

Surgery to correct your child's penis for hypospadias

Children's Hospital

Last reviewed: December 2025

Next review: December 2028

Information for Patients, Parents & Carers

Leaflet number: 1263 Version: 2

What is an hypospadias?

Hypospadias happens in about 1 in 300 boys. The tube (urethra) that brings the pee (urine) from the bladder to the outside does not form properly at the end of the penis. It may open on the underside of the penis or between the penis and the sack that holds the testes (the scrotum). In most of the cases the skin that covers the tip of the penis (the foreskin) does not develop on the underside of the penis. It looks like a hood over the top of the penis.

In a large number of cases the penis bends (chordee) because the urethra is not well formed. This means the child passes pee in a downward or backwards direction. In later life it would make an erection and sexual intercourse difficult.

How is this treated?

We treat this with an operation to correct your child's hypospadias. We can do this after your child's 1st birthday often between 12 to 18 months of age. If we try and repair it at birth the operation would fail. This is why we need to wait until your child is older.

We can do the operation in stages if that is what is best for your child's condition. This is different for each child. We will assess your child. In mild cases, only 1 operation is needed to bring the urethra onto the end of the penis.

In more severe cases, we will need to do 2 operations:

1. We may use another piece of skin to correct the bend in the penis. This skin graft will be used to cover the repair if there is not enough skin at the base of the penis.
2. We may need to make the urethra long enough to reach the end of the penis. If it is a difficult operation we will leave a gap of 6 to 9 months before the operation.

Sometimes another small operation maybe needed if a hole develops due to poor healing. After the operations your child should have a penis that looks and works in the same way as other people by the time he is around 3 years of age.

**Health information and support is available at www.nhs.uk
or call 111 for non-emergency medical advice**

Visit www.uhleicester.nhs.uk for maps and information about visiting Leicester's Hospitals
To give feedback about this information sheet, contact uhl-tr.informationforpatientsmailbox@nhs.net

What happens in the operation?

We do this operation under general anaesthetic. This means your child will be asleep during the operation. The operation will take around 1 hour or more. It may be longer depending on how severe the hypospadias is. The surgeon will use the skin on the penis to create a new tube. This will lengthen the urethra so that a new hole can be created at the top of the penis.

We will fit a thin plastic tube (catheter) to drain the pee from your child's bladder. We will put a large dressing to cover the penis. These often need to stay in place for 7 to 10 days after the operation.

Are there any risks of complications?

- **Risk of infection.** We will give your child antibiotics until the dressing and catheter are removed. Having the antibiotics means that infections are very rare. This may happen in 1 in 100,00 cases.
- **Bleeding** is normal and you may see some blood on the dressing. If the wound is bleeding so much that the dressing is becoming wet then the dressing will need to be changed at the hospital. This may happen in 1 in 100 cases.
- **Narrow pee opening (Meatal stenosis):** The new opening can be narrow and need to be stretched under anaesthetic. This is rare and may happen in 1 in 10,000 cases. But if it happens it often happens years later and not in the first few months after the operation. If it happens it would make it difficult or painful to pee.
- **A hole can form (fistula):** This is where a leakage of pee happens from the original hole or anywhere along the stitch line. This is often seen a few weeks after the catheter/ dressing is removed. But it can happen years after the operation (this is more common). This would possibly need another operation. 1 in 1000 cases.
- **Breakdown of the repair:** This usually happens because of an infection. That is why we give antibiotics. Even with antibiotics, an infection can still happen, but this is not common. It can happen in 1 in 10,000 cases. If the head of the penis re-opens after surgery (Glans dehiscence), your child may spray when he pees. This often happens when the new hole (called the meatus) is close to the tip. It can be fixed with another operation to make it look better, but sometimes it can be left as it is.
- **The pee hole can move down into the penis (Meatus retrusion):** The new hole can pull down into the penis. This is common and may happen in 1 in 100 cases with a severe hypospadias and if the hole is near the base of the penis close to the scrotum (penoscrotal hypospadias). The top part of the penis is often narrow in these cases. This can be fixed with a simple operation, often 6 to 9 months after the first surgery.
- **The curve (chordee):** The bend in the penis can come back. This is common in more severe hypospadias. It is more likely to happen during puberty. We can correct this as a day case surgery. This may happen in 1 in 1000 cases.

