

Name of Operation: **Second-stage Hypospadias repair
(moving the pee-hole to the tip of the penis)**

Main issues:

- Moving the pee-hole towards the end of the penis, straightening any remaining bend in the penis (“chordee”), and either “zipping up” (reconstructing) or removing (circumcising) the open under-side of any remaining foreskin (the skin that normally covers the head of the penis).
- 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 also 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, usually awake in our clinic.
- Very sore to pee, and penis looks swollen and bruised, for several weeks after that.
- The penis usually heals with a circumcised appearance (ie, there is no/little foreskin).

Intended benefits:

- Able to pee straight when standing.
- Easier sexual intercourse and fertility in later life.
- Cosmetic (improved appearance).

Common or serious risks:

- Bleeding (rarely serious).
- Infection (rarely serious).
- Damage to penis, pee-pipe, or bladder (rarely serious).
- About 1 in 5 boys will develop a complication such as extreme holding on (“urinary retention”), a leak producing a second stream (“fistula”), or narrowing of the new pee-pipe (“stricture”), any of which may need further surgery.
- In about 1 in 100 boys, the stitches will completely undo (“break-down”), so that the repair ends up looking as if no surgery has been done. Another operation will be needed, but it has to be delayed for 6 months, until the tissues have fully recovered from this operation.
- Problems with the skin as it heals: the final appearance may be less than ideal but usually boys “grow into” any bagginess of the skin, so only rarely is further minor cosmetic surgery needed for this in later life. In some boys, any remaining foreskin is unable to move back easily, and he may need a minor operation to release it before he becomes sexually active.
- Anaesthetic problems (rarely serious, but around 1 in 250,000 general anaesthetics in children can be fatal).

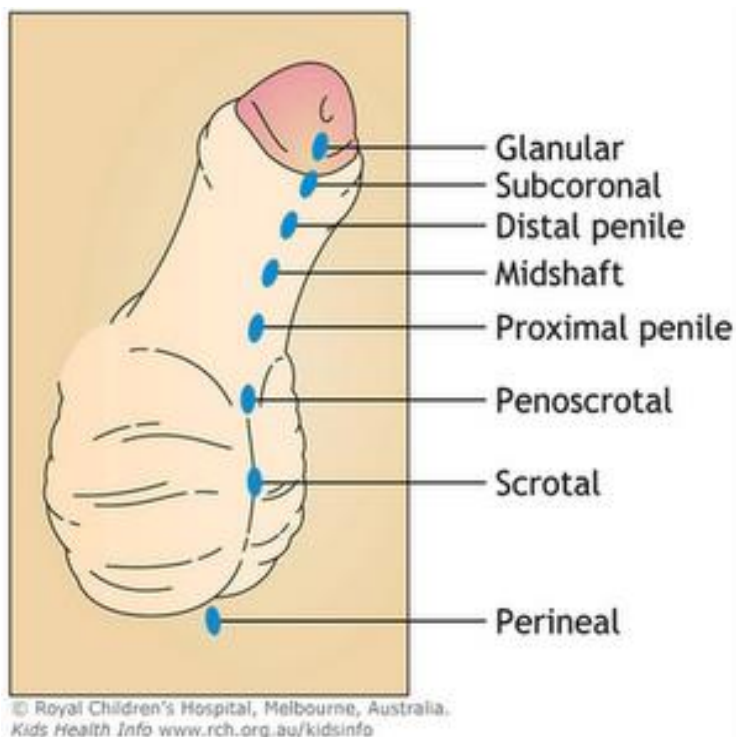


Diagram 1: the types of hypospadias, showing where the urine comes out before any surgery



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

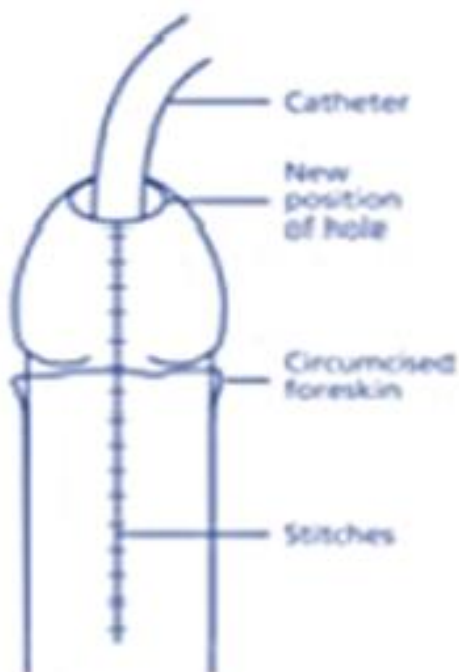


Diagram 3: the planned appearance after the 2nd-stage operation; here we usually try to repair the remains of the foreskin too, if possible, unless you would prefer us to remove the foreskin (a circumcision) as shown above (no longer able to find source of drawing)