Hypospadias Repair with a Drainage Tube (Stent)

What is Hypospadias?
Hypospadias is a condition in which the opening from which a boy urinates (the meatus) is not located at the end of the penis. In a baby born with hypospadias, the opening can be located anywhere from just below the tip of the penis to the scrotum, and below the scrotum.

Why was my son born with hypospadias?
We know many things about how to treat hypospadias. We do not know why it happens. We do know that it occurs in about one out of every 100-baby boys. It is unlikely that hypospadias was inherited. Hypospadias is not due to something the mother did or did not do during pregnancy.

Can hypospadias be corrected?
In most children with hypospadias, surgery can correct the penis to look and function normally. There are different ways to correct hypospadias. The method depends on the surgeon, where the urinary opening is on the child's penis, and whether other conditions exist. In most cases, your child's penis will look like a normal circumcised penis with barely visible scars.

How long is the surgery?
Your surgeon will tell you how long he expects your child's surgery to last. The length of surgery depends on the degree of the hypospadias.

What to Expect After Your Child's Surgery

Appearance
After surgery, your son's penis and scrotum will be red, swollen or bruised. This is normal. It will get better with time. His urine may be light pink. You may see some spots of blood on his diaper. This is also normal.

Dressing
The surgeon will place a bandage over the penis after surgery. Your child’s urine will drain through a drainage tube. Some oozing of blood is normal. If your child has bleeding that is soaking the dressing, apply gently pressure, not letting go, for 10 minutes. If the surgical site continues to bleed, call the urology office.

If the bandage falls off, do not replace it. Your health care provider will tell you when to remove it. Before removing the bandage, have your son sit in a warm bath for 15 minutes. This will help loosen the bandage. Do not pull on the tube when removing the bandage.
Drainage Tube
The surgeon will place a small, soft, white, flexible tube or a urethral stent in the penis during surgery. You will see a stitch at the tip of the penis. This stitch holds the tube in place. The urine will drip through the end of the tube into the diaper. No special care is needed.

Your surgeon will tell you how your child’s tube will come out.

- Some tubes fall out at home. Your surgeon will tell you if your child has the type of tube that falls out at home. The tube will fall out within 4-7 days after surgery.
- Other tubes need to be taken out in the office. If your child has this kind of tube, schedule a post-operative appointment with your surgeon. He will tell you when it needs to be removed.

If you notice that urine is not draining from your son’s stent, or if his diaper has been dry for four hours, check to see if the stent is kinked. If not, try to change your son’s position (for example, from lying down to sitting up). If this does not work and urine is still not draining, do the following:

It may be helpful to have someone hold your son during this procedure.

Supplies:
- 10ml Syringe
- Bottle of Sterile Water

Steps:
1. Draw up 10ml of sterile water into the syringe.
2. Twist the tip of the syringe into the end of the stent.
3. Slowly put the 10ml of water into the stent.
4. Once the water is in, slowly pull back on the syringe until the water comes back out or until you feel a tug. You do not need to remove all 10ml of water.
5. **If you cannot** push the water into the stent, **do not force** the water. Stop and call your urologist.
6. Untwist the syringe from the stent.
7. Urine should begin to drain from the stent.

If urine stops dripping from the tube, you may need to flush the tube with water. You will be taught how to do this after your child’s surgery.
After the dressing is removed:
If your son’s diaper or underwear sticks to his penis, warm water will help to loosen it.
- Apply a large amount of Vaseline or A&D ointment in the front of the diaper with each diaper change. This will help with wound healing and prevent the penis from sticking to the diaper.
- As the penis begins to heal, the skin may change in color and consistency. It may look red, yellow or crusty.
- There may be some crusting or scabbing over the incision. This will fall off by itself. New skin will replace it.

Bathing
Once the dressing is off, you should bathe your son in a tub of clean water deep enough to cover his penis. Hold your son’s arms to prevent him from pulling on the tube.

Diet
Your child can begin eating when he gets home. Start with clear liquids (apple juice, Popsicles, water ice). Add solid food slowly and in small amounts. He may vomit from anesthesia on the day of surgery. This should stop by the morning after surgery. Call the urology office if he continues to vomit. Give your son extra fluids to keep his urine clear and keep the stent from becoming blocked.

Bowel Movements
Your child should have regular bowel movements. Give him juices, fruits and vegetables to prevent straining. Do not let him get constipated. If your child does not have a bowel movement 24 hours after surgery, you may give him a pediatric glycerin suppository. This is available over the counter at your local pharmacy. Follow the directions on the label.
- If your child has a bowel movement and it gets on the penis, do not worry. Wash it off with running water.

