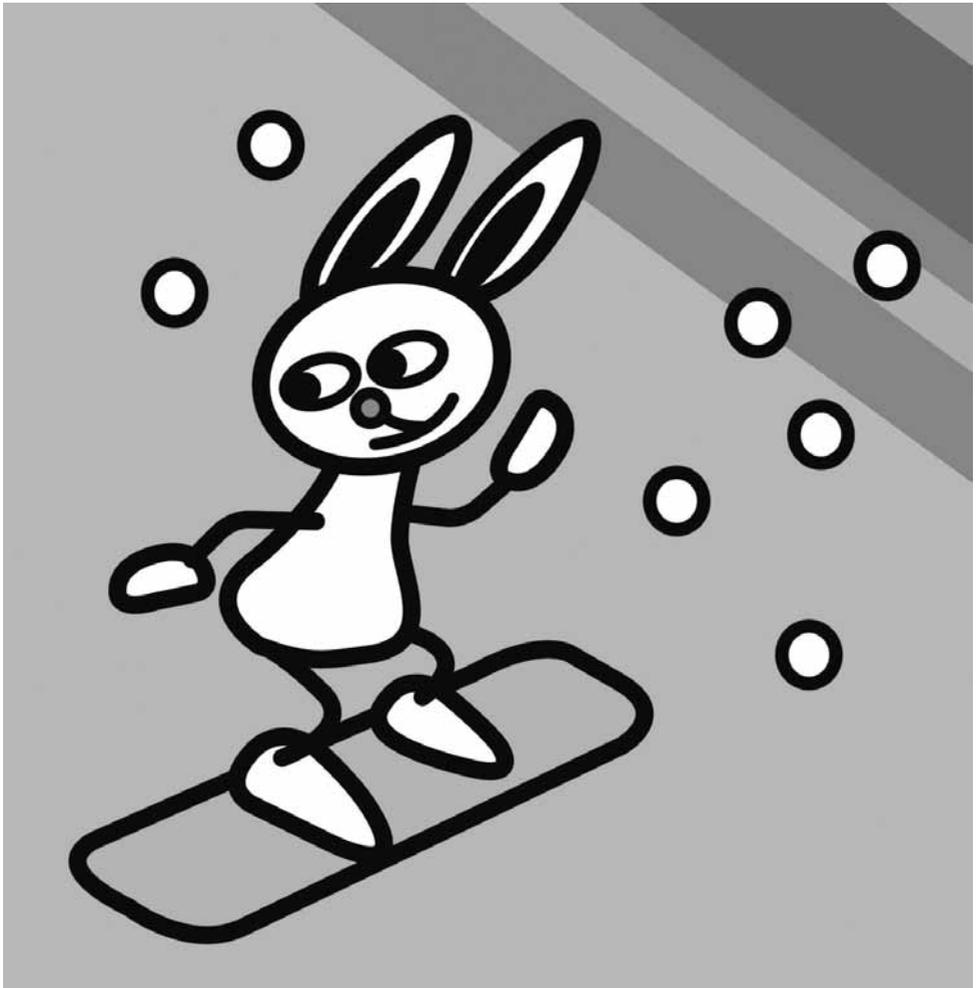


The Children's Hospital

# Treatment for Hypospadias

Information for parents



## What is hypospadias and what is the cause?

Hypospadias is a congenital (since birth) abnormality of a boy's penis. Hypospadias is present when:

