

Pediatric Urology Associates, Ltd.

& Pediatric Enuresis Center of Arizona

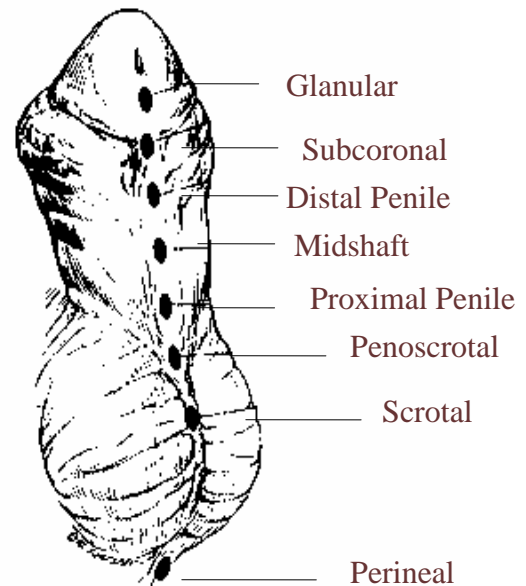
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HYPOSPADIAS

Hypospadias is a birth defect found in boys in which the urethral opening is not at the tip of the penis. Although a genetic factor exists in the development of hypospadias, no single cause has been identified. Bending of the penis on erection may be associated with this and is known as **chordee**. The overall incidence of hypospadias is about 8.2 in every 1,000 male births. There is some family risk of hypospadias. When we see a boy with hypospadias there is a 15% chance of finding this in another family member such as father or a brother.

There are different degrees of hypospadias, some minor and others more severe. In most children, the opening of the urethra is near the end of the penis. We name the types of hypospadias according to their anatomic location, but it is necessary to determine whether or not there is associated chordee. The degree of curvature is most important in determining the type of surgery needed and if the surgery can be completed in one operation.



Some children may have chordee without hypospadias. The urethral opening in these patients is in the normal location.

Reasons for Repair

Surgical correction of hypospadias involves straightening of any chordee and then extension of the urinary tube (**urethra**) out to the tip of the penis (the glans). A straight penis is necessary for satisfactory sexual function. Although this may not seem to be an important matter in childhood, this is a crucial concern later in life.

Surgical Correction of Hypospadias and Chordee

There are many operations used for treatment of hypospadias. Fortunately, the techniques have improved dramatically decreasing the number of operations needed to correct this condition. When the operation is completed, any extra skin is removed so the child will look circumcised. We recommend that the children have surgery to correct hypospadias at about six to eight months of age. Although we try and correct most children with one operation, some of the more severe cases are best managed with two surgeries. A small number of patients may also require a second surgical procedure to manage complications of the surgery. If that is necessary, the second operation is delayed for 6 to 12 months. By performing the first operation early in life then both operations can be completed before the child completes toilet training.

Repair of hypospadias is performed on an outpatient basis under general anesthesia. Depending upon the severity of the hypospadias, some children will need to go home with a catheter that drains urine from the bladder and allows the new urethra to heal. This tube will be left in place for one to two weeks. This will drain into the baby's diaper until it is removed. We also leave a bandage on the penis. Due to the nature of the surgery, there can be considerable swelling and discoloration of the penis for a period of time after the surgical repair.

Complications

Infection of the skin and urine can occur.

Bladder spasms are usually due to indwelling catheters. Medications help but do not eliminate spasms.

Fistula is another risk. This is a leak of urine from somewhere along the new urethra. This risk is minimal in simple repairs, but may occur in 10% of the more extensive operations. Fistulas are usually easily repaired with an outpatient surgical procedure, although this is done no sooner than 6 to 12 months from the time of the original operation.

Stricture or stenosis consists of narrowing due to scar tissue where the new urethra joins the native urethra or at the new opening on the end of the penis.