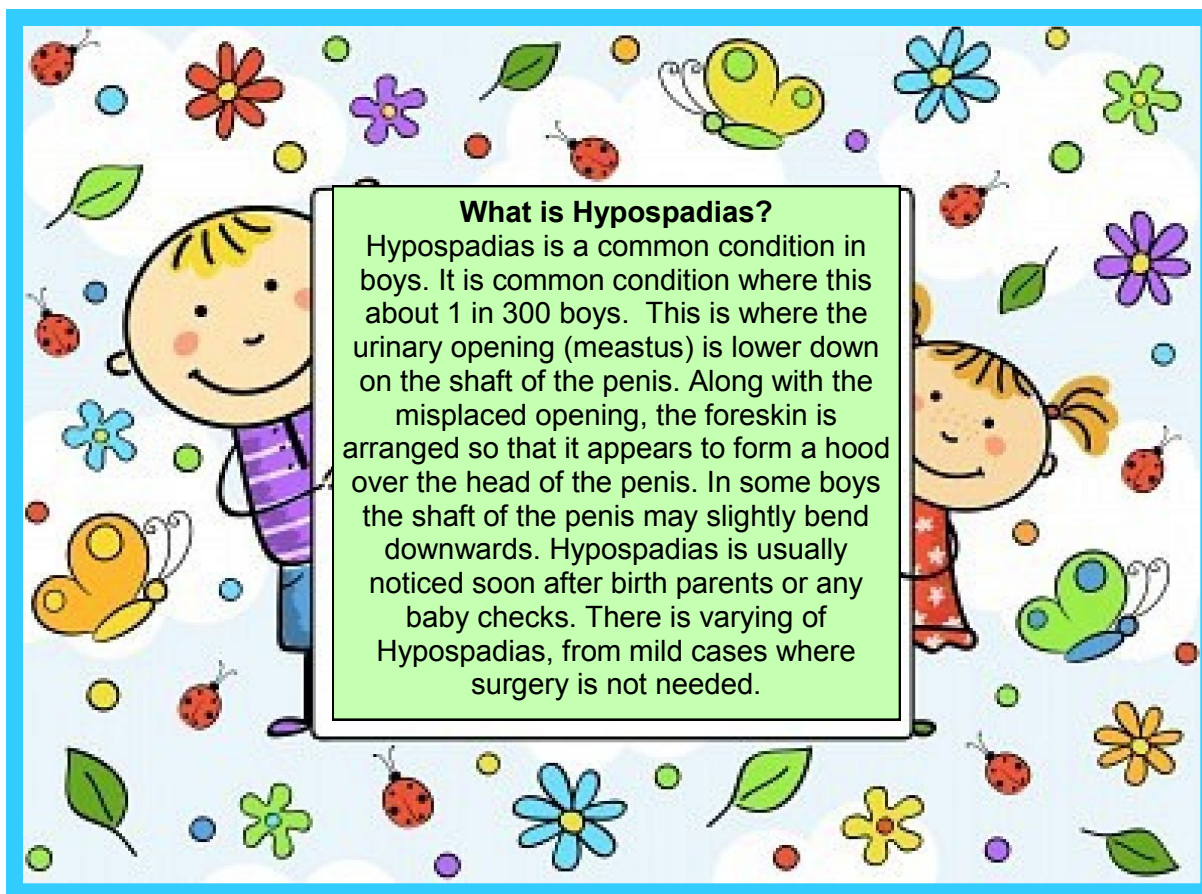


Tell me all about.....

Hypospadias repair



Why is a repair being recommended?

The aim of the surgery is to bring the urinary opening forward so that when the boy is older he is able to aim his urinary stream straight ahead. In less severe cases, the bend can be corrected; also the foreskin can be reconstructed so that it covers the end of the penis, leaving natural appearance as possible.

What do I need to know about the operation?

The repair is performed under a General Anaesthetic. This is where your baby is put to sleep, so that the abnormalities are corrected. While your baby is asleep and the Hypospadias is being repaired they use slowly absorbable stitches, over a tube (catheter, or stent), which opens into the bladder. This left inside for 1 week, whilst the penis is wrapped in a protective dressing, which helps your baby to be comfortable. This also stays in place for 1 week, and this untouched to the remover of the tube. When your baby is admitted to the ward there will be an opportunity for you discuss any questions related to the operation with the surgical team, or when seen by your baby's consultant in pre-op clinic.