Pain Management after Urology Procedures
Your child may be in pain after surgery. Pain can be controlled. If your child is having pain, we will help him be as comfortable as possible. The hours following surgery can be a challenging time to manage pain. When your child wakes up in the Post-Anesthesia Care Unit (PACU), he may not be in pain. During the procedure, the Urologist uses a medicine to numb the area around the surgical site. This medicine can be placed in two ways: directly on his skin or injected into the nerves around the surgical area. The numbness may last from several hours to 24 hours. When this medicine begins to wear off, your child may have a tingling or itching feeling around the surgery site. When this medicine completely wears off, your child may be uncomfortable and experience pain. This is normal.
Below is a list of medicines that your child may take after surgery:

- **Acetaminophen**
  - Pain reliever for mild to moderate pain.
  - For the first 3 days after surgery, give your child this medicine as prescribed.
  - After 3 days, only give this medicine to your child when needed.
  - Follow the dosage instructions on the label.

- **Ibuprofen**
  - Pain reliever to treat pain and swelling.
  - Ask your surgeon if your child is allowed to take ibuprofen.
  - For the first 3 days after surgery, give your child this medicine as prescribed.
  - After 3 days, only give this medicine to your child when needed.
  - **Only** give ibuprofen every 6 hours.
  - Follow the dosage instructions on the label.

You can alternate acetaminophen and ibuprofen for pain relief. Keep track of which medicine you gave and the time you gave it. You do not want to give too much of either medicine.

- The easiest way to remember is to give one medicine every three hours.
  - **For example**, if you give acetaminophen at 1:00PM, you can give ibuprofen at 4:00PM and then acetaminophen again at 7:00PM.
  - Caregivers will know what medicine is due next.

**Can my child have an allergic reaction to the medicine?**

- Yes! If your child has difficulty breathing or swelling of the lips or tongue, **call 911**.
- If your child has itching, hives, or a rash, **stop** the medicine and call your surgeon’s office.

**Common side effects of medicines:**

- **Nausea**: Some medicines make children feel sick to their stomach. To prevent this, have your child eat before taking the medicine. If he vomits after taking the medicine, do not give another dose until the next prescribed time.
- **Constipation**: Some medicines make it hard for children to have a bowel movement (poop). If your child does not have a bowel movement or is having difficulty, have him eat foods with fiber such as fruits, vegetables and whole grains. He should also drink lots of water.

If you cannot manage your child’s pain with acetaminophen and ibuprofen, call our office at 215-590-2754. Your child may need an opioid medicine for severe pain. Opioid medicine requires a prescription from your surgeon.
Risks of opioid medicine:
- Addiction and overdose
  - Risk is higher in people who suffer from a mental health disorder, or have a substance use disorder.
  - Do not take with benzodiazepines, alcohol or other medicines. This may decrease your child’s breathing.

Helpful tips to reduce pain:
- Apply Ice
  - Use as directed by your surgeon.
  - Use ice when your child is awake.
  - Do not place directly on your child’s skin.
    - Place a thin towel between his skin and the ice pack.
  - Use ice once an hour, for 15 minutes.
- Make sure your child is in a comfortable position.

Other Medications
- **Spasms:** Children who have drainage tubes may have muscle cramps of the bladder. This is called bladder spasms. Your son may cry or pull his legs to his chest during these spasms. Your surgeon may order Ditropan (Oxybutynin) to help relieve these spasms. Give the Ditropan every eight hours for the first 2 days after the surgery. Spasms usually decrease after this period. Not all pharmacies stock Ditropan. Call your local pharmacy before the surgery to make sure that they have this medicine in stock.
- Your surgeon will order an antibiotic to help prevent infection.

Activity
Your child may not ride straddle toys (bikes, walkers, swings) for two full weeks after surgery. You should continue to use his car seat.

Follow-up
Call the Urology Clinic (215) 590-2754 to make an appointment for his postoperative visit. If your child’s drainage tube is still in place, the surgeon will remove it during this appointment.

When to Call the Surgeon:
- If your child has a fever above 101.5°F by mouth or over 102.5°F rectally.
- If your child’s tube looks like it is falling out, if the tube falls out, or if urine is not dripping out of the tube.
- If your child’s abdomen (belly) becomes hard or looks swollen (distended bladder).
- If your child continues to vomit the day after surgery.
- If your child’s surgical site has green or yellow drainage or a foul odor.
- If your child has urine draining from the surgical site.
- If your child has bleeding from the surgical site that does not stop with gentle pressure.
- If your child has bleeding beyond the edges of the surgical dressing.
- If your child has pain not relieved by pain medication or Ditropan.
If you have any questions, call the Division of Urology:

- 215-590-2754 from 8:00AM to 5:00PM Monday through Friday.
- After 5:00PM Monday through Friday or on weekends, call 215-590-1000.
  - Ask the operator to page the on call Urology Physician.
- **Nights, Weekends, Holidays:** (215) 590-1000, ask the operator to page the on call Urology Physician.