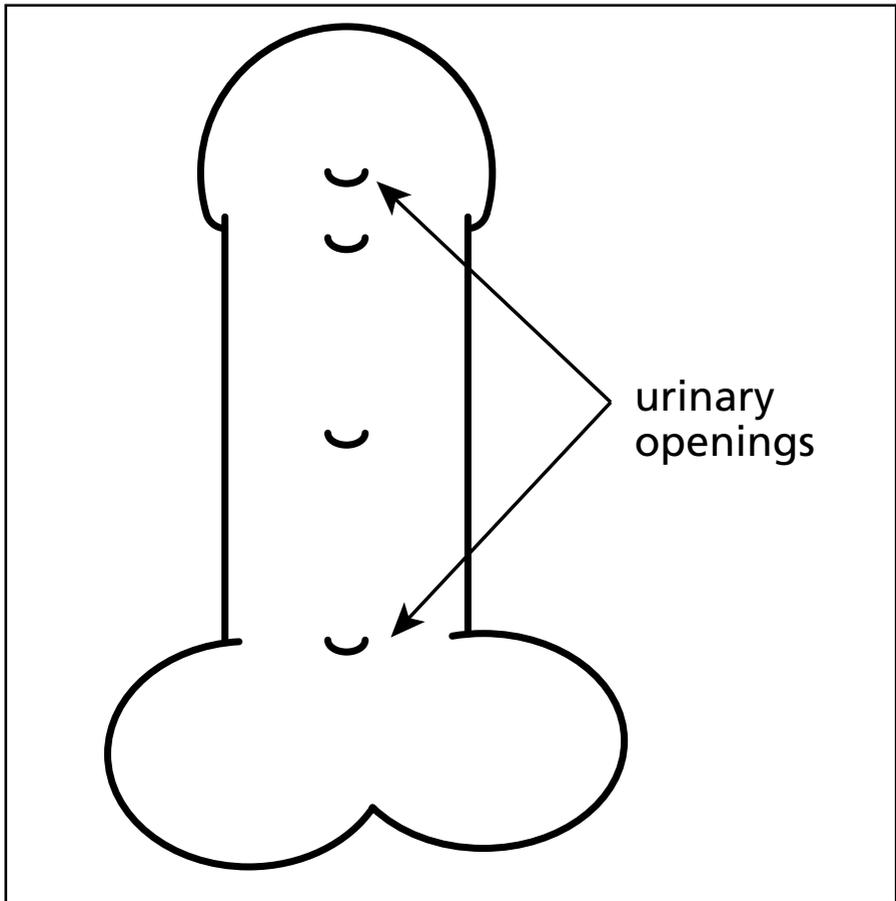
- the urine opening (the meatus) is not in the normal position at the top of the penis. Usually the foreskin is lacking in front of the penis.
- the penis may be bent or twisted during erection.
- the scrotum may be divided in two halves.

The position of the opening may be only a small distance away from the tip of the penis – where it is called distal or anterior hypospadias. In more severe cases it lies away from the tip at the base of the penis, at the scrotum, or even behind the scrotum – this is called proximal or posterior hypospadias.

Hypospadias affects roughly one in every 300 boys. The exact cause of this problem is not known in most cases. It is more common in some families and in premature babies. It is sometimes present in children with multiple congenital problems (syndrome). In most cases it is just a single isolated problem.

## How can we diagnose hypospadias?

Hypospadias can be simply diagnosed by clinical examination of the penis, its shape, and the site of the urine opening (meatus). This can happen during the early days when routine baby examination takes place, or a few months later during a regular baby check up. So treatment can be planned between the ages of 6 months to two years old. It is strongly recommended that babies with hypospadias are not circumcised as the foreskin is frequently needed during the operation.



## How is hypospadias treated?

Some hypospadias abnormalities are so minor that no treatment is needed. However, in most cases it is treated with surgery. The aim of the surgery is to bring the urine opening to the tip of the penis, and to correct any penile bending. This may include doing a circumcision at the same time. Treatment corrects the angle of the wee (urine) stream, allowing the child to urinate standing up in a normal way when he is older. It also allows pain free straight erections and improves the appearance.

## What happens before the operation?

You will receive information about how to prepare your child for the operation in your admission letter and our 'Welcome to the JR' booklet. We will also invite you to come to a

pre-assessment clinic. This is an outpatient appointment where you will be able to discuss the operation with the team before coming into hospital. Your child will also have various tests and investigations during this appointment. This avoids any delays on the day of the operation.

On the day of the operation, your child should not have anything to eat or drink before the operation, for the amount of time specified in your admission letter. It is important to follow these instructions, otherwise your child's operation may need to be delayed or even cancelled.

