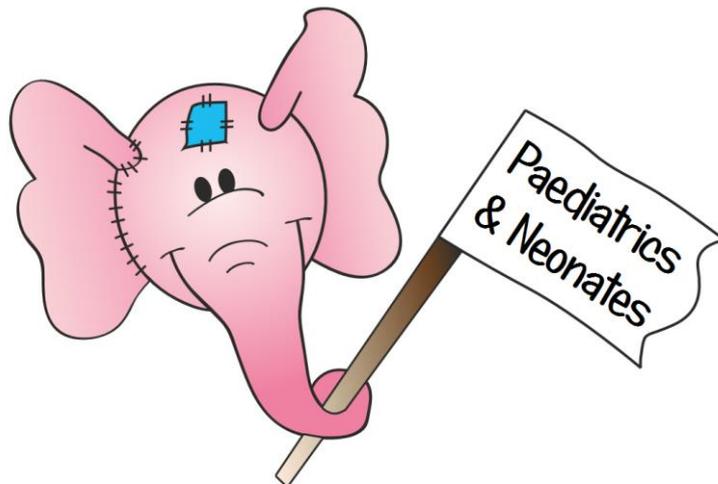


Hypospadias

Children's Ward

Parent/Carer Information Leaflet



Introduction

This leaflet is for parents or carers whose son has a condition called hypospadias. It explains what the condition is, the surgery that can be used to repair it and what to expect when your son comes to hospital for treatment.

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

What is hypospadias?

It is a congenital condition, which means it is present at birth, affecting a boy's 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 conditions such as inguinal hernia or undescended testicles. Your doctor will check your son thoroughly to ensure he does not 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 appearance of the penis during a routine examination at birth or during a regular check-up when the baby is a few months' old. It is important that a circumcision does not take place, as the foreskin may be needed as part of corrective surgery.

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 stream 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 option to treat the condition and is usually carried out at the age of one or three years. The actual operation will depend on the individual boy but in general it 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 present, or if possible, carry out a repair to the foreskin

Please see figure 1.

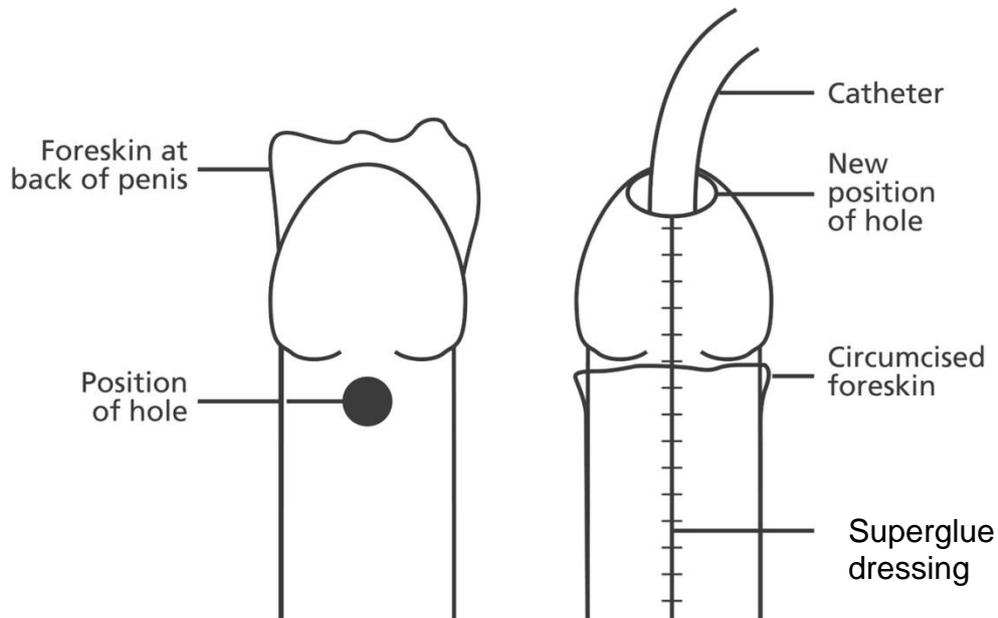


Figure 1 – original penis is on the left and the penis after the operation is on the right (picture courtesy of © UCL Health Creatives)

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 extends the length of the urethra (the tube that carries urine out from the body) so that a new hole can be created at the tip of the penis.

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

The foreskin is usually removed during the operation, particularly if the skin from it is needed for the operation itself. However, sometimes it can be repaired. The results of this are not always successful so this decision is left up to the parents/carers.

We also carry out surgery on boys who have had a number of operations for hypospadias before. This is known as hypospadias salvage.

The operations are all carried out using a general anaesthetic, where your son will be asleep.

What are the benefits of the operation?

Once your son has recovered from the operation:

- The flow of urine should be straighter
- The penis should no longer bend when erect
- The penis should look more normal

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 and if this happens, we will give your son antibiotics to treat this.

