be cut to remove the stent. This is done by the surgical team. To do this we need to keep him still for a few minutes. Please be prepared for your son to protest as no toddler likes to be confined!
- After the stent/catheter is removed it is important that we see at least one good wet nappy before you leave the hospital.
- Your son will be given an appointment at the consultant's clinic after 2 months, and will be seen every year until he starts school.

Contact details

Should you require further advice or information please contact:

Ward 8 on **01772 523632**

Children's Day Case on **01772 524913**

Ward 4 on **01772 522244**

Sources of further information

www.lancsteachinghospitals.nhs.uk

www.nhs.uk

www.patient.co.uk

www.accessable.co.uk

www.hypospadiasuk.co.uk/what-is-hypospadias

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If you want to stop smoking you can also contact the Quit Squad Freephone 0800 328 6297.

Please ask if you would like help in understanding this information. This information can be made available in large print and in other languages.

Cantonese:

如果你希望以另外一種格式接收該資訊，請和我們聯絡，不必猶豫。

Gujarati:

જો તમને આ માહિતી બીજી રચના કે ફોર્મેટમાં મેળવવાની ઇચ્છા હોય, તો કૃપા કરી અમારો સંપર્ક કરતા અચકાશો નહિ.

Hungarian:

Kérjük, vegye fel velünk a kapcsolatot, ha más formában kéri ezt az információt.

Polish:

Jeżeli chciał(a)by Pan/Pani otrzymać niniejsze informacje w innym formacie, prosimy o kontakt.

Punjabi:

ਜੇ ਤੁਸੀਂ ਕਿਸੇ ਹੋਰ ਫਾਰਮੈਟ ਵਿਚ ਇਹ ਜਾਣਕਾਰੀ ਲੈਣਾ ਚਾਹੁੰਦੇ ਹੋ ਤਾਂ ਸਾਡੇ ਨਾਲ ਸੰਪਰਕ ਕਰਨ ਤੋਂ ਨਾ ਢਿੱਸਕੋ।

Urdu:

اگر آپ اس معلومات کو کسی اور صورت میں حاصل کرنا چاہتے ہیں تو براہ مہربانی ہم سے رابطہ کرنے میں ہچکچاہٹ محسوس نہ کریں۔

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