Your child's surgeon will visit you to explain the operation in more detail, discuss any worries you might have, and ask you to give permission for the operation by signing a consent form. An anaesthetist will also visit you to tell you about the anaesthetic and pain relief after the operation. If your child has any medical problems, such as allergies, please tell the doctors. Please also bring in any medicines your child is currently taking.

## What does the operation involve?

The operation is carried out under a general anaesthetic and lasts between one and three hours, depending on the severity of the hypospadias. The surgeon uses the skin on the penis to create a new tube, which lengthens the urethra so that a new hole can be created at the tip of the penis. Some severe cases need to have a repair in two stages.

## Are there any risks?

Every anaesthetic carries a risk of complications, but this risk is very small. Your child's anaesthetist is an experienced doctor who is trained to deal with any complications. After an anaesthetic some children may feel sick and vomit. They may have a headache, sore throat or feel dizzy. These side effects are usually short-lived and not severe.

Swelling and bruising to such a delicate part is to be expected and a supportive dressing is used to minimise this. Excess bleeding during or after the operation is rare. There is also a small risk of infection, and your son will be given antibiotics as a precaution.

For about one in ten boys, the original hole opens up again, so that your son passes urine through two holes. This can happen at any point after the operation, and will need to be fixed in an operation. Occasionally, the new hole at the tip of the penis becomes too small as it heals and your son will need another operation to make the hole larger.

## 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 soon afterwards, if he feels like it. When he comes back from the operating theatre, there will be thin, plastic tube (catheter) draining urine from your child's bladder and a large dressing covering the penis; usually these will both need to stay in place for one week.

The drainage tube can irritate the inside of the bladder, causing 'bladder spasm', but we can give your child some medicine to reduce this as well as pain relief medicine. You and your son will be able to go home the day after the operation.

## When you get home

It is quite normal for your child to feel uncomfortable for a day or two after the operation. Usually paracetamol (Calpol® or Disprol®) will be enough to relieve any pain if you give it every four to six hours for the next day. You do not need to wake your child during the night to give the medicine.

If your child needs stronger medicine, we will give you some before you go home. If, when you get home, you feel that your child needs more powerful pain relief medicines, you should call your GP. Please see the table in our pain relief advice leaflet and check with your nurse the medicines to give and when they should be given.

The nursing staff will explain how to look after the dressing and drainage tube before you go home. Baths and showers should be avoided until after the dressing and drainage tube are removed. If the dressing gets dirty during nappy changing, gently dab off any urine or faeces with a damp cloth. Putting your son in two nappies, one on top of the other will help to keep the dressing dry. It can also give valuable padding to the healing area and prevent accidental knocks.

You should call your GP or the ward if:

- Your child is in a lot of pain and pain relief does not seem to help
- There is any oozing from the wound
- The dressing falls off
- The amount of urine draining from the tube is less or stops
- The tube falls out
- After a few days, the wound site still looks red, swollen and feels hotter than the surrounding skin
- He develops a high temperature
- He is having trouble passing urine (peeing).

## What happens next?

You will need to come back to the hospital a few days after the operation so that the dressing and drainage tube can be removed. This can be painful, so on the morning you are coming in to have the dressing removed, give your son the maximum amount of pain relief according to the instructions on the bottle, but do not give any bladder spasm medicine. When the dressing has been removed, the penis will look red and swollen; this is normal and it will settle down within a few days.

The doctor will see you and your child for a check up about three months after the operation. We will send details of this appointment to you by post to your home address.

## How to contact us

If you have any questions or concerns about the information in this leaflet, you may telephone:

Tom's ward **(01865) 234108** or **234109**

## Further information

<http://www.patient.co.uk/health/Hypospadias.htm>

If you need an interpreter or need a document in another language, large print, Braille or audio version, please call **01865 221473** or email **PALSJR@orh.nhs.uk**

Khaled Ashour, Clinical Urology Fellow  
Approved by, Miss R Hitchcock, Consultant Paediatric Surgeon  
Version 1, June 2010  
Review June 2013  
Oxford Radcliffe Hospitals NHS Trust  
Oxford OX3 9DU  
[www.oxfordradcliffe.nhs.uk](http://www.oxfordradcliffe.nhs.uk)