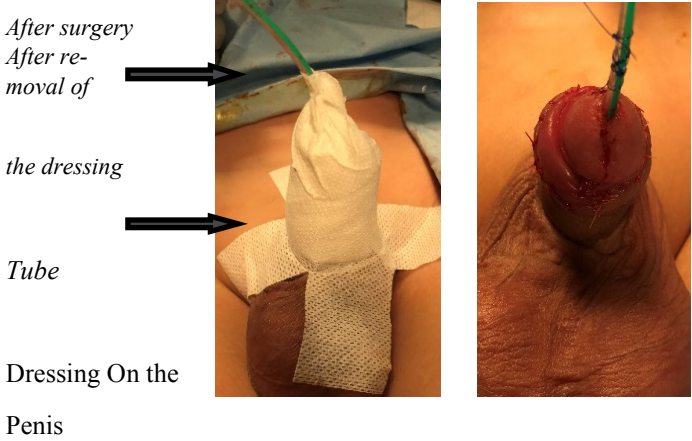


3.What should I expect after the surgery?

After surgery, your son will have a tube in his penis. This tube prevents urine from coming in contact with the freshly repaired urethra. His penis will be covered in a dressing to protect the surgical wounds. The tube and dressing are usually removed 5 to 7 later. After removal of the dressing, you may be advised to bathe your son’s private parts in a salt solution. This helps reduce pain and swelling in that area. You may have to apply a local cream on the wound for a few weeks to keep it moist in order to prevent it from sticking to your child’s diapers or underwear. Your son will be on antibiotics and pain medications after the surgery.



Most repairs are successful. If there are any complications, they usually happen in the first few months. The most common is the appearance of a separate opening along the penis which drains urine, this is known as a ‘fistula’. This happens in 10 to 20% of patients. Another complication is scarring within the urethra which may block the passage of urine, this is known as a ‘stricture’. These complications may require further corrective surgery.

4. How will follow-up be like after my son goes home?

Your son will be reviewed in the clinic a few times after discharge from the ward. These visits will detect any problems that may have occurred after surgery. If your son recovers well, the interval between each clinic review will become longer with time.

Contact No.  
  
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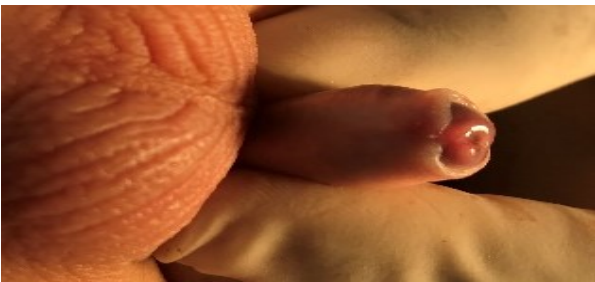


PATIENT INFORMATION SHEET  
HYPOSPADIAS REPAIR

1. What is hypospadias?

The urethra is a tube that runs through the penis and carries urine out of the body. Normally, the urethral opening is found at the tip of the penis. In hypospadias, the urethral opening is not at the tip of the penis and can be found anywhere along the underside of the penis.

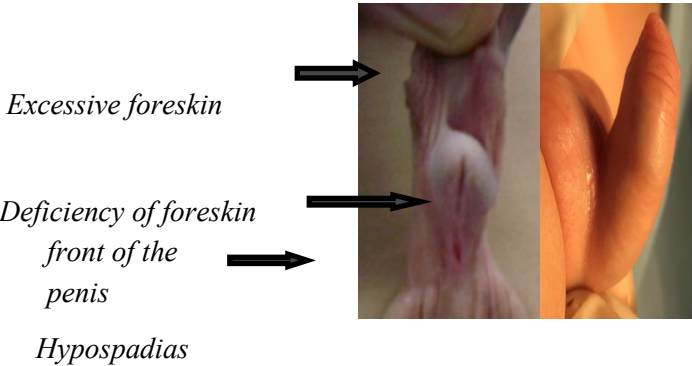
Normal



Different positions of the urethral opening in hypospadias



There is typically a deficiency in the foreskin over the underside of the penis, resulting in the appearance of excessive foreskin on the upper side of the penis. In some boys with hypospadias, there also a downward curve of the penis, known as ‘chordee’.



This condition is usually noticed at birth. Diagnosis is made by clinical examination. No special tests are generally needed. Rarely, the physician may ask for an ultrasound scan of the abdomen.

Treatment is via surgical repair. The aims of surgery are to straighten the penis; reconstruct the urethra; bring the urethral opening to the penile tip; and foreskin reconstruction. Hypospadias surgery is usually performed as a single operation. The time of surgery is variable and will be decided by the doctor. However, in cases of severe hypospadias, repair may be done in stages and divided into two surgeries. The second surgery is usually done 6 months after the first surgery.

2. How do I prepare my son for surgery?

Your son should be free of flu or lung infection for at least 2 to 4 weeks before surgery. He will be admitted one day before surgery and seen by both the surgical and anesthesiology doctors. Once they have decided that he is fit for surgery, you will be advised on when he should be kept fasted. Fasting before surgery is important to ensure that milk or food does not accidentally go into the airway during the administration of anesthesia. It is important to inform the doctors if your son has allergies, especially towards antibiotics.