

HYPOSPADIAS

Hypospadias is a condition in which the urethral meatus (the opening from which the urine passes) is not located at the tip of the penis. The meatus is located somewhere below where it should be. There are varying degrees of hypospadias. Hypospadias is classified according to the location of the meatal opening. The opening may be anywhere along the underside of the penis down to the scrotum. Hypospadias is congenital (present at birth) and occurs in approximately 1 in 250 male babies. There is no single known cause, but both environmental and genetic likely contribute to the development of hypospadias. Listed below are some common findings with hypospadias:

1. The meatus is below where the opening is normally located.
2. The skin on the underside of the penis is incomplete. This gives the appearance of a partially circumcised penis.
3. The urine stream may be deflected.
4. In some boys, a bend in the penis is present. This is called chordee.
5. In some boys, the penis may have a twisted appearance. This is called a penile torsion.

In most cases hypospadias is surgically corrected between the ages of 6 and 12 months. During this time, the risks of general anesthesia are low and the psychological stress of surgery is minimal. Surgery is usually done as an outpatient (surgery and discharge on the same day). The goals of surgery are to (1) straighten the penis, (2) move the urethral opening to the tip of the penis, (3) improve the appearance of the penis, and (4) complete the circumcision. The operation involves releasing the chordee (bend) if one is present, extending the length of the urethra and making a new opening (meatus) at the tip of the penis. Your child will be able to urinate (pee) in a standing position and direct the urine stream in the usual way. If the hypospadias is severe, the operation may be done in 2 stages. Surgery time varies depending on the degree of hypospadias and may range from one to five hours.

It is sometimes necessary for a course of male hormone (testosterone) injections to be given before surgery. If your child needs this treatment, your urologist will give you a prescription and the injection can be given in your pediatrician's office. The hormone treatment is used to increase the size of the penis and foreskin to make surgical correction easier.

RISKS/COMPLICATIONS

As with any surgical procedure, there are potential risks and complications. Below is a brief description of the potential risks and complications following surgery. The urologist will discuss this information in more detail.

Infection: Infection is a risk for any surgical procedure. If a tube is in place after surgery, an antibiotic will be prescribed. Signs of infections: fever, increased swelling or redness, drainage or pus at the incision.

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| Bleeding: | A dressing is applied around the penis to control the bleeding after surgery. A small amount of blood on the dressing is normal. |
| Fistula: | A urine leak from the newly formed urethra |
| Stenosis: | A narrowing of the newly formed urethra |
| Chordee: | A recurrent bend of the penis |

BEFORE SURGERY

When the decision is made to have the hypospadias surgically corrected, we will set up a surgery date. You will get information about the surgery, anesthesia information, and eating/drinking instructions before surgery. It is important to follow all instructions given to you during this appointment.

You can be with your child up until the time he goes to the operating room and will meet his anesthesiologist in the pre-operative area. The anesthesiologist will review the plan of care at that time and may talk to you about him having a "caudal block". A "caudal" is a technique used by the anesthesiologist to place a numbing medicine in the "caudal space" of the back after he is asleep in the operating room. This medicine will numb the surgical area for a few hours after surgery. The anesthesiologist will discuss this in further detail.

DURING SURGERY

One parent/legal guardian should remain in the waiting area until the operation is complete and you have spoken to the surgeon. If you need to leave the waiting area, please notify someone at the front desk in the waiting area. The Nurse Liaison will keep you updated of your child's progress in the operating room.

AFTER SURGERY

Your child will be transferred from the operating room to the PACU (Post-Anesthesia Care Unit). Once he is settled in the PACU, one or both parents can be with him until discharge. He stays in the PACU for at least 1 hour. He may still be groggy from the anesthesia. The nurse will monitor him while he is recovering. When he is awake enough to start taking fluids, the nurse will offer them slowly. You can advance his diet as he tolerates throughout the day. The PACU nurse will review discharge instructions and give you any prescriptions needed.

CARE AFTER THE SURGERY

DRESSING/WOUND CARE:

The penis and scrotum may look red and swollen. There will be a dressing (bandage) wrapped around the penis. It is not uncommon to see a little bloody drainage on or under the dressing. The dressing will be removed in 2-7 days in clinic if it has not fallen off by itself.

If a small tube (catheter or stent) is left in the penis it is secured by a small stitch. It will be removed in the clinic 2-14 days post-op. A stent is a small open tube that sticks out for a short distance (about ½ inch) beyond the tip of the penis. A catheter is longer. Not all boys having hypospadias surgery will require a catheter. Your urologist will let you know if a catheter or stent will be used.

If double diapering is required, this technique will be reviewed with you.

Clear yellow urine should drain from the tube. Occasionally, it may look pink. You may notice urine leaking around the tube. This is normal. Before the tube and/or dressing are removed, you can give his prescribed pain medicine about 1 hour prior to his appointment. When the dressing is removed, the penis may look red and swollen. The swelling can last for several months. Apply Bacitracin or Neosporin to the incision you receive with diaper changes until it is finished. Then use Vaseline for a total time up to a month to prevent chafing on the diaper. No tub baths until the dressing and tube (if present) is removed. If the dressing becomes soiled with stool (poop), carefully clean gently with mild soap and water. Call the urology office if you have any problem removing the dressing.

PAIN CONTROL

A caudal or local anesthetic (numbing medicine) will be given in the surgical area in the operating room. This will help with discomfort after surgery until he is able to take oral medicines. Tylenol or Tylenol with codeine can be used as directed for discomfort. If your child has a catheter or stent he may experience "bladder spasms". Ditropan is a prescription medication used to relax the bladder while the tube is in place. Give this medication as directed until the tube is removed. Also, a daily low dose antibiotic is given to prevent bladder infections while the catheter is in place.

ACTIVITY

Quiet activity the day of surgery. Your child will set his own limitations as he recovers. Riding toys, rough play and activities that could injure the surgical site should be avoided for 2 weeks. Return to day care or school when the dressing and/or tube are removed. For older children, no gym classes for 10-14 days.

WHEN TO CALL THE DOCTOR

- Bleeding at the surgical site that does not stop with gentle pressure.
- Pus or drainage at the surgical site.
- Temperature of 101F (38.5) or greater.
- If your child is unable to urinate. He should have wet diapers or voiding every 2-5 hours.
- If you notice urine coming from another site other than the tip of the penis or the tube.
- If the tube comes out.
- Pain not relieved by current pain medicine and usual comfort measures.
- Persistent nausea and vomiting. If vomiting occurs, stop everything for ½ to 1 hour and start slowly with clear liquids again. If nausea and vomiting continues call our office.

FOLLOW- UP APPOINTMENTS

Post operative follow up will be a clinic appointment for catheter removal and in 5-6 weeks. You may call the office at 303-839-7200 to schedule an appointment. Post-operative appointments may be made at any of the clinics. Dr. Chacko sees patients at Lafayette, Aurora, Denver and Colorado Springs.

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