

# Hypospadias

## Children's Ward Patient Information Leaflet

**This leaflet is for boys over age 11**

### Introduction

This leaflet is for people who are having an operation for hypospadias. It gives information on what the operation involves and what to expect after it.

If you have any questions or concerns, please contact a member of the Children's Ward.

### What is hypospadias?

It is a condition which some boys have when they are born that affects the penis. With this condition:

- The hole through which the urine passes is not at the tip of the penis. The medical name of this hole is a meatus. In some boys, the hole is only a small distance away from the tip of the penis. However, in others, it can be further away, and occasionally it is in or behind the scrotum.
- There is usually part of a foreskin at the back but none at the front of the penis.
- Sometimes the penis may be bent when it is erect.

Boys with hypospadias may sometimes also have other medical conditions such as inguinal hernia or undescended testicles. Your doctor will have checked you when you were born to see if you also have conditions such as these.

## **What causes hypospadias?**

The cause of hypospadias is not fully understood at the moment and more research is needed to learn more about this. About one in 150 boys has hypospadias. It seems to be more common in some families.

## **How is it diagnosed?**

Doctors can diagnose hypospadias by checking the penis during a routine examination when you are born or during a regular check-up when you are a few months' old.

## **What is the treatment?**

Hypospadias is not life-threatening and does not cause any immediate problems. However, in most cases if it is not treated, it may cause problems later on such as:

- Not being able to wee standing up as the urine may be difficult to direct into a toilet and may spray backwards.
- If the penis bends when erect, this may cause problems with erections and make sex difficult.

However, some cases of hypospadias are so mild that treatment may not be needed.

Surgery is the only way to treat the condition and is usually carried out at the age of one or three years. However, sometimes it is carried out on older boys. The actual operation will depend on the individual boy but it usually aims to:

- Straighten the penis, if it is bent
- Move the meatus (hole) to the tip of the penis
- Carry out a circumcision by removing the foreskin that is there, or if possible, carry out a repair to the foreskin

Please see figure 1.

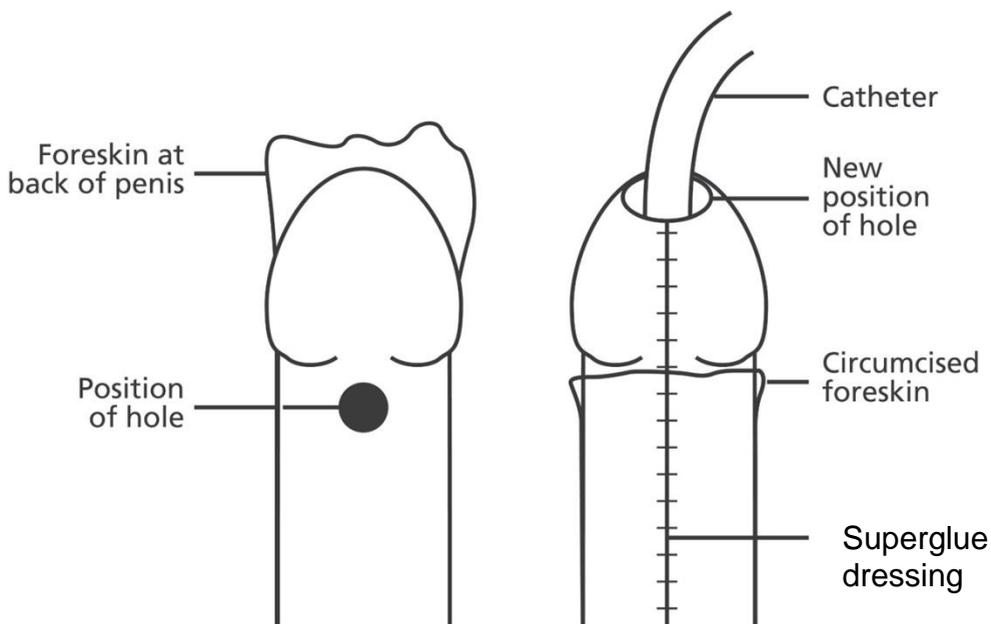


Figure 1 – original penis is on the left and the penis after the operation is on the right (picture courtesy of © UCL Health Creatives)

The type of operation will usually depend on how far down the penis the meatus is. In most cases, the surgery can be carried out in one operation. The surgeon uses the skin on the penis to create a tube that goes down the length of the urethra. The urethra is the tube that carries urine out from the body. The surgeon can then create a new hole at the tip of the penis.

