

Name of Operation: **First-stage Hypospadias repair**
(preparing for the process of moving the pee-hole to the tip of the penis)

Main issues:

- The main aim of this first stage is to make up for the lack of skin on the under-surface of the penis, by filling the gap with a skin-graft. The graft is usually taken from the foreskin of the penis, but sometimes may need to be taken from inside the cheek of the mouth.
- This operation usually corrects the bend in the penis (“chordee”) that is often seen in boys with a severe form of hypospadias.
- Clinical photographs may be taken under anaesthetic before and after the operation, for his hospital records. Only if you give your permission, these may also be used elsewhere (eg, for teaching), but done confidentially (so that no one else will be able to identify your son).
- Unless you tell us that you do not want us to, details of the operation may be sent to a database that monitors national standards, but again this will all be done confidentially.
- Dissolving stitches (no need to remove).
- Drainage-tube (“catheter”) in the bladder for 1-2 weeks, secured with a bulky dressing.
- Double-nappies (if he’s still in nappies), to keep the poo away from the dressing.
- Removal of dressing, and usually of catheter, in 1-2 weeks, under a brief general anaesthetic.
- The penis may look swollen and bruised for several weeks after that.
- Even when the bruising has settled, the skin on the penis may look quite baggy until the next operation. The position of the pee-hole will also not improve yet: in fact, the pee-hole may actually look to be in a worse position until the next operation (PTO for diagram 2).
- Sore to pee for a few days after the catheter has been removed.
- Please do not wipe the under-surface of the penis (either to clean or dry it) for 1 month afterwards: this could dislodge the skin-graft so that the operation might have to be re-done.
- The penis often heals with a circumcised appearance (ie, there is no/little foreskin).

Intended benefits:

- This first stage is an essential step to prepare for the main second-stage repair, usually 6-12 months later. This should then produce a dramatic improvement in the position of the pee-hole and in the overall appearance of the penis (PTO for diagram 3).

Common or serious risks:

- Bleeding (rarely serious).
- Infection (rarely serious).
- Damage to penis, pee-pipe, bladder (or mouth/teeth if skin-graft from mouth): rarely serious.
- Graft not sticking down (“taking”), needing further graft-surgery (rare).
- Scarring of the graft, and/or narrowing (“stricture”) of where the graft joins his pee-pipe, which may need further surgery before the second-stage repair can be properly done.
- Anaesthetic problems (rarely serious, but around 1 in 250,000 general anaesthetics in children can be fatal).

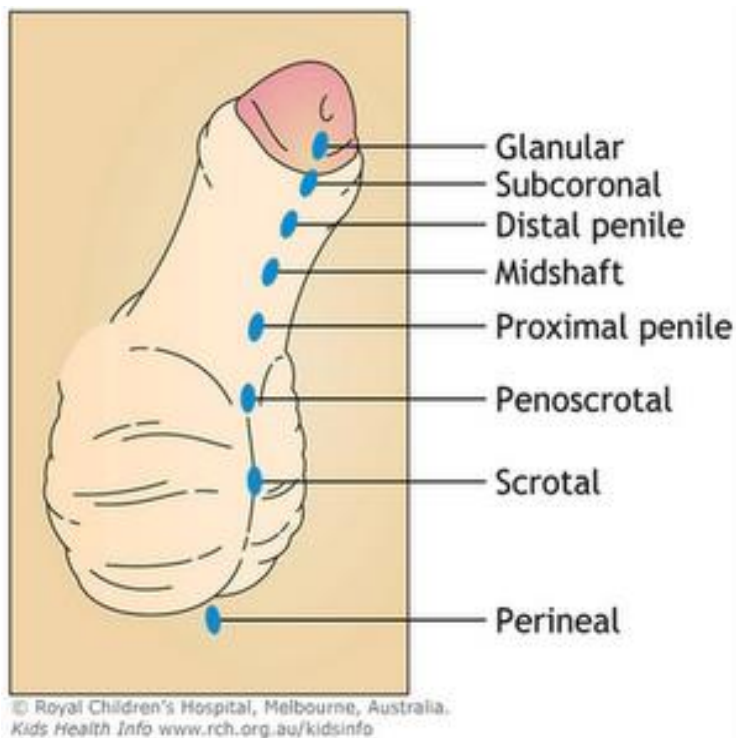


Diagram 1: the types of hypospadias, showing where the urine comes out



Diagram 2: the typical appearance at end of the 1st-stage operation: the stitches all disappear (based on A. Bracka et al., BJU, 2012, 110: 460-473. <https://doi.org/10.1111/j.1464-410X.2012.11304.x>)

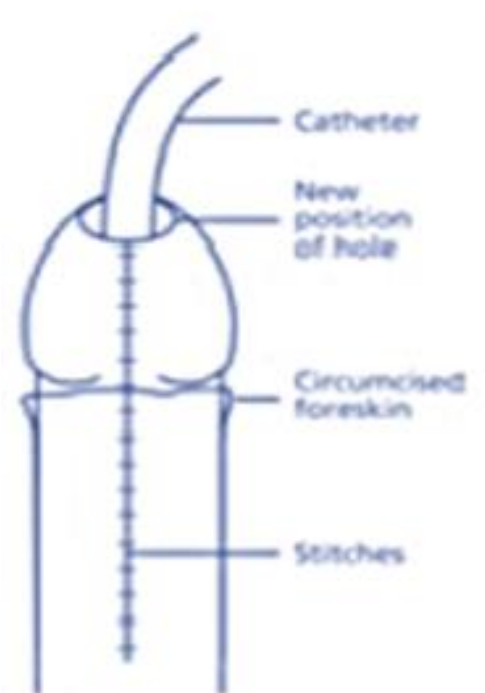


Diagram 3: the planned appearance after the 2nd-stage operation; here we usually try to repair the remains of the foreskin too, if possible, unless you would prefer us to remove the foreskin (a circumcision) as shown above (no longer able to find source of drawing)