

Follow-up

Most complications will become apparent in the first few months following surgery. It is important to follow-up with your child's physician to ensure that no further surgeries are required. Length of follow up will depend upon your physician and the type of your child's hypospadias. In the long term children born with hypospadias can have normal urinating habits and have normal sexual function with no impact on the ability to have a child.

Patient Education Websites

American Urology Association:

<http://www.urologyhealth.org/urology/index.cfm?article=130&display=1>

Toronto Sick Kids:

<http://www.aboutkidshealth.ca/En/HealthAZ/ConditionsandDiseases/GenitalandReproductiveDisorders/Pages/HypospadiasHome.aspx>

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Hypospadias

Hypospadias: a common paediatric condition.



What is Hypospadias?

Hypospadias is a common penile condition which occurs in 1 in 250 male babies.

The penis may have one or more of the following features:

1. Penile opening on the underside of the shaft
2. Uneven foreskin
3. Bend of the penis (chordee) usually downwards with erections

What causes hypospadias?

Hypospadias generally occurs by chance. There is nothing that can be done to prevent this during pregnancy. It can be seen in family members; however, having one child with hypospadias does not mean that the next child will have hypospadias.

Environmental factors have been associated with hypospadias however nothing has been consistently found.

Associated Problems

The two primary functions of the penis are to allow a male to urinate and to allow semen to get a partner pregnant during intercourse. With mild hypospadias these functions can still be performed and the decision to surgically correct hypospadias relates to altering the appearance.

With more severe hypospadias, surgery may be necessary to allow normal function. No matter what degree of hypospadias, the penile sensation is normal.

Hypospadias often occurs on its own and does not mean there are any other medical problems. When hypospadias is identified as the only medical problem, no further tests are required.

Treatment

Mild cases of hypospadias may not require surgery however; definitive correction of hypospadias requires surgery. This is often done between 6 and 18 months of age due to quick recovery and lack of long term memories; however, it can be done at any age.

In severe cases of hypospadias, physicians may discuss preoperative hormones (testosterone) to enlarge the penis. There are many types of hypospadias repairs however all require a full anesthetic where your child goes to sleep with a breathing tube in place. The surgery may take a few hours. After the surgery your child may be left with a tube coming out of the urinating channel which will be left in place for 2-14 days to allow the repair to heal. There may be a dressing on the penis as well which is removed within the first few days after surgery. Your child may have to take antibiotics and bladder spasm medications following the procedure.

In severe hypospadias, multiple surgeries may be required.

After the surgery your child's penis will look very bruised and swollen. It can take quite a few weeks for the penis to look normal.

Hypospadias surgery generally results in a good outcome. Children may however require more surgeries for complications. Complications can occur in 10% of children with mild hypospadias and up to 50% of those with severe hypospadias. Complications can include fistulas, stricture and opening of the wound. A fistula is a separate hole from the urinating channel to the skin. It can form anywhere along the surgery line and is noticed as your child urinates. Parents may notice that there are 2 or more streams.

A stricture is a narrowing of the new urinating channel. Parents or children may notice that the stream has changed and become like a laser beam. An opening of the wound can occur along the shaft which often heals on its own. If the wound in the head of the penis opens the appearance may look similar to the preoperative appearance. This may require a repeat surgery.