

Hypospadias Repair

Post operative information for parents and care givers.

Hypospadias is an abnormality of the penis in which the urethra (hole where the wee (urine) comes out) is not at the tip of the penis but is underneath and further back. It affects approximately one in 300 boys and is generally detected at birth. The cause of the abnormality is not known. There is an increased risk if a boy's father or brother has also had hypospadias.

Post Operatively:

Some children may be distressed and upset when they return from theatre. This can be normal after an anaesthetic and they should settle after a short time. If your child returns to the ward upset, it is important that you comfort your child and keep them safe from hurting themselves.

The nurse will monitor your son closely after the operation by taking their pulse rate, checking their breathing and assessing their pain.

Some patients who have had a hypospadias repair go home on the same day as their surgery and some need to stay overnight or for a few days. This depends on the extent of surgery required and should already have been explained to you by the surgeon before surgery.

Day Surgery patients:

Your son will need to stay in hospital for a minimum of two hours, sometimes longer depending on his recovery. He must be fully awake, eating and drinking, parents need to be comfortable with managing the "double nappy technique" (education clear from bedside nurse) and passing urine (wee) before being discharged.

If your child needs to stay overnight:

Your child may return from theatre with intravenous fluids (a drip) to help keep him hydrated.

Your son may also have a catheter in place. A catheter tube drains the urine from the bladder. There are many types of catheters that may be used following hypospadias repair. Your nurse will be able to explain which type of catheter your son has.

A suprapubic catheter (SPC) - a tube going directly into the bladder through a small hole made in the tummy (abdomen) during the operation.

An indwelling catheter (IDC) - a tube passed into the bladder through the urethra (hole where the urine comes out from).

A stent - a small tube in the penis which allows urine from the bladder to continuously drain into a nappy.

All types of catheters should drain urine continuously. The nursing staff will monitor and measure the urine output often.

Your son may also have:

Dressing - a gauze or hypafix (white dressing) dressing around his penis. If so, your doctor or nurse will be able to tell you how to care for the dressing and instructions for its removal.

Antibiotics - usually antibiotics are given through the intravenous catheter (drip) for a short period of time after the operation. Once the drip is removed, your son may need to keep taking oral antibiotics.

Bladder spasms - your son may suffer from these after the operation; they are not harmful but can be uncomfortable. The spasms are sometimes treated with oral medicine. Encouraging your son to drink plenty of fluids such as water can assist in reducing/relieving spasms.

Pain management

The type of pain relief required after the operation depends on the degree of surgery. Your son will be given pain relief during their surgery and should be comfortable when he returns from theatre. Please speak to your nurse if you feel your son is in pain.

Paracetamol will be given regularly to your son every four to six hours during his hospital stay. Every child is different and their pain may vary depending on their past experiences, age and pain threshold. The Acute Pain Service may visit to assess your son during his stay.

On discharge the nursing staff will give you a pain management pamphlet regarding pain relief at home.

Eating and drinking

Your son can usually start drinking as soon as he is fully awake after surgery. When drinking well, he will be able to start eating a light diet. Please check with your nurse before giving your child anything to eat or drink. Encourage your son to drink at least one litre of fluid a day. This ensures your son's kidneys are being flushed and allows them to wee without too much discomfort.

Babies can breast feed or bottle feed immediately.

There is no need for a special diet following this surgery, but it is recommended that your son avoids fatty or junk food for approximately 24 hours after surgery.

Some children may experience nausea and vomiting after surgery. Please inform your nurse if your son feels nauseous or vomits. If your son vomits many times, medication can be given to help stop the nausea and vomiting.

At home

Nausea and vomiting

After day surgery, do not be concerned if your son vomits once or twice after leaving hospital.

If your son vomits or feels sick, stop giving him food for about an hour, then try giving him a drink, followed by a light diet. He can then have as much as he can manage without feeling sick.

If your son keeps vomiting, please seek medical attention by either calling your son's private surgeon or going to your nearest emergency department.

Activity

Your son should reduce his activities for 24 hours after surgery. Please make sure your son has adult supervision as he fully recovers from the anaesthetic and surgery. Please check with your son's surgeon about how long your child will need off of school/childcare.

Wound care

Check with the surgeon and nursing staff for instructions regarding the removal of the dressing and when your son can bath or shower.

Sutures (stitches) used in surgery are dissolvable and will not require removal.

Some bruising and swelling on the shaft of the penis can be expected but if you become concerned, please seek medical advice.

Contact your son's private surgeon or go to your nearest emergency department if you become concerned about any of the following:

- The catheter or stent does not drain much urine or becomes blocked
- If his urine is very dark in colour (Make sure he has been drinking lots of fluids)
- The stent or catheter falls out before it is due to be removed
- The dressing comes off
- Signs of infection. These include heat to the site, pus/ooze, foul smell, swelling, redness, fever or increased pain.

Bleeding

If bleeding occurs, sit your son down and apply firm, steady pressure to the area for 10 minutes with gauze or a clean cloth. Take the pressure off after 10 minutes and continue to watch the wound closely over the next 24 hours. If bleeding persists, apply pressure and seek immediate medical attention.

In an emergency situation

Please call 000 or take your child to the nearest hospital.

Adapted from

Hypospadias Repair, Women's and Children's Hospital: Adelaide

Trouble Shooting at Home	
What if...	Action...
The stent or catheter stops draining	Ensure the stent or catheter is not kinked. Give your child an additional drink. If this doesn't help, phone WCH for Surgical Registrar on-call for advice.
Your son is in pain intermittently	Ensure he has regular paracetamol and ibuprofen. He may be having a bladder spasm, give OXYBUTYNIN (if prescribed) If this doesn't help, phone WCH for Surgical Registrar on-call advice.
Your notice blood around the dressing or in your son's urine	A small amount of blood is normal. If the bleeding is continuous, phone WCH for Surgical Registrar on-call advice.

For more information

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This document has been reviewed and endorsed by consumers.