

# WHAT YOU NEED TO KNOW ABOUT HYPOSPADIAS SURGERY

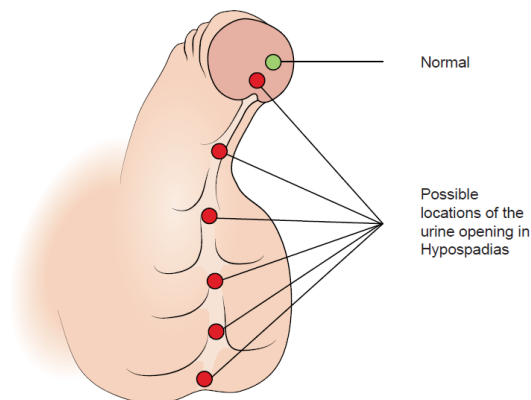
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## What is Hypospadias?

In children with hypospadias, the opening in which urine exits the body is not at the tip of the penis. Hypospadias is very common in boys, approximately one in every 300 male infants are born with hypospadias. Hypospadias can occur with a wide variety of severity (see image below) and in some patients, hypospadias can also occur with a downward curvature of the penis, called chordee.

**We strongly recommend that you not have your newborn with hypospadias circumcised, as the foreskin is used in the surgery to complete the repair.**



## Preparing for the surgery

When a pediatric urologist gives the diagnosis of hypospadias and a date for surgery has been requested, you will be contacted by the urology secretary who will inform you of the surgery date. Following this, you will be contacted by the pre-operative clinic to schedule a visit. This is a visit with an anesthesiologist and a pediatrician to assure readiness for surgery and general anesthesia. You will be given **fasting** instructions and other pertinent information for the day of surgery.

**\*\*Important – You must follow all pre-operative instructions, as failure to do so will result in cancellation of your child's surgery\*\***

Hypospadias repair is done as a "Day Surgery" this means your child returns home the same day as surgery. Make sure that on the day of surgery you bring at least 4 extra diapers a size larger than the size your child normally wears. For toilet-trained children you should also bring at least 4 pull-ups, as they will need to wear them until the urinary catheter is removed.

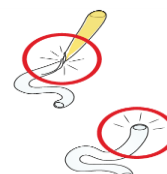
## After the Surgery

After the surgery, your child's penis will be very swollen and can be bruised. Bruising can also extend into the scrotum; this is an expected part of healing. The appearance will begin to improve within 2-3 weeks. Although, the swelling may last several months after surgery before disappearing completely. Final aesthetic results can be expected 6-12 months after surgery.

## Urinary Catheter (Stent)

A plastic catheter is placed into the opening of the penis during surgery. This catheter is left in place after surgery to allow for healing of the repair. The catheter is stitched in place but it is important to avoid pulling on it during diaper changes, baths or other care. It is also important to regularly make sure the catheter is not tangled or twisted on itself to allow it to drain properly.

**\*\*Important – If you note urine leaking around the catheter/urine in the inner diaper or the catheter stops draining/second diaper is dry these may be signs that the catheter is blocked. Therefore, you need to present yourself to the emergency department to unblock the catheter\*\***



The urinary catheter is normally removed within 7-14 days after surgery. It can be helpful to administer Tylenol and/or Advil to your child 30-60mins prior to the appointment. After the catheter is removed your child may experience some discomfort with voiding urine, this will improve within 48-72hrs.

## Pain Management

To make sure your child is as comfortable as possible after the surgery, here is what we do to manage pain.

- During the surgery, your child will receive a local anesthetic that will help to manage pain after the surgery.
- Acetaminophen (Tylenol/Tempra) & Ibuprofen (Advil) will be prescribed for pain management after surgery.

- Give Tylenol and Advil regularly for the first 48 hours to have good pain control. These medications can be given in an alternating fashion or combined together depending your child’s pain level.
- Here are some examples of schedules for administering the medications:

**Suggested Schedule #1**

Tylenol – As per prescribed dose	9h00
Advil – As per prescribed dose	12h00
Tylenol – As per prescribed dose	15h00
Advil – As per prescribed dose	18h00
Tylenol – As per prescribed dose	21h00

**Suggested Schedule #2**

Tylenol & Advil– As per prescribed dose	9h00
Tylenol & Advil – As per prescribed dose	15h00
Tylenol & Advil – As per prescribed dose	21h00

***\*\*Be sure to respect your child’s sleep and do not wake them during the night to give medications\*\****

While the urinary catheter is in place, it may cause irritation to the bladder and cause spasms, for this, your child will be prescribed a medication called Oxybutynin. This medication works at calming the bladder and managing spasms of the bladder muscle. These spasms are not dangerous but can cause a lot of discomfort. You may notice your child becoming more irritable and reporting pain to the tip of the penis or rectum.

Oxybutynin should be taken as prescribed by your child’s surgeon. If it is prescribed to be taken only as needed, it is **strongly suggested to ensure it is at least taken at bedtime**, as the bladder will cause the most discomfort overnight.