However, sometimes there is not enough skin to create the tube in the urethra. In these cases, the surgeon will add extra skin to the penis using a skin graft which is put underneath the penis during a one operation. During a second operation, three to six months' later, the tube is created along the urethra and a new hole created at the tip of the penis.

The foreskin is usually taken off during the operation, particularly if the skin from it is needed for the operation itself. Sometimes it can be repaired although the results of this are not always very good.

We also carry out surgery on boys who have had a number of operations for hypospadias before. The medical name of these is hypospadias salvage operations.

You will need to have a general anaesthetic for the operation. This means you will be asleep.

The person who gives you the general anaesthetic is called an anaesthetist.

The anaesthetic is given to you through a cannula that is put into the back of your hand. A cannula is a thin, plastic tube (please see figure 1).

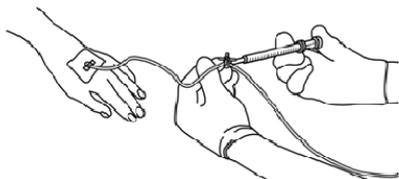


Figure 1 shows a cannula

## What are the benefits of the operation?

Once you have recovered from the operation:

- The flow of your urine should be straighter
- Your penis should not bend anymore when it is erect

## What are the risks?

### General risks

As with any operation, there is a small risk of bleeding during or after surgery. There is a small risk of infection. If you get an infection, you may need to have antibiotics to treat it. (Antibiotics are medicines that kill bacteria.)

There are some very rare risks if you have a general anaesthetic. Your anaesthetist will discuss these with you before you have your operation. After the anaesthetic, some people feel sick or are sick. You may have a headache, sore throat or feel dizzy or lightheaded but these effects should not last very long.

### **Specific risks of this operation**

Bruising and swelling of the penis are very common after this operation. This should settle down after a few weeks.

In some boys, the original hole opens up again and urine passes through both holes. If this happens, you will need to have another operation to fix it. Sometimes, the new hole at the tip of the penis can become too narrow. If this happens, you will need another operation to make the hole bigger.

Hypospadias salvage operations are more complicated than standard hypospadias surgery. They use the same surgical techniques but the risks mentioned above are more likely after this type of surgery.

You can discuss these risks in more detail with your hospital doctor.

### **What are the alternatives?**

Surgery is the only treatment for this condition. The condition is not the same in different boys so your hospital doctor will discuss the options with you. You do not have to have this operation. It is your choice.

### **What do I need to do before the operation?**

**If you are having your operation in the morning**, you must not eat food or drink milky drinks (like hot chocolate) from midnight the night before. You can drink water or squash until 6am, on morning of your operation. After this, you must not drink (or eat) anything until after your operation.

**If you are having your operation in the afternoon**, you must not eat food or drink milky drinks (like hot chocolate) from 7am on the morning of your operation. You can drink water or squash until 10.30am that morning. After this, you must not drink (or eat) anything until after your operation.

You will need to bring an overnight bag. Include pyjamas, slippers, wash things, hairbrush, toothbrush and toothpaste. You should also bring any medications that you take, like inhalers.

You must bring your mum, dad or carer with you.

## **What happens when I come for the operation?**

You will have an appointment for the morning or the afternoon.

When you arrive at the Children's Ward, a nurse will ask you some questions and do some tests such as taking your:

- blood pressure
- heart rate
- breathing rate

The nurse will also ask you to do a urine sample by weeing into a pot.

The nurse will put a wrist band on each of your wrists and put cream on the backs of your hands. This cream is sometimes called magic cream. It makes the back of your hands numb so that you do not feel any pain. It is used so that when the anaesthetist puts a cannula into your hand to give you the anaesthetic, you will not feel this being put in.