Most operations are straight forward, but like any operation problem may arise.

About 1 in 10 boys will need to come back for further surgery after there original repair. The common problem is a leak: either in the new part of the water passage that has been made or in the foreskin that has been reconstructed. Less commonly, is a narrowing in the water passage, which might make the stream of urine poor. Problems like infection and bleeding can also happen, but are uncommon.

Getting ready for the operation?

The operation is usually done when the child is around 18 months to 2 years of age. There might be specific reasons why there might have a later operation. This will depend on if the child has other problems they have as well. This will be discussed with your consultant and decide what treatment is best for your child.

You will be informed of your child's date of operation a few weeks before the surgery; also you will be given starving instructions prior to the surgery. If needed a pre-operative visit can be arranged for you and child to visit the ward.

If your child is poorly/unwell before the planned surgery date, telephone the Nightingale Ward 01246 512324/512328.

On the day of your child's operation you will be met by the nursing staff that will admit to the ward that day, followed by the play staff, surgeon will consent then and anaesthetic doctor will see your child.

What sort of anaesthetic will my son have?

When your child is taken to theatre, they will be seen by the anaesthetic doctor who had seen you on the ward, which will give your child their anaesthesia. The type will depend on the questions that they asked you when they see you on ward.

Your child will be put to sleep for a short while under a General Anaesthetic for the operation, this will be done by putting a cannula in back of their hand or arm, there will be some amorphous applied to back of your child's hand when admitted to ward so the cannula goes will be numbed, depending on your child they may go for a breathing anaesthetic gas to be put to sleep, then cannula will be placed after. You are able to accompany your child to the anaesthetic room until they are asleep. When awake you will be informed and then able to go and meet your child in recovery, then return to the ward.

Sometimes your child may have a local anaesthetic also to help with the pain relief this will be discussed with you, you may notice your child may be unbalanced on their legs for a few hours.

Once your child is awake they will return to ward where the rest of the recovery will be continued.

While your child is in theatre, you will be shown by nursing staff how to do double nappies. We would advise that you have normal size nappies and also a bigger one to go over the inner nappy.

What happens afterwards?

Your child will be brought back to ward, which your child will stay overnight, we recommend that you stay with your child over night so that we can give you support with the double napping. Your child will be able to go home the next morning.

You will notice that there will be a tube in you child's bladder (a stent or catheter) and a dressing around the area with a plastic bar attached to it to prevent it coming off accidentally.

Double Nappies:- your child will have to wear 2 nappies. The one next to their skin is for catching their stool (poo) this will have a hole cut in it for the penis, and dressing to come through. The outer nappy will be used to absorb the urine exiting the catheter. The nursing staff will show you how to do the cutting of the nappies.

Your child will be commenced on a weeks worth of oral antibiotics and also a medication called oxybutin this is used to prevent bladder pain / spasms which the catheter may cause, also regular pain relief will be administrated as well, we recommend you have some at home for when you child is discharged home.

The dressing is often blood stained, and occasionally there may be some blood in their urine. Your child will be reviewed while on the ward.

Aftercare at home with the catheter and dressing

Your child will be able to continue with there normal routine. But it may be recommend staying off nursery or play group for a week until your child as returned to ward 1 week after. This is when the stent will be removed.

It is important that you ensure the stent is draining urine at all times. If you notice that your child nappy is dry despite normal drinking you must call the ward, as may have to come back to ward to unblock the catheter. If you are worried or concerned about your child catheter or something please ring the ward.

Please DO NOT get the dressing wet, wipe down bath is advised to the catheter as been removed.

If the catheter comes out before its planned removal you must ring the ward and bring straight back to the ward. It is important that the dressing is removed soon afterwards if the catheter comes out. The consultant will be called and will decide what to do. Sometimes the catheter needs to be re-placed.

The stent or catheter will usually stay in for 1 week. The staff on the ward to arrange a time for you to bring you child back and have the dressing catheter removed. You will also be given a follow up appointment to see your consultant at a later date.

Care after the catheter has been removed

It is normal that your child may experience some pain after the catheter is removed, you will be advised to carry on with the painkiller.

It is recommended that you encourage your son to drink well as this will encourage them to pass dilute urine.

Follow Up

An outpatient's appointment is usually arranged for about 6 months after the operation.

NIGHTINGALE WARD CONTACT NUMBER
01246 512324 OR 512328

Hypospadia Repair

Version 2

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Next Review Date: March 2018

Division: Women's & Children's