Advice about Hypospadias Repair in Children

Introduction

We expect your child to make a rapid recovery after his operation and to experience no serious problems. However, it is important that you should know what the surgery involves and what to expect after the operation. If, after reading this booklet, you have any questions, please feel free to ask the doctors or nursing staff caring for your child.

What is hypospadias and what causes it?

Hypospadias occurs in approximately 1 in every 300 boys. It is a congenital (present at birth) problem affecting a boy's penis. Hypospadias is when the meatus (the hole through which urine is passed) is on the underside of the penis and not at the tip. There are varying degrees of hypospadias, in the mild form the opening may be on the underside of the glans (the head of the penis), in more severe cases the opening can be anywhere along the shaft or in the scrotum. This is sometimes accompanied by chordee (downward curvature of the penis).

We do not know what causes hypospadias. More research is needed to learn more about the causes. It is unlikely to have been caused by anything that happened during pregnancy.

How is hypospadias treated?

Although hypospadias does not cause any immediate problems and is not life threatening, it means that weeing standing up may be difficult, and later on the curvature of the penis may be accentuated during erection and if severe can prevent normal sexual intercourse.

All of these problems should be corrected by the repair operation. Usually the surgeon is able to make these corrections in one operation, but if the hypospadias is below the glans, he may decide to correct it in two stages in separate operations 6 months apart.

What happens before the operation?

You will receive information about how to prepare your child for the operation in your admission letter. We will also invite you to a pre-assessment clinic appointment. This is an opportunity to make contact with a nurse who can complete the admission paperwork.

What does the operation involve?

It is carried out under a general anaesthetic. The aim of the operation is to reposition the urethra, so that your son will pass urine from the tip of his penis, release the chordee (straightening the penis) and usually a skin graft is taken from the foreskin to create part or the urethra.

Sometimes there is not enough skin on the penis for the surgeon to create the urethra. In these cases an initial operation to add extra skin to the penis using a skin graft would be needed. After six months the second operation would be carried out as above.

The different stages

The one stage operation

The all-in-one/Snodgrass repair - the defect is not severe and can be repaired in one operation.

The two stage operation

Stage one - the defect is more severe and the urethral tube is too short to repair in one operation. A skin graft is required to lengthen the urethra to the tip of the penis. The wound will look flat, it will remain like this allowing the skin graft to take.

Stage two - is six months after the first operation. This time allows the skin graft to have taken and connected itself as a living tissue to the surrounding blood supply and soften and settle. The urethra will be tubed and the penis closed in layers with stitches.

What happens after the operation?

Your child will recover from the anaesthetic and operation on the ward and will be able to eat and drink when he feels like it. When he comes back from theatre there will be a urinary catheter in situe draining urine into a collecting bag. The catheter usually stays in for seven days to allow the penis to heal. A large dressing will cover the penis. Local anaesthetic is also used so that your child should feel little discomfort for the first few hours following the operation.

How long will the hospital stay be?

With a one stage operation your child will normally be discharged 1-2 days after the operation. Occasionally and if the operation is more complex he may need to remain in hospital for one week, after which the catheter will be removed.

Discharge advice for children going home with catheter in situ

With a one stage repair your child will be discharged home with catheter in situe. This is so that urine does not come into contact with the operation site and cause irritation or extra pain and it also helps to protect the repair. If the dressing falls off before coming back into hospital don't worry.

The catheter needs to stay in place for one week to allow the wound to heal properly. In seven days your child will return to the ward for the dressing and catheter to be taken out.

For stage one operation your child will require a general anaesthetic to remove the dressing and the catheter, and will need to have nothing to eat for 6 hours before, or clear fluids 2 hours before the operation. After the operation he will need to pass urine before he can go home.

For a Snodgrass or second stage repair, the catheter will be removed in the bath as the warm water helps to soak off the dressing and encourages him to relax as the catheter is taken out. You will be able to stay with him throughout this time.

It is quite normal for your child to be uncomfortable after his surgery. Usually paracetamol will be enough to relieve any pain if you give it 4-6 hourly. If your child needs stronger medicine, we will give you some before you go home. If you feel your child needs stronger pain relief when you are at home, you should call your GP.

There is a small risk of infection, so your child will probably be given antibiotics at the time of the operation.

How to care for a catheter

It is important that the catheter is carefully looked after at home to prevent the tube becoming blocked or urinary infections from occuring.

It is important to keep the whole area very clean to reduce the risk of infection. Clean the area with simple warm water with no extra soap or bubble bath. Do not give your child a bath during the seven days when the catherter is in situe the catheter.

Keep an eye on the colour and smell of his urine. It should be clear or straw coloured with little or no smell.

If his urine becomes darker it is probably because he is not drinking enough fluids. Drinking lots is important as it helps flush out any bacteria that may have entered the catheter. It also prevents the catheter becoming blocked. Try to encourage him to drink as much as possible. Water or squash is ideal. If he is unwilling to drink, try ice lollies or adding extra fluids to his diet, e.g. cereals or milky puddings.

If you notice that his urine has become cloudy and smelly, then these could be signs that your child has a urine infection. Other signs to look for are a raised temperature and complaining of tummy ache. If he does develop any of these symptoms, encourage him to drink lots, give regular paracetamol for pain and temperature and contact your GP or Bramble ward for advice.

Occasionally you may notice that the urine becomes pink or red. This is usually caused by the catheter getting caught or pulled as he plays. This is a common problem that should resolve itself. We recommend that you keep your child as quiet and calm as possible and discourage him from rough active games. If it persists, contact the ward or GP.

The other possible cause is constipation. This puts pressure on the bladder which can make it sore and bleed. Try to increase his fluid, fruit and vegetable intake.

If you notice fresh blood on his dressing or the catheter falls out, or if it becomes blocked, please contact Bramble ward (Blue team) for further advice. You will probably be asked to come back to the ward to have the wound site checked.

If you notice fresh blood on his dressing or the catheter falls out, or if it becomes blocked, please contact Bramble Ward via the main hospital switchboard **01392 411611** for further advice.