

Your child's surgery to move the opening of the water pipe to the top of the penis (single-stage hypospadias repair)

This leaflet is about your child's surgery to move the opening of their water pipe to the top of the penis. It is called hypospadias repair. In this case, we plan to do the surgery all in 1 single stage. The leaflet explains what you should do before your child's procedure, on the day of the procedure and when you return home.

Your child's condition and procedure

What is single-stage hypospadias repair?

Single-stage hypospadias repair is a procedure to move the opening of the water pipe (urethra) onto the head (glans) of the penis. At the same time, we usually do a procedure on the fold of skin (foreskin) that covers the head of the penis. We may remove the foreskin (this is called circumcision) or correct its appearance (this is called foreskin reconstruction).

Your child has the procedure under a general anaesthetic. This is a medicine that makes them sleep and stops them feeling any pain during the procedure.

Why should my child have a single-stage hypospadias repair?

Some boys are born with a condition called hypospadias. This can affect the opening of the water pipe through which urine leaves the body (urethra) and the appearance of the foreskin. It can cause a curve to the penis.

If your child has hypospadias, the opening of the water pipe is not in its usual place but lower on the penis. This may affect the direction of the urine stream and cause spraying when your child pees. In rare cases, the water pipe may be narrowed.

Your child's penis may have a hooded appearance. This happens when the foreskin is widely open on the front side of the penis. It makes the foreskin look different to the more usual appearance.

The curve to the penis can sometimes cause problems later in life, such as difficult or painful sex.

Before your child's procedure

What needs to happen before my child's procedure?

We need to see your child at a pre-admission clinic. This clinic may take place face to face or online. We make sure that your child is ready for an anaesthetic and surgery.

After the pre-admission clinic, our admissions team contacts you by letter, text message or phone. We offer you a date for your child's procedure. We also explain when your child should stop eating and drinking (fast) before their procedure.

Do I need to get pain medicine ready for my child?

Please make sure that you have a week's supply of paracetamol (a painkiller) and ibuprofen (an anti-inflammatory medicine) at home before the procedure. We do not routinely give these medicines to take home for your child after day surgery.

You can buy paracetamol and ibuprofen from a pharmacy, supermarket or shop. Paracetamol for children may also be called Calpol®. Ibuprofen for children may also be called Calprofen® or Nurofen®. You need the type of medicine that you would give your child if they were unwell with a cold or ear ache.

If your child cannot take paracetamol or ibuprofen for any reason, please speak to their healthcare team about other options.

On the day of the procedure

When you arrive at the children's day surgery unit

We give you a time to arrive at the Evelina London children's day surgery unit. It is important that you arrive at the correct time and have followed the fasting instructions for your child. If you arrive late or have not followed the fasting instructions, we may not be able to do the procedure.

You and your child meet the surgical and anaesthetic teams on the admissions ward before the procedure. We confirm that you have given your permission (consent) for the procedure. You can ask us any questions that you may have.

During the procedure

We give your child a general anaesthetic. This is a medicine that makes your child sleep and stops them feeling any pain during the procedure. You can stay with your child until they are asleep. Please see our separate leaflet called "Your child's general anaesthetic" for details.

When your child is asleep, the surgeon straightens their penis and moves the opening of the water pipe (urethra). This pipe then opens in the correct position on the head (glans) of the penis.

Usually, we treat the hooded foreskin during the same procedure. The surgeon may remove the foreskin (circumcision) or correct its appearance (foreskin reconstruction). This depends on what you prefer and if it is possible to do a foreskin reconstruction. Your child's surgeon talks to you about this before the procedure.

Sometimes, the surgeon takes a small piece of skin (skin graft) from the foreskin and uses it to prevent the water pipe from becoming narrow. They explain if this might be necessary before the procedure.

At the end of the procedure, we leave a small tube to drain your child's urine. This tube is called a catheter. It is usually held in place with a stitch. We put a dressing on the penis. The catheter drains urine into your child's nappies or a bag if they are potty trained.

Are there any other treatment options to this procedure?

Hypospadias can be left without surgery if there is no narrowing of the water pipe (urethra). Your child's penis will continue to look different from a penis without hypospadias and this appearance will not change. Some adults with hypospadias who have not had surgery report no

problems from the condition. However, the emotional (psychological) effect on children growing up with hypospadias is not clearly known.

We can delay a hypospadias repair until your child can give a view on if they want to have the procedure.

Another option is for your child to have a procedure on the foreskin only. This procedure could be a circumcision or a foreskin reconstruction.

