

psychological reasons, and (3) to preserve a sexually adequate organ. The choice of surgical procedure is affected primarily by the severity of the defect and the presence of associated anomalies. Numerous techniques are utilized in repair of hypospadias and are performed under general anesthesia and typically as an outpatient procedure.

Hypospadias repair may be done by primary tubularization for milder forms in which a new urethra is made by rolling a ventral strip of penile shaft skin that normally would have formed the urethra. For more severe hypospadias, an onlay island flap is used to create the urethra, transferring a strip of inner foreskin onto the ventral urethral plate. In severe forms of hypospadias, including those with significant chordee, a two-stage repair is used to straighten the penis and create a new urethra. These are typically performed at least 6 months apart. There is no consensus on the best surgical approach for correcting severe hypospadias and complication rates are high; specifically development of urethrocutaneous fistula, urethral stricture or meatal stenosis, and urethral diverticulum ([Prat, Natasha, Polak, et al, 2012](#)).

The preferred time for surgical repair is 6 to 12 months old, before the child has developed body image. Occasionally a short course of testosterone is administered preoperatively to achieve additional penile size to facilitate the surgery.

## **Nursing Care Management**

Neonatal circumcision should be avoided in hypospadias where there is incomplete foreskin, because this is not conducive to a safe clamp or Plastibell circumcision. In severe cases, the foreskin may be used in reconstruction. In mild hypospadias, the foreskin is not incomplete and the abnormality may not be noted until after circumcision. This does not affect future successful reconstruction if it is needed. In most cases, the appearance after reconstruction will be of a circumcised normal penis. Preparation of parents for the type of procedure to be done and the expected cosmetic result helps avert problems.

Frequently parents are informed of what is to be surgically corrected but are not advised of what to expect as a reasonable consequence. More refined surgical techniques performed by surgeons specializing in pediatric urologic conditions have