

Post-operative care instructions for parents of children with hypospadias

Definition:

Hypospadias is a congenital abnormality of the urinary tract in males and has different types. Normally, during fetal development, the urethra forms from bladder to the tip of the penis. In hypospadias, the urethral opening is located near the normal position and may be found on the underside of the penis, or in more severe cases near the scrotum or perineum. In this condition, urine does not exit from the normal urinary meatus. In some cases, curvature of the penis may also be present which this condition is accompanied by a non-straight urinary stream. This condition is called chordee.

Causes:

This anomaly is congenital and the real cause of it is unknown. However, genetic factors, advanced maternal age, use of certain medications during pregnancy, smoking and prolonged exposure to chemicals may increase the likelihood of developing this condition.

Treatment:

Treatment depends on the type and severity of the abnormality and the doctor's judgment regarding the timing and need for surgery. If surgery is required, the child should not be circumcised before the repair, as foreskin tissue may be needed for reconstruction. The appropriate age for surgery is usually 6-18 months and surgery is usually postponed until the age of 1-2 years when the penile size becomes more suitable for the surgery. Surgical correction helps create a single urinary flow, and restores the normal appearance and function of the genital organ. In some cases, temporary urinary diversion may be required to promote healing and maintain patency of urethral meatus.

Pre-operative care:

- *Urinalysis
- *Blood sampling and laboratory tests
- *Renal and urinary tract ultrasonography
- *Cleansing the surgical site
- *No food or drink 4-6 hours before surgery
- *Wearing special operating room clothing

Post-operative care:

- *Bed rails should be kept raised to prevent the child from falling.

*To prevent the child from touching the surgical site, pulling, displacing or removing the catheter with their hands, do not leave them alone and if necessary, use soft restraints on their hands.

*The child should not eat or drink anything until full recovery of consciousness. After regaining full alertness, oral intake should be started with clear liquids. Nausea and vomiting are common after general anesthesia. In case of vomiting, the child should be placed in a lateral position to prevent vomit from entering the lungs.

Urinary Catheter Care:

*Make sure urine bag is not placed on the bed, but hung on the side of the bed; because keeping urine bag in the correct position prevents backflow of non-sterile urine into the bladder and infection. Ensure that the catheter tubing is not kinked or twisted.

*If blood clots or interruption in urine flow are observed, inform the nurse.

*The urine bag should ~~not~~ be emptied regularly to maintain an unobstructed urinary stream and to prevent the bladder and urethra from being pulled by a heavy bag.

*The urine bag should be emptied using a clean technique from the outlet below the bag to prevent contamination of the urethra.

*To prevent contact between the pajamas and the catheter, it is preferable that the child do not wear pants. To prevent contact of the surgical site with sheets or blankets and to prevent catheter displacement, use a bed arch.

*The catheter is stabilized on the penis with bandaging and adhesive to reduce the likelihood of pulling and accidental removal.

*One method of catheter care is the use of double diaper, with the catheter tip positioned between the two layers. This is generally more comfortable for the patient and most children upon discharge, have the catheter or stent draining directly into the diaper. (Ensure about the urine output)

*For 3 to 4 weeks, the child should avoid riding bicycles or horses, swimming and playing rough games, as these activities may cause trauma to the surgical site.

Dressing Care and Infection prevention:

*The child's penis is completely covered with a dressing, which should be removed at the time specified by the doctor.

*The dressing should not become contaminated with feces.

*If the dressing becomes displaced, do not attempt to reposition it yourself, instead inform the nurse.

*Signs of surgical site or urethra infection such as fever, dark-colored urine and purulent discharge from the incision or foul-smelling from the dressing site should be reported immediately.

*Tub baths should be avoided until catheter removal to prevent infection.

*Apply antibiotic ointment to the surgical site daily as prescribed by the doctor. The ointment should be applied only to the glans and suture line without rubbing or massaging.

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*Encourage the child to drink fluids, as increase fluid intake promotes urine output, dilutes the urine and helps prevent urinary tract infection.

*Consult the doctor if the child experiences a temperature above 38.5 c, severe pain or restlessness, redness, significant swelling and bruising around the penis. (Mild swelling and bruising around the penis is normal for a few days and usually resolve without the need for medical intervention.)

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