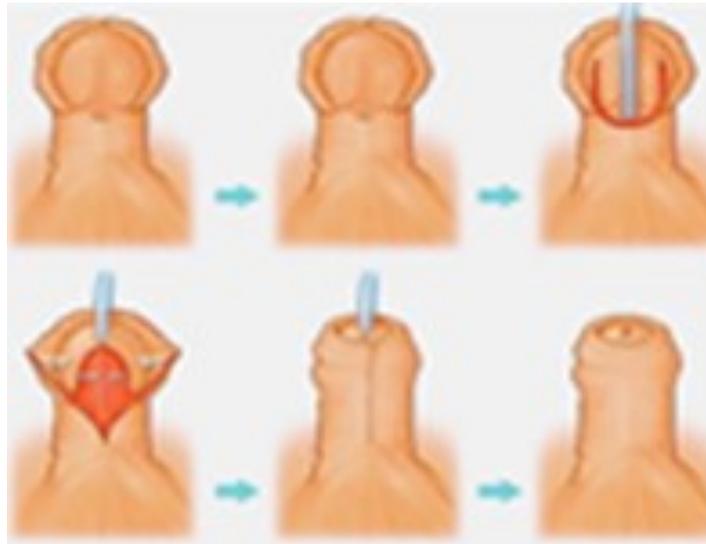


What next?

- The dressing should be kept dry for the initial 72 hours after surgery and then soaked in a bath until it comes off easily.
- The dressing may sometimes adhere to the wound causing slight bleeding on removal. Don't panic, the bleeding will stop.
- On discharge a prescription may be issued for patients to collect.
- Arrangements will be made for the removal of the catheter after 7-10 days.
- A review within 6 weeks to determine the final result of the surgery.
- There will be signs of bruising for at least 10 days.
- The suture-line will be hard and indurated for at least 8-10 weeks.
- Please direct all further queries to Dr Schoeman's Rooms..
- **PLEASE CONTACT THE HOSPITAL DIRECT WITH ANY POST-OPERATIVE CONCERNS AND RETURN TO THE HOSPITAL IMMEDIATELY SHOULD THERE BE ANY SIGNS OF SEPSIS.**



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Urologist



Dr Jo Schoeman
Specialist Urologist

PATIENT INFORMATION BROCHURE

DISTAL HYPOSPADIA REPAIR

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Distal Hypospadias Repair

Why is it done?

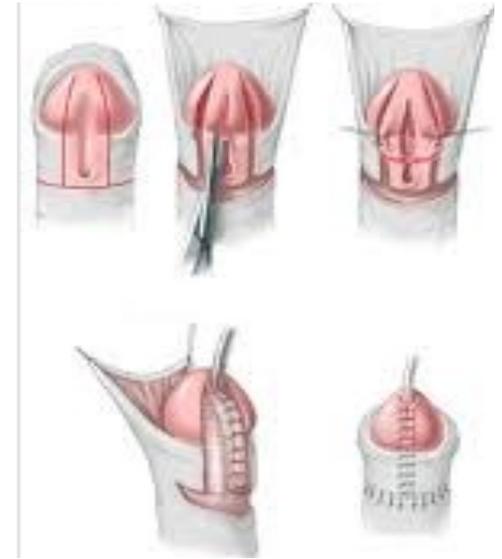
- To treat a congenital birth defect where the urethral meatus has an abnormal opening at the ventral aspect of the corona or distal penile shaft
- Usually no penile chordee associated
- May have a Dorsal cap of foreskin, or could be completely normal
- Usually in kids (neonates), occasionally picked up in older kids and seldom in adults

Pre-requirements

- An informed consent is required from the patient/ parents.
- Patients may not eat or drink from 6-8 hours prior to surgery according to age.
- Adult patients are to refrain from smoking before the procedure.
- **Patients allergic to IODINE/CHLORHEXIDINE should clearly state this at the Pre-admission clinic as well as to theatre staff and Dr Schoeman.**
- Any anti-coagulants such as Warfarin or Aspirin must be stopped 7 days prior to surgery. Clexane injections may be substituted.
- Patients with cardiac illnesses require a cardiologist / physician's report.
- A chest X-ray is required for patients with lung disease.
- Pre-op blood tests are required 4 days prior to surgery.
- Be prepared for an overnight stay.

How is it done?

- This procedure is done under general anaesthetic.
- Supine position.
- A Snodgrass procedure is usually done, or alternatively a Meatal Advancement technique
- A single incision is made on the midline of the urethral plate slitting it in 2
- The wings of the glans are mobilized
- The urethra plate is closed ventrally over an indwelling catheter which is fixed temporarily at this site
- Supportive subcutaneous tissue from the foreskin is brought ventrally on a vascular pedicle and laid over the urethral sutures.
- Skins is closed over and the rest of the wound by splitting the dorsal foreskin and bringing it ventral.
- Excess skin is not trimmed in case it is needed for a subsequent procedure
- The stricture is excised with a spatulated anastomosis over an Indwelling Catheter
- A long-term catheter will be inserted for 10 days.
- A dressing is then applied, which should be removed after 72 hours.
- A local anaesthetic is injected at the base of the penis as a penile block thus giving post-operative pain relief for the next 4-6 hours.
- **Keep in mind the procedure is not always successful**



What to expect after the procedure?

- Any anaesthetic has its risks and the anaesthetist will explain all such risks.
- You will be sent home with an Indwelling catheter for 7-10 days
- Bleeding is a common complication.
- A haematoma (blood collection under the skin) may form and needs to be reviewed by Dr Schoeman as soon as possible. Bruising is normal.
- Necrosis of the skin edges can occur and cause a skin defect.
- Small skin defects will heal over, larger defects may require skin graft
- A fistula (urine leak between urethra and skin) can occur and will require delayed closure.
- An infection of the wound may occur and requires immediate attention..
- Stricturing of the meatus may occur.
- Owing to the area of the surgery the wound should be kept clean and dry.