Will my child have a foreskin?

Hypospadias surgery can be done with or without making a foreskin. If you want your child to still have a foreskin this may be possible in the milder cases and where there is no bend (chordee).

After the operation

When your child returns to the ward the nurse will check his pulse and breathing to make sure he has recovered from his anaesthetic.

He should be able to drink and eat as soon as he returns to the ward. Your child can eat whatever he feels like. We will regularly assess him. If he is struggling then we may need to give fluids into the thin plastic tube (cannula) that we will have put in his hand, arm or foot.

We will give him regular pain relief and he will have also had a local anaesthetic block in theatre to keep him comfortable. If you feel he is still in pain then please let your nurse know and we can assess if he can have more pain relief.

Passing pee

Your child is likely to have a catheter. This is a thin plastic tube from the bladder along the urethra to the outside. This is to stop pee getting on the stitch line. The catheter will have to stay in for up to 7 to 10 days depending on the operation. Your child will have a dressing around the penis which protects and helps to reduce the swelling. This will stay on as long as the catheter is in. As your child has a catheter he may get some bladder spasm. We will give medication to stop this as well.

Your nurse will regularly empty the catheter bag or change the nappy. They will monitor how much he is eating and drinking. They will give him antibiotics to stop a urinary infection.

Your child will probably need to go home with a catheter. The nurse will teach you how to care for him while he has it. Please do not worry, there is no pressure to go home until you are happy.

When you go home

In majority cases your child can go home the same day. If there are any complications they may need to stay overnight.

The following advice will help you care for your child at home:

- Your child will be more comfortable in loose fitting trousers. For example tracksuit or pyjama trousers.
- Local anaesthetic will reduce your child's pain for up to 8 hours. We advise that you give him pain relief for the first 24 to 48 hours (1 to 2 days) after the operation.
- Poo can go on the dressing. We will use a waterproof dressing so it can be wiped. We use double nappies (1 for poo, 1 for pee) to help stop the dressing becoming dirty. Again if the poo goes under the dressing or it is really messy then the dressing will need to be changed at the hospital.

- Bike riding and energetic play should be avoided for 1 week. Children will work out their own boundaries and general play is fine if they feel able to.
- The catheter and dressing needs to be kept dry. Do not give your child a bath.

Looking after the catheter

1. Make sure it is well taped to the leg with no kinks or twists. This is so it does not pull when he moves his leg.
2. Make sure your child drinks plenty to keep the catheter flushed.
3. Empty the bag or change nappy regularly.
4. Make sure the area around the dressing is kept clean and dry. If it gets dirty with poo, please visit the hospital to have the dressing removed.

When to contact the hospital

If any of the following happens please contact the hospital where your child had the operation:

- Pee leaks from around the catheter.
- Pee stops flowing into the bag.
- Pee looks cloudy or blood stained or smells nasty.
- The catheter comes out or dressing is falling off.
- Your child gets a high temperature, starts being sick (vomiting) or is generally unwell.
- You are concerned or need advice.

Please contact ward 10 on **0116 2585362**. This operation is specialist and your GP or local hospital will be unlikely to be able to give advice.

What happens next?

- The catheter and dressing will be removed 7 to 10 days after your child's operation. This will be at children's day care level 4 Windsor building ward 28 or if you are out of area we may be able to arrange for the community nurses to come and do it for you at home.
- The penis will still look red and swollen which is perfectly normal. This may last for several weeks.
- If this was the first operation you will probably notice that your child still does not pass pee straight. Do not worry as the second operation, if needed, will correct this.
- We will give you another appointment to be seen in the outpatients department.
- You can continue to give paracetamol for pain if your child needs it. If your child has difficulty peeing, sitting in a warm bath often helps. Also make sure your child continues to drink plenty.