There are some rare risks of general anaesthetics which you can discuss with your son's anaesthetist in more detail before the operation. After the anaesthetic, some people feel sick or are sick. Your son may have a headache, sore throat or feel dizzy or lightheaded but these effects should only be temporary.

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, your son will need another operation to fix it. Sometimes, the hole at the tip of the penis can become too narrow and if this occurs, your son 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.

What are the alternatives?

Surgery is the only treatment for this condition. As the condition is so varied in different boys, the options for this will be discussed with you personally by your son's consultant, Mr Wharton. It is your choice as to whether your son has treatment.

What happens before the operation?

We will give you instructions about when your son needs to stop eating and drinking before the operation, with your appointment letter.

What happens when we 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 assess your child's:

- blood pressure
- heart rate
- breathing rate

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

If you have any questions or worries, please ask the nurse who is looking after your child. They are always happy to answer your questions.

The nurse will put a wrist band on each of your son's wrists and put a numbing cream on the back of his hands. This is used so that when the anaesthetist puts a cannula into his hand to give the anaesthetic, he will not feel this being put in. A cannula is a thin, plastic tube.

The surgeon will come and see you to explain the operation. If you want your son to have the operation, the nurse will ask you to sign a consent form.

The anaesthetist will come and see your son to check that he is well enough to have the operation.

The nurse will be able to give you a rough idea of the time your child will have the operation. We try to minimise delays as much as possible but sometimes these occur.

When it is time for your son's operation, one parent can go with him to the anaesthetic room and stay until he is asleep. The operation will last between one to two hours, depending on the type of surgery.

On waking, a nurse will bring your son back to you on the ward, when the recovery team are happy with him.

During the recovery period on the ward, the nursing team will assess your son and offer him something to eat and drink, when it is safe to do so.

Your son may still have a cannula in when he comes back to the ward. We recommend that this is kept in until your son goes home. This can be used to give your son medicine, if he needs it. For example, some people feel sick or are sick after having a general anaesthetic. If your son feels sick, please tell the nurse and we can give him some anti-sickness medicine.

Most boys will also have a thin, plastic tube draining urine from their bladder – this is known as a catheter.

Will my son be in pain?

It is usual for your son to be uncomfortable for a few days after this operation. We will give him pain relief while he is having his operation and he can have regular pain relief when he is back on the ward.

If your son is in pain when you get home, we recommend buying pain control such as paracetamol and ibuprofen, if suitable for your child (always read the label; do not exceed the recommended dose). If your child cannot take ibuprofen, we will give prescribe codeine for him instead.

If your son needs stronger medicine, we will give you this before you go home.

When can my son go home?

Your son will need to stay in hospital overnight after the operation. One parent is welcome to stay overnight with their child. Before he can go home, your son will need to have:

- Eaten an adequate amount of food and drink
- Had no bleeding
- Passed urine
- Stopped being sick
- A normal temperature
- The doctor's approval to go home

We recommend that your child does not travel home on public transport due to the risk of infection.

How do I care for my son after his operation?

We will give you a separate aftercare leaflet on how to look after your son, before you go home.

If your son still has a catheter in place when he goes home, we will give him antibiotics to reduce the risk of 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 son's penis in a raised position, once the catheter has been removed. It is a good idea to buy these before the operation so you have them ready. They are available from all good pharmacies. If your son wears nappies, you can put two on, one on top of the other, to act as padding.

Your son will have a waterproof 'superglue' dressing on their penis. This will fall off on its own.

Open access to Children's Ward

Your child will have open access to the Children's Ward for 72 hours after their operation. This means they can return to the Children's Ward without having to visit their GP first.

If you have any concerns, or you feel that your child needs to return to hospital, call the Children's Ward. This is to make sure that there is a bed available for your son. If a bed is not available at that time, the staff will advise you to go to the Emergency Department.

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

Follow up

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 your son is 16.

Can I find out more?

The following weblink has information for parents/carers of children with hypospadias:

Hypospadias UK

<http://www.hypospadiasuk.co.uk/what-is-hypospadias/>

Reference

Nordenvall AS, Frisén L, Nordenström A, Lichtenstein P and Nordenskjöld A (2009). Population Based Nationwide Study of Hypospadias in Sweden, 1973 to 2009: Incidence and Risk Factors. *J Urol.* 191(3):783-789.

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/c2-childrens-ward/>

If you have any feedback on this patient information leaflet, please email 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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此宣传单可提供大字版本、音频版本和其它语言版本，请拨打电话：0800 073 0510。

Ulotka dostępna jest również w dużym druku, wersji audio lub w innym języku. W tym celu zadzwoń pod numer 0800 073 0510.

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Aceasta brosură poate fi pusă la dispoziție tipărită cu caractere mari, versiune audio sau în alte limbi, pentru acest lucru va rugăm sunați la 0800 073 0510.

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