

Management of Hypospadias in Children

小兒尿道下裂的治療

Introduction

Hypospadias is a congenital condition affecting a boy's penis. It affects 1 in 300 boys. The urethra (the tube that carries urine from the bladder to outside) is short and ends on the underside of the penis instead of the tip of the penis. This may be associated with a curvature of the penis (Chordee). There are different types of hypospadias. Although a very distal (mild) hypospadias may not require surgery, the vast majority do require an operation. Depending on the position of the opening, the boy may not be able to urinate standing up. The time of surgery is individualized. However, the intention is to have the operation before they start school.

Aim of operation

A hypospadias repair corrects both the chordee and moves the urethra to the tip of the penis so that the boy has a straight penis and a urethral opening as forward as possible for urination and sexual intercourse. After the operation, the penis will look like a normal circumcised penis. Depending on the severity, surgical correction may be performed in one or two stages. The reconstruction of the new urethra will usually involve the foreskin, so it is important that the boy is not circumcised after birth.

Preparing for the operation

In children, the operation has to be done under general anaesthesia. The child should not eat or drink beforehand for the time specified by the anaesthetists and surgeons. It is important to follow these instructions strictly. Otherwise the operation may need to be postponed or even cancelled. The surgeon will explain the operation including the risks in detail and a consent form will be signed. Parents have to make sure that they fully understand the explanation before the consent form is signed. An anaesthetist will also see the child and explain the anaesthetic procedure and its potential risk in detail. If the child has any medical problems such as allergies, please inform the doctors.

What operation will be needed?

The operation needed will depend on how far down the shaft of the penis the urethra is. The following are names of different types of hypospadias surgery that can be carried out:

- One stage repair
- Two stage repair (for the boy with a urethral opening nearer the scrotum than the tip of the penis. This procedure takes place in two stages, six months apart.)

Post operative care

The child will have a thin, plastic tube (catheter) fitted which allows urine to drain from his bladder, often just into his nappy, and a large dressing covering his penis. Both of these need to stay in place from a few days to up to 2 weeks depending on the type of

repair and the recovery. Consult the doctors or nurses for the care. The child may resume a normal diet a few hours after the operation. A painkiller such as paracetamol may be used. Normal ambulation is encouraged though vigorous exercises shall be avoided during the early postoperative period. The catheter can sometimes irritate the bladder, causing it to spasm, i.e. the muscles in his bladder suddenly tighten and contract. Usually, you will be given anti-spasm medicine. The condition of the wound shall be reviewed regularly. The dressing and the urethral catheter shall be removed in due course. The child shall be discharged from the hospital as appropriate and shall come back for follow-ups.

Risks & Complications

- Bleeding - presenting as haematuria (blood in urine) or bleeding from wound
 - Minor bleeding generally stops by itself
- Infection
- Meatal stenosis (narrowed opening)
- Urethral stricture (narrowing of new urethra)
- Breakdown of repair
- Residual chordee (curvature)
- Urethral fistula (leakage)

These conditions may need additional operations to correct.

Remarks

This is general information only and the list of complications is not exhaustive. Other unforeseen complications may occasionally occur. In special patient groups, the actual risk may be different. For further information, please contact your doctor.