

# Hypospadias

## What is it?

Hypospadias is a developmental anomaly of the penis, resulting in abnormal penile appearance and sometimes problems with function. It has three main features, but boys may have only one or two of these.

1. The urethral meatus (urinary opening) is not at the tip of the penis – it is usually on the underside. It may be a little or a long way back
2. The penis is bent downwards (“chordee”), usually most evident during erection
3. The foreskin (prepuce) is missing on the underside and bulky on the top, giving a hooded appearance. The prepuce can sometime be intact, hiding the abnormal position of the meatus

## Incidence

Hypospadias is quite common, and is increasing. It occurs in about 1/250-1/300 boys. It is more common with IVF babies. With a family history, the risk is increased. The chance of having a second child with hypospadias, is about 1/30 (14% of male siblings).

## Cause

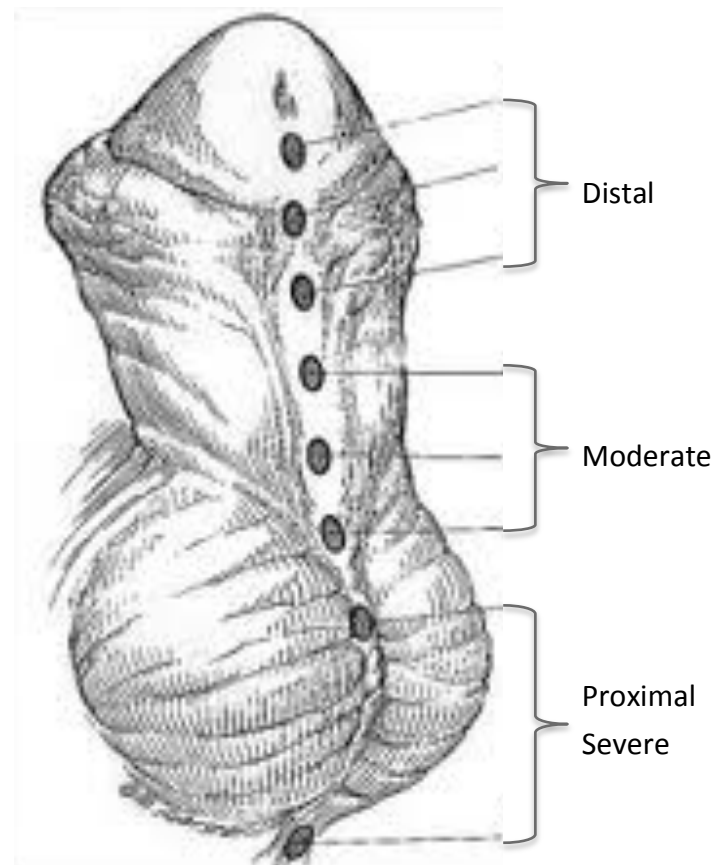
The cause is unknown. It has not been identified to be linked to anything the mother has or has not done during pregnancy.

## Associated problems

Hypospadias is usually an isolated anomaly. If it is severe, or there is abnormal testicular position as well, other malformations are more common.

## How is it diagnosed?

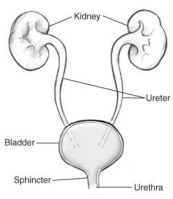
Hypospadias is usually diagnosed during newborn examination, which includes examination of the penis. The severity is partly determined by the position of the meatus, as well as the degree of bend.



## What tests are performed?

In most cases, no investigations are necessary.

In severe cases, hormone tests and ultrasounds to assess for other problems may be advised.



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## What are the treatment options?

In the mildest forms of hypospadias, no treatment may be required.

For those in whom treatment is considered, this involves an operation. Treatment may be advised if *functional* issues present or likely. Treatment may be considered to manage concerns about appearance.

There are many operations described for this condition, with varying success rates and complications. As the foreskin is often used for the reconstruction, it is important your son NOT be circumcised before corrective surgery. Hypospadias surgery is challenging reconstructive surgery and should be done by a specialist with expertise in this condition, such as a paediatric urologist.

The aims of all the operations are to create:

- an opening near the tip of the penis, so the boy can stand to void
- a penis that is straight enough for erections and intercourse
- a normal-looking (though often circumcised) penis

## When will my son need his operation?

If an operation is recommended for functional reasons, it is best done between 6 and 18 months of age. The two main functional issues considered will be whether the boy is likely to be able to stand to wee, and whether any bend is likely to interfere with intercourse in adulthood.

If an operation is considered for appearance (cosmetic) reasons, this can often be delayed until the boy himself can decide if the appearance is of concern. He is able to participate in the decision-making from 8-10 years of age. Nothing is lost by delaying surgery, if there is no functional concern.

## What are the complications of surgery?

Bleeding and infection may occur after hypospadias surgery, as for any other surgery.

Other complications specific to this type of surgery are:

- *Fistula*: 'side-hole' or breakdown resulting in connection between urethra and skin which leaks urine or results in a second stream
- *Stricture* or stenosis: narrowing or scarring in the urethra, making it difficult to void
- *Excess skin*: resulting in unattractive cosmetic appearance
- *Persistent chordee*: incomplete correction of the bend of the penis

More than one operation may be needed to fully correct the abnormality.

For information on what to expect after the operation, please see "Hypospadias – care after repair" sheet.

## Remember

- Hypospadias can be repaired, but the surgery should be done by an expert
- Do not have your son circumcised before discussing with a paediatric urologist