The surgeon will come and see you and explain the operation to you. If you want to have the operation, the surgeon will ask you and, if you are under the age of 16, your parent or carer to sign a consent form. This means that you are giving your permission for the surgeon to do the operation.

The anaesthetist will come and see you to check that you are well enough to have the operation.

The surgeon has a lot of operations to do and so there is a list of these. The surgeon does the operations in the order on this list. The nurse will be able to give you a rough idea of the time you will have your operation. However, sometimes there are delays if operations take a bit longer than they thought.

If you have any questions or worries, please ask the nurse who is looking after you.

## **What happens when I go for the operation?**

A nurse will take you to the anaesthetic room to have your anaesthetic. Your mum, dad or carer (only one of them) can go with you to the anaesthetic room and stay with you until you are asleep. Nurses will be looking after you all the time that you are asleep.

## **What happens after the operation?**

When you wake up, you will be in a recovery room with a nurse. When the nurse is happy that you have recovered, they will take you back to the Children's Ward to your mum, dad or carer.

You may still have a cannula in your hand when you go back to the ward. This can be used to give you medicine, if you need it. For example, some people feel sick after having a general anaesthetic. If you feel sick, tell your nurse and we can give you some anti-sickness medicine. We will take the cannula out before you go home.

You may also have a thin, plastic tube draining urine from your bladder – this is known as a catheter.

When you are back on the Children's Ward, the nurse will give you a drink and some food, if you want it.

## **Will it hurt?**

You will have some pain after the operation. We will give you medicine to get rid of the pain (painkillers) while you are having your operation. This is so that when you wake up, you should not feel any pain. This may be a local anaesthetic or penile block and it will make the area numb. It may also make you unsteady on your feet after the operation.

We will also give you painkillers regularly when you get back to the Children's Ward.

If you need stronger medicine, we will give you this before you go home.

When you get home, it is a good idea to have painkillers regularly such as Calpol. You must always read the label on this medicine and not take more than it says on the label.

## When can I go home?

You will need to stay overnight in hospital after your operation. Either your mum, dad or carer can stay with you for the night.

After this, you can go home when:

- you have eaten enough food and drink
- you are not having any bleeding from your wound
- you have had a wee
- you are not being sick
- you have a normal temperature
- your hospital doctor says you are well enough to go home

When you do go home, it is best for you to travel in a car as on public transport (buses, trains, metro), you are more likely to get an infection.

## What happens when I get home?

We will give you a separate aftercare leaflet when you go home.

If you still have a catheter in when you go home, we will give you antibiotics to reduce the risk of you getting an infection. We will give you an appointment to have the catheter removed. It may need to be left in place for up to 10 days.

You will need to use a supportive pad in snug-fitting underpants to support your penis in a raised position, once the catheter has been taken out. It is a good idea for your parent/carers to buy these before the operation so you have them ready. They are available from all good pharmacies.

You will have a waterproof 'superglue' dressing on your penis. This will fall off on its own.

## Open access to Children's Ward

You will have open access to the Children's Ward for 72 hours after your operation. This means you can go back to the Children's Ward without having to visit your family doctor first.

If you are worried about anything, or you feel that you need to come back to hospital, ask your parent or carer to call the Children's Ward. This is to make sure that there is a bed available for you. If a bed is not available at that time, the staff will advise you to go to the Emergency Department.

If you come to hospital in an ambulance, you will be taken straight to the Emergency Department. We will give you a short term open access form before you leave hospital.

## Will I need to see the hospital doctor again?

We will give you a follow up appointment before you leave hospital. We will continue to send you follow up appointments every two to three years, until you are 16.

If you have any questions, or if there is anything you do not understand about this leaflet, please contact:

Children's Ward on 01384 244271

Russells Hall Hospital switchboard number: 01384 456111

**This leaflet can be downloaded or printed from:**

<http://dudleygroup.nhs.uk/services-and-wards/paediatrics-and-neonatology/>

If you have any feedback on this patient information leaflet, please email [patient.information@dgh.nhs.uk](mailto:patient.information@dgh.nhs.uk)

**This leaflet can be made available in large print, audio version and in other languages, please call 0800 073 0510.**

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