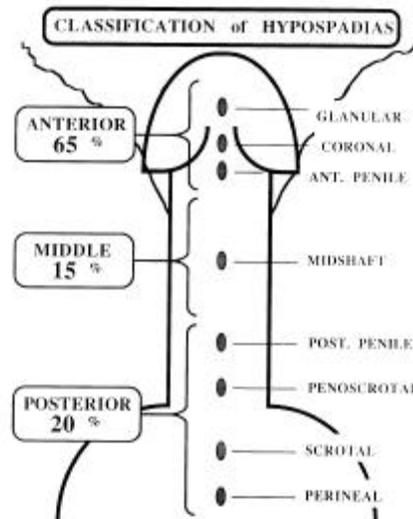


HYPOSPADIAS

What is hypospadias?

Hypospadias is a congenital abnormality of the penis that is characterized by an abnormal position of the urethral opening. Hypospadias appears in many forms. The urethral opening can be anywhere from the tip of the penis to the scrotum and sometimes as far back as the anus. The majority of cases occur with the opening near the head of the penis.



Hypospadias is associated with:

- Abnormal appearance of the glans penis (the head of the penis)
- Abnormal foreskin formation
- Downward bending of the penis

How common is hypospadias?

The rate of hypospadias appears to be increasing. In the United States, it is reported to be between 1 per 250 to 500 male births. There is a familial tendency with increased rates when fathers or brothers have a history of hypospadias.

What causes hypospadias?

In the vast majority of cases, the cause of hypospadias is unknown. Occasionally it is due to abnormal hormone action. Even more rare is an abnormality of the sexual chromosomes.

Does hypospadias need to be fixed?

Mild hypospadias is generally a cosmetic problem. Children with moderate or severe hypospadias may have functional problems. Boys may have difficulty with urination and be unable to urinate standing up. Children with moderate or severe hypospadias also may have some functional impairment with fertility. If your child also has curvature of the penis, this may affect his sexual function when he is older.

Children will not outgrow hypospadias and there are no medicines to fix it. Hypospadias has been repaired surgically for many years with high success. As in most surgery, especially for small children, hypospadias should be repaired by a specialist who does many repairs.

How is hypospadias repaired?

To bring the urethral opening to the head of the penis, a new urethral tube is created. This tube is made from local skin and/or foreskin. If your son is suspected to have bending of the penis, an artificial erection will be induced during surgery to determine if correction is necessary. Many absorbable sutures are used. These will dissolve and do not need to be removed.

After making a new urethral tube, quite often the surgeon will leave a drippy stent (catheter) in the penis. This acts as a mold or cast while the new tube heals. This drippy stent will drain the bladder so your son will not need to urinate. The drippy stent is usually removed five to ten days after surgery in the office.

What else do I need to know about the surgery?

Depending on the severity of the hypospadias, surgery is usually 1-3 hours in duration. The anesthesiologist will discuss anesthetic options. All children require general anesthesia for surgery. In addition we prefer to use a “caudal” anesthetic. This is similar to an epidural anesthetic, but no tubes are left in place. This will give your child up to 12 hours of regional pain control during and after the surgery. The risks of anesthesia are extremely small and will be explained to you by the anesthesiologist.

Most hypospadias repairs are done on an outpatient basis and rarely require hospitalization. Your child will spend one to two hours in the recovery room and then will be discharged home. Some families find it more convenient to spend the first night in a local hotel. In most cases, we do not recommend that a child return to preschool or out-of-home child-care for at least a week after surgery. This may require that a parent or guardian take off work for one week.

What are the possible complications of the surgery?

The most common complication from hypospadias surgery is the occurrence of a “fistula”. A fistula is an opening (hole) between the new urethral tube and the skin. The reported rate of fistula formation is 5-20%. The risk of a fistula forming depends upon the severity of your son’s hypospadias and whether he has undergone previous surgery. If your child develops a fistula after surgery, in most cases it is repaired in a second operation as an outpatient procedure.

Other complications of hypospadias surgery include complete disruption of the repair, hematoma (large blood clot) formation, proximal regression of the urethral opening, and urethral stricture (stenosis) formation.

What will my son’s penis look like after surgery?

Immediately after the surgery the penis will be very swollen and discolored. This will resolve over the next few weeks. The ultimate appearance of your son’s penis is dependent on the severity of hypospadias, whether he has had previous surgery, and the shape and size of his penis prior to surgery. Of note, your child’s penis will also dramatically change during puberty.