

2) Circumcision and get the meatus to the tip.

What's involved..... a day (or rarely, overnight) admission, general anaesthetic and a catheter for 10-14 days

What can go wrong..... The meatus can slip back (but not as far as it's original position), a leak from the newly formed tube (~10-30% depending what operation we do), narrowing of the tube, hair growing out of the meatus and so on - it depends on what operation we do!

How to decide?

Ideally, this should be your boy's decision. However, if the operation is done early, your son will have no memory of it and their postoperative distress will be minimal. It's easy to decide in the more major cases - do them as soon as it's safe! If your son has a more minor type, I'd suggest doing nothing until they are old enough to decide or simply moving the hole a little way forwards and doing a circumcision.

It's important to weigh up the risks, look at the advantages and act in your son's best interests - not your own.

Remember, there's a big variation in what's normal and lots of men have a minor hypospadias and live entirely normal lives, totally unaware of it unless they happen to see a doctor.

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Hypospadias

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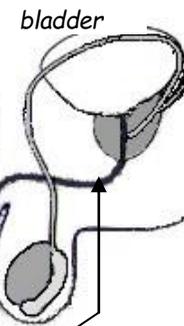
What is it?

Boys born with hypospadias wee out of a hole that's somewhere back from its usual spot at the tip of the penis. Because there are so many slang words for various bits of a penis, it's easy to get confused - so, I'm going to use 3 'doctor' words - glans, meatus and urethra.

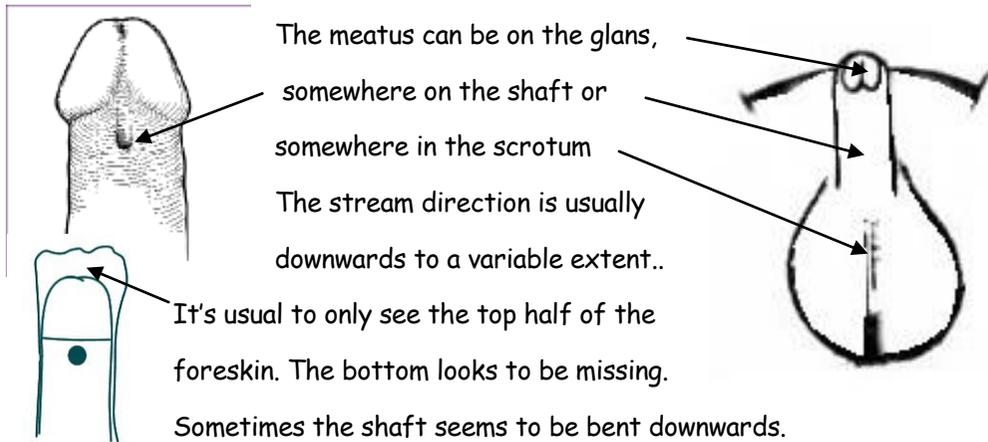
the **glans** is commonly called the 'knob' or 'head'

the **meatus** is the hole the wee comes out of (normally a slit like opening on the glans)

and the **urethra** is the wee tube itself (running from the bladder to the meatus)



What's it look like?



Is there anything else wrong that I can see?

Sometimes the boys have groin hernias, testes that haven't dropped or unusual fingers or toes

Anything wrong that I can't see?

Sometimes there are problems with the kidney or the urethra. If necessary, an ultrasound scan will be performed.

So, will my son be a normal adult male?

Sure! Except in very unusual circumstances, hypospadias has nothing to do with fertility, penile size, the ability to wee etc.

What causes it?

We don't know in most cases. Sometimes there are genetic or syndromal causes but these are rare

Do you always need to do something?

No, we'd only have to do something if it was likely to (or actually did!) cause problems with: weeing (hole too small), cleanliness (partial foreskin hard to clean), intercourse (bent shaft), fertility (hole too far back), body image (incomplete foreskin, can't direct stream properly).

If none of this is a problem, we do nothing!

What can be done?

We can make him look circumcised or uncircumcised, extend the tube to the tip (or just back from it), make the shaft straight and get him to pee straight. It all depends on what seems necessary.

In general terms we tend to do one of 2 things:

1) Circumcision or rejoin the foreskin+ move the meatus a bit further forward but not to the tip. This means they pee through a groove/channel on the glans and they pee straight. It's impossible to tell this from 'normal' in a child or adult unless you actually tip the penis over to look at it from underneath.

What's involved..... a general anaesthetic and a day stay in hospital.

What can go wrong..... The opening can slip back to where it was before surgery