

Information for Parents About Hypospadias

Hypospadias is the medical name used to describe a urine channel which ends under the tip of the penis. During pregnancy, the urine channel starts developing as a groove between two ridges. The ridges grow and fuse together on the under side of the penis to make a tube. This tube closes from behind the scrotum (the sac holding the testicles) out to the tip of the penis. As it forms, the tube leaves a little line on the skin which you can see on the scrotum and the penis. If the closing over of the tube stops before it reaches the end of the penis, hypospadias results.

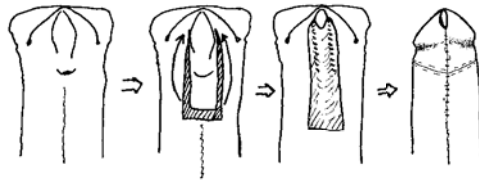
What causes hypospadias?

No one knows exactly what causes hypospadias, but we do know that it is not caused by anything either parent did during or before the pregnancy. Hypospadias can occur in some family lines. However, in most cases, it is not inherited.

How is hypospadias treated?

If the urine channel almost reached the end of the penis, we can usually move the opening out to the tip without actually making the channel longer.

If there is more than 1/4 inch between the end of the urine channel and the tip of the penis, or if the penis is curved or bent downward (a condition called chordee) the urine channel will need to be lengthened. This can be done by using some of the foreskin, some of the skin on the underside of the penis or skin from another area.



Are there any complications with this surgery?

There are potential complications with any medical treatment. In hypospadias surgery the most common complications are:

Fistula, leak point between the new urine channel and the skin of the penis. This would usually show up one to six weeks following surgery. The chance of a fistula depends on the type of surgery used. If a fistula develops a second, shorter surgery may be necessary. In the most severe case, a fistula could result in the opening up of the entire urine channel. Fortunately, this is very rare.

Stricture, a tight spot somewhere along the urine channel. This most often occurs at the tip of the penis or at the beginning of the new urine channel. The chance of a stricture developing depends on the type of surgery used. If a stricture develops a second, shorter surgery may be necessary.

Other less common complications could occur such as infection, bleeding, or skin rash.

Is the surgery safe?

Yes! Almost all boys with hypospadias can have their surgery as an outpatient. This means that the child comes in to the outpatient surgery center in the morning, has the surgery and is ready to go home by early afternoon. This surgery is performed under general anesthesia. Local anesthesia would be terrifying to a child and it also would make the surgery very difficult. Loyola has well-trained pediatric anesthesiologists who have had special training in the care of children. They use continuous oxygen, heart and blood pressure monitoring to make sure that the anesthesia is safe.

How is the surgery scheduled?

If your surgery date wasn't scheduled in the clinic, you should contact our secretary by e-mail at lbauman@luhs.org. She will arrange the surgery date. You may also contact her by telephone at 708/216-6266. After the surgery is scheduled you will receive a phone call from the Outpatient Surgery Office. They will ask you questions about your child's health, medication use and allergies. You will also be given instructions about the time you should arrive on the day of surgery and the time you should stop giving your child food and water.

What special care will my child need on the day of surgery?

In order for the surgery to be safe your child needs to have an empty stomach on the day of surgery. This means that he should have **nothing to eat or drink (including water) for several hours before surgery**. The anesthesia doctor will tell you more about this. **Your child should not take ibuprofen (Motrin, Advil, etc.) or aspirin within 7 days of the surgery.** It can increase the risk of bleeding complications. If your child has a cold, flu or fevers within one week of the surgery please call my office to reschedule. It would be unsafe to proceed with surgery if your child is ill.

Will my child require special care after surgery?

If your child requires any medication you will receive a prescription on the day of surgery. For most hypospadias repairs we use a pressure dressing which prevents bleeding and swelling. Your child can urinate through the open end of the dressing. You don't need to change this dressing. If your child is in a diaper, you will change the diaper the way you usually do using a second diaper may provide additional padding. If your child wears underpants he will need nothing between the dressing and the underwear. Sometimes a catheter, or tube, is left in the penis for several days after surgery. If your doctor decides that this is needed you will receive instructions on how to take care of it on the day of surgery. While the dressing and/or catheter is in place, your child should not have a bath or shower. You can give him a sponge bath. The dressing will be removed two to five days after the surgery. You will soak him in the tub for at least thirty minutes just before you come to the Pediatric Urology Clinic to have the dressing removed. This will loosen the dressing and make it easier to remove. You should also give him some pain medication about 30 minutes prior to his scheduled dressing removal.

When the dressing comes off you will see a lot of swelling and bruising. This is expected and nothing to be concerned about. The swelling and bruising will continue for several days following dressing removal. You will soak your son in the bath tub for ten minutes and put a small finger-tip-full of antibiotic ointment on the dissolving stitches twice a day for ten days after the dressing comes off. You should use a warm wet wash cloth rather than diaper wipes for three weeks following the surgery. You should expect to wait for at least four weeks after surgery before most of the swelling and redness is gone. The healing process takes up to eight weeks.

Is there anything I can do to prepare my child for surgery?

Infants do very well with surgery. Children who are old enough to talk are sometimes anxious if they don't know what will happen to them. You can ease this fear by talking about the upcoming surgery. Many local libraries have books or video tapes about going to the hospital or doctor's office. Children are often fearful of an unfamiliar environment. It may help to bring a favorite toy or blanket on the day of surgery.

Like children, parents also are sometimes anxious about the unknown. Don't hesitate to ask questions. We want you to have all of the information you need about your child's care. It may help to write down questions as you think about them. Bring them to the Outpatient Surgery Center and we will be happy to answer them.

For more information on this topic you are welcome to visit Dr. Hatch's web site: Genitourinary Development [www.meddean.luc.edu/lumen/meded/urology/guhome.htm]

For more information about Dr. Hatch please visit our web site [www.luhs.org/urology]

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Elmhurst 708/327-7030

Hickory Hills 708/233-5333

Homer Glen 708.645.3400

Oakbrook Terrace 630/953-6600

Wheaton 603.665.5995

Directions and maps available at www.luhs.org

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