

Surgery to correct your child's penis for hypospadias

Children's Hospital

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Information for Patients, Parents & Carers

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What is an hypospadias?

Hypospadias occurs in about 1 in 300 boys. The tube (urethra) which brings the pee (urine) from the bladder to the outside does not form properly at the end of the penis. It may open on the underside of the penis or between the penis and the sack which holds the testes (the scrotum). In most of the cases the skin that covers the tip of the penis (the foreskin) does not develop on the underside of the penis; but looks like a hood over the top of the penis.

In a large number of cases the penis bends (chordee) because the urethra is not well formed which results in the child passing urine in a downward or backwards direction. In later life it would make an erection and sexual intercourse difficult.

What can we do to help?

An operation to correct your child's hypospadias can be done after your child's 1st birthday usually between 12 to 18 months of age. If repaired at birth the operation would fail, this is why we need to wait until your child is older.

The operation can be done in stages if that is what is best for your child's condition. This is individual to the child and will be explained as your child is assessed. In mild cases, only 1 operation is necessary to bring the urethra onto the end of the penis.

In more severe cases, 2 operations will be needed.

1. To correct the bend in the penis another piece of skin may be used as a skin graft to cover the repair, if there is not enough skin at the base of the penis.
2. To make the urethra long enough to reach the end of the penis. If it is a difficult operation we will leave a gap of 6 to 9 months before the next stage of the operation.
3. Sometimes another small operation maybe needed if a further hole develops due to poor healing.

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The operation is carried out so that your child has a penis that looks and works in the same way as other people by the time he goes to playschool - around 3 years of age.

What does the operation involve?

The operation is done under a general anaesthetic. The operation will last between at least 1 hour but may be longer depending on how severe the hypospadias is. 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 top of the penis.

A thin plastic tube (catheter) will be fitted to drain the pee from your child's bladder and a large dressing will cover the penis. These usually need to stay in place for 7 to 10 days.

Are there any complications/risks that may occur?

- **Risk of infection.** We will give your child antibiotics until the dressing and catheter are removed. Having the antibiotics means that infections are very rare.
- **Bleeding** is normal and you may see some blood on the dressing but if the wound is bleeding so much that the dressing is becoming wet then the dressing will need to be changed at the hospital.
- **Poo** can go on the dressing: this is common but a waterproof dressing is applied so it can be wiped and we use double nappies (one for poo, one for pee) to help prevent the dressing becoming dirty. Again if the poo goes under the dressing or it is particularly bad then the dressing will need to be changed at the hospital.
- **Narrow pee opening (Meatal stenosis):** the new opening can narrow and need to be stretched under anaesthetic, this is rare but if it happens it usually happens years later and not in the first few months after the operation. If it happens it would make it difficult or possibly painful to pee.
- **A hole can form (fistula):** this is where a leakage of urine happens either from the original hole or anywhere along the stitch line. This is usually seen a few weeks after the catheter/ dressing is removed but can happen years after the operation (this is more common). This would possibly need another operation.
- **Breakdown of the repair:** this is usually due to infection which is why we give the antibiotics but even with the antibiotics, infection can still happen but is not common. If the head of the penis that was closed over the new opening re-opens (Glans dehiscence) spraying of urine may be seen. This is more common, the majority of the time the hole (meatus) is close to the tip. This can be fixed with surgery for cosmetic reasons but it may be possible to leave it as it is.
- **The pee hole can move down into the penis (Meatus retrusion):** the hole can pull down into the penis this is common with a severe hypospadias such as hole at the base of penis near scrotum (penoscrotal hypospadias), as the top part of the penis is usually narrow. This can be closed with a simple operation usually 6 to 9 months after the first operation.

- **The curve (chordee):** may reoccur and is common in more severe hypospadias. It is more likely to occur during puberty. This can be corrected as a day case surgery.

Will my child have a foreskin?

Hypospadias surgery can be done with or without forming the foreskin. Should you decide that you want your child to still have a foreskin this may be possible in the milder cases and where there is no bend (chordee).

After the operation

When your child returns to the ward the nurse will check his pulse and breathing to make sure he has recovered from his anaesthetic.

He should be able to drink and eat as soon as he returns to the ward and can have whatever he feels like. This will be regularly assessed and if he is struggling then we may need to give fluids into the thin plastic tube (cannula) that we will have put in his hand, arm or foot.

He will be given regular pain relief and will have also had a local anaesthetic block in theatre to keep him comfortable; but if you feel he is still in pain then please let your nurse know and we can assess if he can have more pain relief.

Passing urine

Your child is likely to have a catheter (a thin plastic tube from the bladder along the urethra to the outside). This is to prevent pee getting on the stitch line. The catheter will have to stay in for up to 7 to 10 days depending on the operation. Your child will have a dressing around the penis which protects and helps to reduce the swelling, this will stay on as long as the catheter is in. As your child has a catheter he may get some bladder spasm. We will give medication to prevent this as well.

Your nurse will regularly empty the catheter bag or change the nappy and monitor how much he is eating and drinking, he will also have antibiotics to prevent a urinary infection.

Your child will probably need to go home with a catheter. The nurse will teach you how to care for him while he has it. Please do not worry, there is no pressure to go home until you are happy.

When you go home

In the majority of cases your child can go home the same day, if there are any complications they may need to stay overnight.

The following advice will help you care for your child at home.

- Your child will be more comfortable in loose fitting trousers, for example– tracksuit or pyjama trousers.

- Local anaesthetic will reduce your child's pain for up to 8 hours. We advise that you give him pain relief for the first 24 to 48 hours. On discharge we will discuss pain relief that can be given and what doses to give.
- Bike riding and energetic play should be avoided for 1 week. Children will work out their own boundaries and general play is fine if they feel able to.
- The catheter and dressing needs to be kept dry so no baths.

Looking after the catheter

1. Ensure it is well taped to the leg with no kinks or twists and so it does not pull when he moves his leg.
2. Ensure your child drinks plenty to keep the catheter flushed
3. Empty the bag or change nappy regularly.
4. Ensure the area around the dressing is kept clean and dry, if dirty with poo, please visit the hospital to have the dressing removed.

When to contact the hospital

If any of the following occur please contact the hospital where your child had the operation:

- Urine leaks from around the catheter
- Urine stops flowing into the bag
- Urine looks cloudy or blood stained or smells nasty
- The catheter comes out or dressing is falling off
- Your child develops a high temperature, starts being sick (vomiting) or is generally unwell
- You are concerned or need advice

Please do not hesitate to contact ward 10 **(0116) 2585362** this operation is specialist and your GP or local hospital will be unlikely to be able to give advice.

What happens next?

- The catheter and dressing will be removed 7 to 10 days after your child's operation either on children's day care level 4 Windsor building ward 28 or if you are out of area we may be able to arrange for the community nurses to come and do it for you at home.
- The penis will still look red and swollen which is perfectly normal and may last for several weeks.
- If this was the first operation you will probably notice that your child still does not pass urine straight. Do not worry as the second operation, if needed, will correct this.

- You will receive another appointment to be seen in the outpatients department.
- You can continue to give paracetamol for pain if your child needs it. If your child has difficulty peeing, sitting in a warm bath often helps. Also make sure your child continues to drink plenty.
- If the wound starts to discharge pus, becomes red and angry looking or your child develops a high temperature contact the ward.

Contact details

Ward 10, Level 4, Balmoral Building, Leicester Royal Infirmary, Leicester LE1 5WW

Tel: 0116 258 5362

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