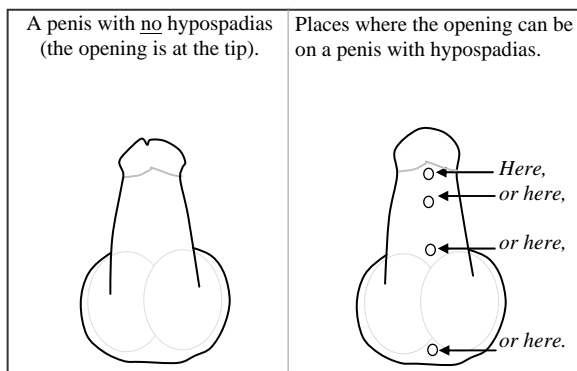


Hypospadias

What is hypospadias?

Hypospadias is one of the most common conditions in the United States. It occurs in 1 in 250 newborns. Hypospadias has increased over the last 10 years.

Hypospadias occurs when the opening (meatus) of the penis is not at the very tip, but somewhere along the underside.



Why is hypospadias a problem?

If the hole is on the underside of the penis, the urine stream is hard to control. Hypospadias can also cause problems with fertility later in life. The hole needs to be at the tip of the penis to deposit sperm during sex. Also, some boys with hypospadias have a bent penis (chordee) when they have an erection (stiff, hard penis). Chordee makes intercourse awkward, if not impossible.

What can be done about it?

Hypospadias should be repaired with surgery. Taking medicine won't help, and the problem won't get better by itself. Surgery is done to move the hole. If your son's penis is also bent,

the surgery will repair his penis so it won't have a bend in it.

What is the best age for my son to have this surgery?

In most cases, hypospadias is repaired between 6 and 18 months of age. Surgery is most preferred between this age range because your baby's heart and lungs have matured and his penis is a good size for surgery.

What if we wait to have surgery?

Psychological studies have shown that surgery on the penis is best performed on children after 6 months of age when the heart and lungs have developed and before 20 months of age. This is before potty training and before children begin to develop a memory.

What happens during surgery?

The technique the surgeon uses will depend on where your son's hole is at birth.

The goals of the operation are to place the hole at the tip of the penis and to correct any bend, if it exists. The surgeon will talk with you before the operation about the plan for your son.

What happens after surgery?

After surgery, it will be important to keep your child comfortable and germ-free with medicines. Expect a dressing on the penis and a plastic tube called a catheter (CATH-eh-ter) coming from the tip. This catheter helps to drain urine from the bladder while the penis heals. It

(Continued on back)

will be removed about 1 week after surgery during a clinic visit.

What are the risks of this surgery?

Any surgery carries a few risks. While they are not likely to occur, some of these risks include mild or serious bleeding during or after surgery, infection, swelling of the penis or a hole that may occur in another area (fistula). Also, there are risks from general anesthesia. The anesthesiologist will discuss these risks with you.

Are there times when surgery should not be done or should be delayed?

If your son's body might not cope well with surgery for a medical reason, we may suggest not doing surgery. Your beliefs and wishes are also important. For instance, some people don't agree with doing surgery on a child's private parts before the child is old enough to decide whether he wants the surgery to be done. Talk to your child's health care provider if you have questions or concerns.

This patient education handout was written by Byron D. Joyner, MD and Matthew Bullen.

FOR MORE INFORMATION

- Urology (206) 987-2509
- Your Child's Health Care Provider

Children's will make this information available in alternate formats upon request. Please call Marketing Communications at (206) 987-5205.

This handout has been reviewed by clinical staff at Children's Hospital. However, your child's needs are unique. Before you act or rely upon this information, please talk with your child's health care provider.