

# Hypospadias

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## What is hypospadias?

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

Anatomic features which may be seen:

1. Pee hole on the underside of the shaft of the penis
2. Incompletely developed foreskin
3. Curvature of the penis (chordee)

## What causes hypospadias?

Hypospadias occurs randomly. There is nothing that can be done to prevent this during pregnancy. There is a small familial component; however, having one child with hypospadias doesn't mean that the next sibling will have hypospadias.

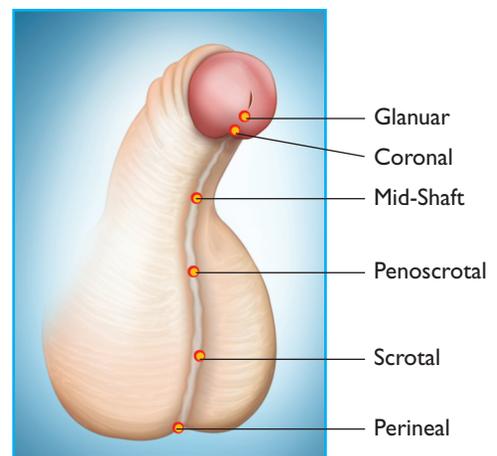


Figure 1. Hypospadias

## Associated problems

The two primary functions of the penis are to allow a male to stand to urinate and to expel semen adequately to impregnate a partner 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 still be needed to make sure everything functions normally. No matter what degree of hypospadias, the penile sensation is normal.

Hypospadias often occurs on its own and doesn't mean there are any other medical problems. When hypospadias is identified as the only medical problem, no further investigations are required.

## What is the treatment?

Treatment of hypospadias requires surgical correction.

Surgery 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, your doctor may discuss preoperative testosterone to enlarge the penis. There are many types of hypospadias repairs; 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 allows the repair to heal. There may or may not be a dressing on the penis as well. Your child may have to take antibiotics and bladder spasm medications after the procedure. In severe hypospadias, a two-stage procedure may be planned.

The results of hypospadias surgery are generally good. Children may however need 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 two 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.

## Follow-up

Most complications will become apparent in the first few months after surgery. It is important to follow-up with your child's doctor to make sure that no other surgeries are needed.

Length of follow-up will depend on your doctor and the degree 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 fertility.