- **Circumcision**

A procedure to remove the foreskin is called circumcision. If the opening of the water pipe is not in the usual place on the head of the penis, circumcision may make this more noticeable. It does not usually have any important medical benefit. Most men in the UK are not circumcised.

- **Foreskin reconstruction**

During a foreskin reconstruction, we repair the large opening of the foreskin to give it a more usual appearance. The procedure takes about the same time as circumcision. If the opening of the water pipe is not in the usual place, foreskin reconstruction will make this less noticeable.

Sometimes, it is not possible to move the water pipe or correct the curved appearance of the penis with only 1 procedure (the single-stage hypospadias repair). When this happens, we have to do the surgery as 2 separate procedures. This is called a 2-stage hypospadias repair.

- **Stage 1**

In the first procedure, we straighten the penis and remove the foreskin (circumcision). We move skin to the penis from another area of the body (usually the foreskin). This is called a skin graft. When the skin graft is ready a few months later, we do the second procedure.

- **Stage 2**

In the second procedure, we use the healed skin graft to create a new tube to lengthen the water pipe. We can then move the opening of the water pipe to the more usual position on the head (glans) of the penis.

For more details, please see our separate leaflet called "Your child's procedure to move the opening of the water pipe to the top of the penis (2-stage hypospadias repair)".

Both operations involve having a catheter to drain urine and wearing a dressing for a week. It is more common to need surgery to correct problems after a 2-stage hypospadias repair than after a single-stage hypospadias repair. This is because a 2-stage hypospadias repair is more complex.

Are there any risks to my child's procedure?

Every procedure has some risks of complications. To reduce these risks, we make sure that your child is well at the time of the procedure. We talk to you about the risks in the clinic and before the procedure when we confirm that we have your consent.

Sometimes, we need to take a child back to the operating theatre after a hypospadias repair. We can then correct any problems with the dressing or catheter.

After a single-stage hypospadias repair, there is a small risk of a wound infection or bleeding from the wound. In some cases, there might be a problem with the repaired water pipe (urethra).

- There might be a narrowing of the water pipe. This might make it difficult for your child to pee or even leak urine by accident (urinary incontinence).
- There might be a leak from the water pipe. This is called a fistula. If a fistula forms, urine will come out of the extra hole when your child pees.

These problems often need to be corrected with more surgery.

If we have repaired the foreskin, there is a chance that part of the repair might not heal properly. This could cause a hole in the repair (fistula). Sometimes, the foreskin cannot be pulled back after the procedure. Your child might need another procedure to treat any of these possible problems with the foreskin.

There is a chance that your child might need another procedure to improve the appearance of the penis after a single-stage hypospadias repair.

After your child's procedure

How will my child look and feel after their procedure?

Your child may feel drowsy after their surgery and sleep for a while. They may be restless (agitated) and upset for up to an hour after waking up from the procedure. Some children may have pain and feel or be sick (vomit), but this is not common.

During the procedure, we may give your child painkillers, fluids, anti-sickness medicines and a local anaesthetic. The local anaesthetic is medicine that makes the area around the wound numb.

Will my child be in pain after their procedure?

We give your child a long-lasting local anaesthetic medicine during their procedure. This medicine gives them pain relief for up to 6 hours after they wake up. The anaesthetic doctor explains about this before the procedure. Your child wakes up with very little pain.

When your child is awake, we may give them paracetamol, ibuprofen or both medicines regularly. You can continue to give your child these medicines as needed when they are at home. The nurses can guide you when the next amount (dose) of pain medicine is due.

The catheter to drain urine can cause sudden tightening of the muscles (spasms) in the bladder. These spasms may be painful. We give your child medicine, such as oxybutynin, to prevent bladder spasms.

When can my child eat and drink or feed after their procedure?

Your child should be able to eat and drink or feed as usual within 1 to 2 hours of the procedure.

Do we see the surgeon after my child's procedure?

Yes, the surgeon comes to check your child after their procedure. They update you about the surgery and answer any questions that you may have.

When can my child go home?

Your child can go home on the same day as their procedure when they:

- feel comfortable
- can manage (tolerate) their usual food and drink
- are not feeling sick (nausea) or being sick (vomiting)
- are behaving as they usually do
- have peed after the procedure

Please supervise your child carefully on the journey home. According to the sudden infant death syndrome (SIDS) guidelines, it is best to avoid long car journeys for babies under 1 year of age. If you travel home by car, it is important that:

- you stop for frequent breaks to feed your baby and change their position
- an adult sits with the baby in the back of the car

After you go home

How do I care for my child after the procedure?

