Name of Operation: **Hypospadias repair (single-stage)**

**Main issues:**

- Moving the pee-hole to the tip of the penis, straightening any bend in the penis (“chordee”), and “zipping up” (reconstructing) the open under-side of the foreskin (the skin that should cover the head of the penis).

- Dissolving stitches.

- Very sore to pee, and penis looks swollen and bruised, for several weeks.

- Clinical photographs may be taken under anaesthetic before and after the operation, for his hospital records. If you agree, these may be used elsewhere (eg, for teaching), but it will be done confidentially (so that no one else will be able to identify your son).

**Intended benefits:**

- Easier to pee when standing.

- Easier sexual intercourse in later life.

- Cosmetic (improved appearance).

**Common or serious risks:**

- Bleeding (rarely serious).

- Infection (rarely serious).

- Damage to penis or water-pipe (rarely serious).

- About 1 in 5 will develop holding on (“retention”), a leak producing a second stream (“fistula”), or narrowing of the new water-pipe (“stricture”), any of which may need further surgery.

- In about 1 in 100 boys, the stitches will completely undo (“break-down”), so that the repair ends up looking as if no surgery has been done. Another operation will be needed, but it has to be delayed for 6 months, until the tissues have fully recovered from the first operation.

- The final appearance of the skin may be less than ideal as it heals: normally boys “grow into” any bagginess of the skin, so it would be unusual that further minor cosmetic surgery is needed for this.

- In some boys, as the foreskin heals it becomes unable to move back, and he may need a minor operation to release it before he becomes sexually active.

- Anaesthetic problems (rarely serious, but around 1 in 250,000 general anaesthetics in children can be fatal).
A diagram of how hypospadias is repaired; here we usually try to repair the foreskin as well.