

Surgery For Hypospadias



Urology Department

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Some information for caring for your son

What is Hypospadias?

The urethra is a tube that carries pee (urine) from the bladder to the tip of the penis. Hypospadias is when the urethra is too short and opens on the underside of the penis instead of the tip. The penis may also curve downwards. This is caused by a thickening of tissue in the penis. This thickening is called a “chordee”.



For more information on hypospadias and chordee, visit About Kids Health (www.aboutkidshealth.ca). You can find it under “H” in the Health A-Z directory. Or, click: How the Body Works → Sex Development → Hypospadias

1 out of every 350 boys is born with hypospadias. The cause of hypospadias is not fully understood. We know that hypospadias happens more often in some families than others but do not know what causes it to happen in those families.

How Is Hypospadias Corrected?

Hypospadias is corrected with surgery. There are 2 types of surgery to correct hypospadias. Your son’s surgeon will discuss with you the type of surgery selected.

1. **Mild hypospadias: urethra is long enough.**

The surgeon moves the opening of the urethra (the meatus) from the underside of the penis to the tip of the penis. If the penis curves downwards because of a thickening of tissue (chordee), the surgeon cuts through the tight band of tissue to straighten the penis.

2. **Severe hypospadias: urethra is too short.**

The surgeon removes the skin covering the end of the penis (foreskin). This is called a circumcision. The surgeon then uses the foreskin to lengthen the urethra, creating an opening at the tip of the penis.

The surgery does not change your son’s penis size, sexual feeling, sexual function, or the ability to father children.

During the surgery, a small, silicone tube (stent) may be placed directly inside the urethra to hold the urethra open. This allows urine to drain. The stent is held in place by 2 small stitches. The stitches will dissolve and do not need to be removed. A bandage or dressing is then placed around your son’s penis to prevent bleeding after the surgery. The bandage or dressing is made up of 2 or 3 parts:

- ▶ Inner part: a clear, soft sticky dressing known as the Tegaderm.
- ▶ Middle part: a brown coloured wrap known as the Coban.
- ▶ Outer part: adhesive tape surrounding the dressing.

After the surgery, your son’s penis will look similar to a regular circumcised penis. He will also be able to pee without spraying. Hypospadias repair does not stop your son from being able to toilet train.

What Can I Expect After Surgery?

Most children go home the same day as the surgery. Your son may be tired, cranky, and will probably sleep most of the day.

After the surgery, it is normal to see:

- ▶ A swollen and bruised penis. The swelling will go down very slowly and the bruising will change colour from purple to pale yellow. It will take at least 2 months for your son’s penis to look like a regular circumcised penis.
- ▶ A small amount of blood and light pink coloured pee in your son’s diaper or underwear.
- ▶ The end of the stent sticking out of the tip of your son’s penis. Do not pull the stent out of your son’s penis. If your son has a stent, it is more likely you will see blood in your son’s diaper or underwear. The stent may fall out of your son’s urethra when peeing. Don’t push the stent back in.
- ▶ A small amount of blood from the 2 small stitches holding the stent in place. These will bleed if your son bumps his penis.

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How Do I Care For My Son After Surgery?

1. Helping Your Son's Pain

Your son will have some pain for the first few days after surgery. Your son's surgeon will recommend pain medicine and dosage (amount) that is best for your son's recovery. The more comfortable your child is, the easier it is for the body to heal.

If your son has a stent in place, he may feel cramps in his bladder. Your son may feel this as a pain that comes and goes, lasting for a few minutes each time it happens. He may grab his penis or his back when he feels this pain. Your son's surgeon may recommend a medicine to help stop these cramps or spasms. This medicine is called Ditropan or Oxybutnin. When the stent is taken out your son's penis, your son does not need to take this medicine anymore.

Your son may also feel some burning when he pees. Putting him in a bathtub of warm water for a short time (5 to 10 minutes) may ease the burning and help the urine flow. Have your son to drink a lot of fluids. This will dilute his urine, ease the burning feeling, and help him pee more comfortably. If he will not drink enough fluids, encourage him to suck on ice chips or popsicles.

The pain and bladder spasm medicine can make your son's poo hard. Drinking lots of fluid, eating whole grain breads and fruit prevents your son's poo from hardening. If your son finds it difficult to poo, you can give him a children's glycerin suppository. You can buy this at the pharmacy. Ask your son's nurse how to give the suppository if you have not done it before.

Other things you can do to help ease your son's pain include:

- ▶ Putting 1 extra diaper on your son.
- ▶ Avoiding riding activities that may hurt your son's penis (e.g. bike riding, horseback riding) for 3 to 4 weeks.
- ▶ Taking away ride-on toys (e.g. toy cars, bikes).

2. Preventing Infection

To prevent infection, take all parts of the dressing off 24 hours after your son's surgery, unless otherwise discussed with your son's surgeon.

You may want to remove the adhesive tape and brown wrap (Coban) off before your son has a bath. It is easier to take this wrap off when it is not wet. The clear part of the dressing (Tegaderm)

may fall off after you start soaking your son in the bathtub. If not, gently remove the dressing while it is wet.

For the first 2 weeks after surgery, soak your son in the bathtub 2 times a day for no more than 5 to 10 minutes. Do not put soap directly on your son's penis.

Your son's urologist or urology nurse will suggest you get some antibiotic ointment. This can be purchased over the counter at your local pharmacy. Put the antibiotic ointment on your son's penis with every diaper change and after every bath. You may also put Vaseline on the inside of the diaper so your son's penis does not stick to the diaper.

Your son's surgeon may also recommend antibiotics. Keep giving your son the antibiotics until they are gone.

3. Doing Other Things That Help

If your son has a stent put in during surgery, he will follow-up with the Urology Clinic 4 to 6 days after surgery. The urology nurse will remove the stent at this visit. You can give your child pain medication 1 hour before the clinic visit.

Pulling out the stent may irritate the urethra, which may result in your son feeling burning when he pees. This feeling will go away in 1 to 2 days. Drinking more fluids may help prevent the burning sensation.

If no stent was put in, your son will follow-up with his surgeon 6 to 8 weeks after surgery.



To book your son's follow-up appointment, call the Urology Clinic at: 604-875-2734.

Who Do I Call in Case of Emergency?



Call your son's surgeon's office or the Urology Clinic nurse clinician at 604 -875 -2889 if your son has:

- ▶ Bright red blood in his urine.
- ▶ Bad smelling urine.
- ▶ Green discharge from his stitches or penis.
- ▶ A stent that falls out.
- ▶ Redness that is spreading on the skin.
- ▶ A fever (38.5 degrees Celsius or 100 degrees Fahrenheit or higher).