

## What is Hypospadias?

Hypospadias is a condition in which the urethra (the tube which carries urine from the bladder) is too short and opens on the underside of the penis instead of at its tip. In the more severe cases, the urethra is very short and the opening is right at the base of the penis. Often there is a thickening of tissue in the penis that causes it to curve downwards. This is called “chordee”.

You can expect your child to toilet train in the usual way and the usual time after a successful hypospadias repair. As well, there is no difference in penis size, sexual sensation, sexual function, and fertility following the surgery.

Hypospadias occurs in about one out of every 350 newborn boys. There is no single known cause of hypospadias. But, several studies show that it occurs more often in some families than others.

## How is Hypospadias corrected?

Hypospadias is repaired with surgery.

## Goals of surgery:

- to bring the meatus (the opening of the urethra) to the tip of the penis
- to straighten the penis if chordee is present
- to enable a boy to urinate without spraying
- to make the penis look normal

There are several surgical ways to achieve these goals.

In mild cases, the urethra is long enough. The surgeon repositions the urethra so it opens at the tip. In more severe cases, the surgeon needs to lengthen the urethra. He circumcises the penis and uses the foreskin for the repair.

To correct the “chordee”, the surgeon cuts through the tight band of tissue. This corrects the downward bend of the penis.

The surgeon will plan the type of surgery best suited to correct your child’s problem. He will discuss his plan with you in the Urology Clinic.

## What can you expect after surgery?

Most children go home on the same day after surgery.

They will be tired, cranky and probably sleep most of the day.

Your child will have some pain for the first few days after surgery. The doctor will prescribe medication to manage the pain. Give the medicine in the correct dose as often as suggested. The more comfortable your child is, the easier it is for the body to heal.

There will be small stitches around the penis. These may bleed a little especially if he bumps his penis. The stitches will dissolve so there is not need to have them removed.

Your child may have a “stent” in place. You will see the end of the stent sticking out of the tip of your child’s penis. A stent is a small, clear, silicone tube inserted through the urethra into the bladder. It holds the urethra open and allows urine to drain while healing takes place. The stent is held in place by two small stitches.

It is normal to see a small amount of blood in your child’s diaper/ underwear after surgery especially if they have a stent in place. The stent often irritates the tissue of the bladder and urethra.

The penis will be very swollen and bruised after surgery. The swelling will very slowly go down. The

bruising will change colour from purple to pale yellow. It will take at least 2 months for the penis to look normal again.

It will take many weeks before the “spraying” becomes a normal urine stream.

## Caring for your son after surgery.

Your son may not urinate for 10-12 hours after surgery due to the anesthetic and the fear of pain. Urinating will hurt - it will feel like burning. You can help the urine flow by putting him in a bathtub of warm water and leaving the tap running. Do this on the night of surgery. It is OK to get the stent wet. The warm water will ease the burning and help the flow.

We recommend that your child soak in the bathtub at least twice a day for a couple of weeks after surgery. It eases the burning and prevents crusting around the stitches.

There will usually be a light dressing around the penis. Your surgeon will explain how to care for the dressing. If it has come off by the time you reach home, leave it off. If it does not come off within a couple of days, gently remove it in the bathtub.

You can put a small amount of antibiotic ointment (obtain over the counter at the drugstore) on your child's penis. This will prevent the penis from sticking to his diaper/underwear and provide some protection from infection. If the penis is too tender to touch, smear a patch of petroleum jelly on his diaper/underwear to prevent the penis from sticking.

Encourage your child to drink lots. It eases the burning. Children will often suck on ice chips or popsicles when they won't drink. Lots of fluid also helps prevent constipation, which is a side effect of pain medication.

The stent may irritate the bladder and causes "bladder spasms/cramps". Your surgeon can give medicine that stops the bladder spasms. Once the stent has been removed the spasms stop and the medicine is no longer needed.

Sometimes the stent comes out of the urethra with pressure from urination. Never pull the tube out or push it back. Call your surgeon's office during normal office hours to arrange for him to remove the stent in the clinic.

Normally the surgeon will remove the stent in the Urology Clinic after 5-7 days. Children find this

stressful. You can give your child pain medication an hours before the clinic visit. Pulling out the stent may irritate the urethra again so that there is burning with urination. This goes away in a day or two.

For 3-4 weeks protect the penis from rough and tumble or riding activities that might hurt.

### **Call the surgeon's office or the nurse clinician if:**

- urine has bright red blood
- urine has a bad smell
- there is green discharge from the stitches or penis
- stent falls out

### **Follow-up.**

Your surgeon will want to see your child, in the Urology Clinic, six to eight weeks after surgery.

Please call **875-2734** as soon as possible to book an appointment.

If you have any concerns call the Nurse Clinician at **875-2889**.

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# Surgery for Hypospadias



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