



HYPOSPADIAS

Overview

Hypospadias (hi-poe-SPAY-dee-us) is an abnormality of the penis in which the opening of the urethra (the tube which drains urine during voiding) is located on the underside of the penis, instead of at the tip of the penis.

Hypospadias is a common birth defect. There is no additional care needed for infant boys diagnosed with hypospadias.

In hypospadias severity of the condition can vary. In most cases, the opening of the urethra is near the head of the penis. However, the opening can be located at various locations along the underside of the penis and occasionally may open at the base of the penis. Rarely, the opening is located in the scrotum or beneath the scrotum.

Types of Hypospadias



What problems can hypospadias cause?

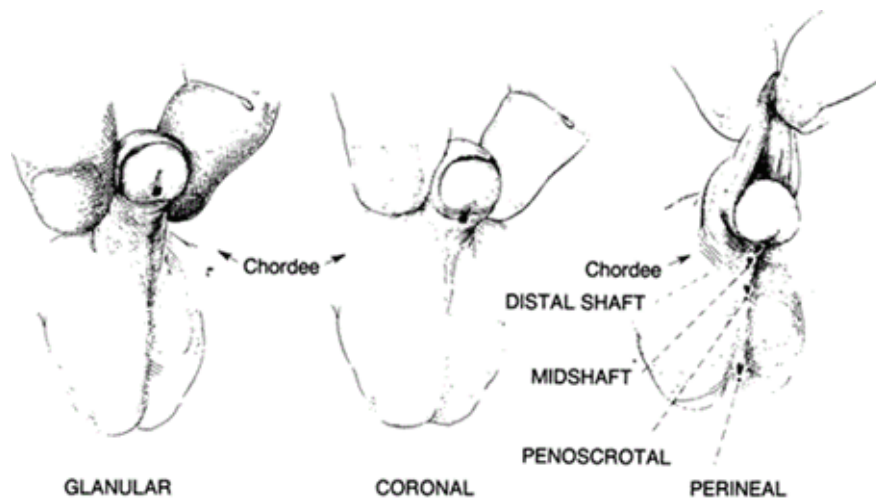
Problems are likely to occur if hypospadias is left untreated. The further back the opening of the urethra is, the more severe the problems are likely to be.

- Passing urine is different to normal. A baby in nappies will have no problem. However, when older, the urine stream may not be able to be directed forward into a urinal. When going to the toilet the urine is likely to 'spray' backwards. Sitting on a toilet may be needed to pass urine without mess.
- Chordee which causes bending of the penis. This is more noticeable when the penis is erect. Sexual intercourse may be difficult or impossible in severe cases.
- Psychological problems about being 'different' to normal are common.

Evaluation

If your infant son is diagnosed with hypospadias just after birth and while still in the hospital after birth, you will receive a referral to a pediatric urologist.

If your child's hypospadias was overlooked in the hospital or if you think your son has hypospadias, call your pediatrician. They will evaluate your child and if necessary, provide a referral to a pediatric urologist.



Are any tests needed?

The diagnosis is usually obvious from examining the penis. No other tests are routine. However, a small number of people with severe hypospadias (when the urethral opening is at the base of the scrotum) may have other abnormalities of the genitals. The appearance of severe hypospadias may be part of a rare 'intersex' syndrome. Therefore, tests of the chromosomes and scans of the genitals may be made to determine if it is part of a wider syndrome.

Note: these syndromes are rare and most boys with hypospadias are truly 'male' and have no other abnormalities.

Admission to hospital

Hypospadias surgery usually takes place when the child is aged between 6 and 18 months of age. Most children will be reviewed 7 days prior to admission in our 'pre-operative assessment clinic.' The purpose of the clinic is:

- To ensure you and your child are fully informed.
- To ensure your child's hospital stay is as straight forward and seamless as possible.

If your child has a cold, cough or illness such as chicken pox the operation will need to be postponed to avoid complications. Please telephone us to discuss, prior to coming to hospital. You will be asked to bring your son to our hospital, usually early in the morning on the day of surgery. Your son will not be able to eat and drink before the operation. Specific advice about this will be given on the day before your child's surgery when you telephone the ward to confirm bed availability. When you arrive you will be seen by the nursing staff plus a doctor and an anaesthetist (if not seen by these persons at the preoperative assessment clinic). A parent will be able to accompany your son when he goes to the anaesthetic room to go to sleep for his operation and also be present in the recovery area when he wakes.



Treatment

Some forms of hypospadias are very minor and do not require surgery.

No medicine will correct a chordee or hypospadias, and the child will not outgrow these conditions.

Surgery is required to reposition the urethral opening to the tip of the penis, if necessary straighten the shaft of the penis and correct or remove the dorsal hooded foreskin

During surgery, we use tissue from the foreskin, the penile shaft, the scrotum and rarely from the inside of the mouth to reconstruct the urethral channel and bring the opening to the tip of the penis. The surgery usually takes from one to four hours and is done while the child is under general anesthesia.

If the hypospadias is severe and the penis is severely curved (severe chordee), the repair may require more than one surgery.

It is best to do surgery between 6 and 18 months. The procedure can be at any age, including into adulthood.

In most cases, surgical repair results in a penis with a normal or near-normal function and appearance with no immediate or long-term problems.

In some cases, a hole (fistula) may develop between the skin and the new urethral channel. This can result in urine leakage and require an additional surgery for repair.

Sometimes the opening scars and becomes small (meatal stenosis) after repair resulting in urinary spraying. This requires a minor procedure for repair.

How do I care for my son's wound after surgery? How long will the healing take?

Hypospadias repair wounds do not require special attention to heal properly. While surgeon can choose from several types of bandages, he or she may not apply any at all. You will receive specific instructions regarding bandages and routine bathing.

If your son has a catheter, it may be left to drain into diapers, which can be changed as usual. If your son is older, it will be connected to a bag, which you will learn how to empty. Catheters are usually kept in place for five days to two weeks.

Wound healing from a hypospadias repair begins immediately, and lasts for many months. Early on there may be swelling and bruising, which improves over a few weeks. Sometimes the skin of the penis heals with an unsightly bump or there are complications.

Recommendations for additional surgery will not be made for at least six months, allowing the tissues to recover. Many slight imperfections will resolve during this time.



If my child still has problems after several operations, can his hypospadias still be repaired?

Yes. Fortunately, the majority of operations are successful the first time. Yet, a few children require re-operation because of complications. Most of them will have a good outcome the second time, while a few will have lingering problems leading to even more surgery. This small group of patients is sometimes referred to as "hypospadias cripples," implying that their problems cannot be fixed. While it is difficult to consider more surgery in these unusual circumstances, there are options available that offer hope for success. For example, scarring from prior operations can be removed and replaced with fresh tissue from other areas, most often from inside the cheek, to create a urinary channel and still achieve good cosmetic results.