Hypospadias Surgical Management of Primary Distal Shaft to Midshaft

Evidence Based Outcome Center



GUIDELINE EXCLUSION CRITERIA GUIDELINE INCLUSION CRITERIA Proximal hypospadias Patient diagnosed with primary distal shaft to midshaft hypospadias Hypospadias reoperation ■ Infant < 1 year of age Patients with androgen insensitivity Patients with gynecologic involvement Small appearing penis Stretched penile length > 2 Administer: IM preoperative testosterone at standard deviations below the 6 weeks and 3 weeks prior to surgery patient age adjusted mean? NO Stretched penile length 1 - 2 **Consider**: IM preoperative testosterone at standard deviations below the 6 weeks and 3 weeks prior to surgery patient age adjusted mean? NO. Operation: Perform TIP repair (if possible) • At minimum a single-layer neuorethral coverage (e.g. flap) • Silastic catheter ≤ 8 French in size Interrupted sub-epithelial closure for urethroplasty and sub-cuticular skin cover sutures · Non-compressive dressing Contraindication: Postoperative bleeding indicates compressive dressing • Consider using a fine (6-zero or 7-zero) absorbable suture for urethroplasty Post Operation: Pain Management: Alternate Acetaminophen and ibuprofen Bladder spasms: Oxybutynin 3 times daily as needed Antibiotics Prophylaxis (Consider): Bactrim 2 times daily while catheter is in place Remove catheter and dressing after 5-10 days