The surgeon or a member of their team gives you specific instructions about caring for your child after the procedure. They explain the arrangements for their follow-up care.

Sometimes, medicine to prevent bladder spasms can make your child constipated. This is when they find it hard to poo. We may recommend that your child takes a laxative, such as lactulose. This medicine treats constipation by making the poo softer and easier to pass.

The nurses show you how to look after your child's tube that drains their urine (catheter) and dressing before you go home. Please do not put your child in the bath with the dressing. It is important that you try to keep the dressing clean. If the dressing gets dirty, you can clean it with baby wipes or something similar. However, it is common for the dressing not to be clean when we remove this 1 week after the procedure.

Before you and your child go home, we tell you when to return to have their catheter and dressing removed. We usually do this 1 week later. Please make a note of where and when you need to come for this appointment before leaving hospital after the procedure.

After we have removed the catheter and dressing, we check that your child can pee without problems. You need to wait until your child has peed twice before going home.

If your child had a foreskin reconstruction, it is important not to pull back the repaired foreskin until this has a chance to heal. Your child's surgeon explains how long you should wait before starting to pull back the foreskin (for example, to wash underneath). This period is at least 6 weeks but can be longer.

How can I manage my child's pain after their procedure?

We recommend giving your child paracetamol and ibuprofen if they do not have any problems taking these medicines. You can give your child the medicines regularly for a few days and then as needed to control pain. Please remember to buy the pain medicines before the day of your child's procedure. It is also important to make sure that your child drinks plenty of fluids.

It is safe to give the 2 medicines at the same time, ideally with food. This is easier to plan and the medicines work in different ways. You can give your child:

- 1 recommended amount (dose) of paracetamol every 4 to 6 hours and no more than 4 doses in 24 hours
- 1 dose of ibuprofen every 6 to 8 hours and no more than 3 doses in 24 hours

You may find the following chart helpful to keep track of your child's medicines.

Home medicine chart for parents

Medicine	Time to give	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Paracetamol								
Ibuprofen								

Do I need to look for any symptoms after my child's procedure?

After your child's procedure, contact a GP or go to your nearest emergency department (A&E) if you feel that they are unwell or notice any of these issues:

- **Catheter stops draining urine**
If urine stops coming out of the catheter or drains alongside the catheter, this could mean that the catheter is blocked or not working.
- **Bleeding**
There are often some blood stains on the dressing. Your child may have a little blood in their urine. This comes from where the catheter rubs against the bladder. These small amounts of bleeding are not usually a problem. However, it is important to get medical help if:

- the blood stains on the dressing get bigger
- blood starts coming out through or around the dressing
- there is increased swelling or bruising of the pouch just below the penis that contains the testicles (the scrotum)

- **Infection**

If your child has a high temperature (fever), this could be a sign of an infection.

Do you see my child again after their procedure?

If your child needs a follow-up appointment, we will tell you before you go home. We then get in touch nearer the time and tell you the exact date and time of the appointment.

Contact us

Before the procedure

For **advice about your child's procedure**, call the urology medical secretary, **phone** 020 7188 4610 or 020 7188 4628, **email** evelinaurologydoctors@gstt.nhs.uk

If you **cannot keep your appointment**, contact our admissions team, **phone** 020 7188 9098, **email** gst-tr.paediatricadmissions@nhs.net

If your child is **unwell in the 2 weeks before the procedure**, contact our pre-assessment team, **phone** 020 7188 7188 extension 58209 (Monday to Friday, 9am to 5pm)

If your child is **unwell any time after 5pm on the evening before the procedure**, contact the bed managers, **phone** 020 7188 7188, choose the option for the bleep desk, bleep 0821 when connected and wait for the response

After the procedure

For **medical advice**, **email** evelinaurologydoctors@gstt.nhs.uk

For **advice from the clinical nurse specialists**, **email** evelinabladdernurses@gstt.nhs.uk

For questions about **outpatient appointments**, **phone** 020 7188 4000, **email** paediatricappointmentsurology@gstt.nhs.uk

If you are concerned that your child is **seriously unwell** at any time, go to your nearest A&E or **phone** 999

For more information on conditions, procedures, treatments and services offered at our hospitals, please visit **web** www.evelinalondon.nhs.uk/leaflets

Evelina London Medicines Helpline

If you have any questions or concerns about your child's medicines, please speak to the staff caring for them or contact our helpline, **phone** 020 7188 3003, Monday to Friday, 10am to 5pm **email** letstalkmedicines@gstt.nhs.uk



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Our values: **Put patients first** | **Take pride in what we do** | **Respect others** | **Strive to be the best** | **Act with integrity**