**\*\*Important – Oxybutynin causes constipation, so you will need to make sure your child stays well hydrated and taking PEG 3350 (Lax-a-day) daily to avoid constipation\*\***

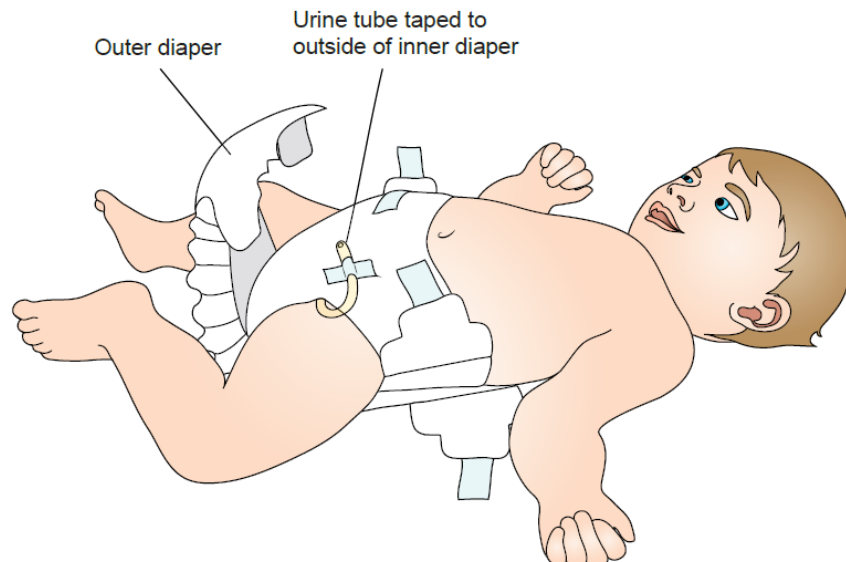
In general, the pain should improve within 48-72 hours, for some children pain can last longer depending on overall tolerance. Pain should be manageable with administration of oral pain medication as needed.

**Diaper changes**

For the first 2-3 weeks after the surgery you will need to apply generous amounts of Polysporin ointment to the penis with each diaper change. If your child is not in diapers you will need to apply the Polysporin ointment minimum 3-4 times per day.

**\*\*Important – You may notice some yellowish crust at the head of the penis after surgery. This is not a sign of infection; it is the normal healing process. This will fall off on its own within a few days, never attempt to remove or scrub off\*\***

While the catheter is in place your child will need to wear a **double diaper**. This means that the first diaper (inner diaper) will be for stools. While, the urinary catheter needs to be placed in the second diaper (outer diaper) (see image below). Therefore, urine will be dribbling into the outer diaper, while the inner diaper that is in contact with your child’s skin will remain dry. This is to ensure that your child is not constantly sitting in a wet and humid diaper as the urinary catheter is constantly dribbling urine.



Diaper changes should be done as needed. If stool is present in diaper, it is important to wash the area with water. If the catheter is soiled, wash it with water and a light soap and rinse thoroughly.

The nurses in the recovery room will be able to provide you with more details on the double diaper method.

### Baths

You can begin bathing your child 24 hours after surgery. It is encouraged to bath your child in clean water **without soap** with the catheter in water for 10 to 15 minutes **2 times per day**. Once out of the bath it is important to make sure the penis is dried with a clean towel. **Dab the penis dry, never rub.** Make sure to apply Polysporin ointment to the penis after each bath. Once the catheter is removed, you can return to giving your child 1 bath per day.

### Eating and drinking

Progressively increase your child's diet as tolerated 1-2 hours after surgery. Starting with clear fluid (water, apple juice, Popsicle, etc.), then soft diet (purees, soup, yogurt, etc.), then regular diet.

Once at home it is very important to:

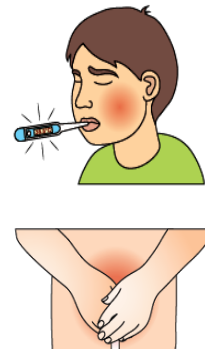
- Encourage your child to drink lots of water to avoid any blocking of their catheter.
- Offer food that is rich in fiber, like fruits, vegetables and whole grains to prevent constipation.

### Activities after surgery

- Immediately after surgery make sure that your child remains calm and encourage rest until the following day.
- During the first 2 weeks after surgery, patients cannot ride any toys (bikes, rocking horse, walkers, etc.); play in pools or in sand boxes to avoid any injury to penis/surgical area.
- While the urinary catheter is in place, your child cannot attend daycare/school. Once the catheter is removed, they can gradually return.

### When to contact the Urology team?

- Significant bleeding with accumulation of blood clots that cannot be stopped despite pressure applied for 10 minutes
- Concern for urinary catheter blockage or the catheter has fallen out
- You child is unable to urinate after the removal of the urinary catheter or needs to force to urinate
- Fever higher than 38.5° C (101° F) that lasts more than 48 hours
- Foul smelling urine or leaking from surgery site
- Redness of the skin that extends to the abdomen
- Penis hot to touch
- Pain that is not managed with prescribed medication



### For any questions or concerns:

#### Pediatric Urology Department

Monday – Friday from 9h00 – 17h00  
(514) 412-4400 ext. 22875

#### Pediatric Urology Nurse Practitioner – Sabrina Marchetta

Tuesday – Friday from 7h00 – 17h00  
(514) 412-4400 ext. 36376

**Any urgent issues outside these hours or on statutory holidays please present to the Emergency Department at the Montreal Children's Hospital**