

Surgeons examine hypospadias repair efficacy for patients with differing anatomies

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A pediatric urologist at UT Southwestern Medical Center who pioneered a surgical technique for repairing a common birth defect in boys reports the procedure is singularly effective in correcting the problem with few complications.

Hypospadias, the second most common [birth defect](#) in boys, causes the opening of the [urethra](#) to be misplaced on the penis. If not corrected properly, the malady can lead to [urinary tract infections](#) and difficulty with urination and normal [sexual activity](#).

Dr. Warren Snodgrass, professor of urology and chief of [pediatric urology](#) at UT Southwestern and Children's Medical Center Dallas, examined data from an eight-year period to assess how successful the procedure is in correcting hypospadias.

The results, published online in the *Journal of Pediatric Urology*, demonstrated a postoperative success rate better than 95 percent. Dr. Nicol Bush, assistant professor of urology, assisted in the assessment.

"Our data and [patient outcomes](#) proved that this technique is universally applicable for distal hypospadias, regardless of anatomy, which varies from patient to patient," Dr. Snodgrass said.

Called tubularized incised plate (TIP) repair, the surgery can repair both distal and proximal hypospadias. Distal hypospadias means the opening to the urethra, or urethral meatus, is closer to the tip of the penis than

proximal hypospadias, and is typically easier to repair.

In the early 1990s Dr. Snodgrass developed the TIP repair, which is now the most commonly used technique for distal hypospadias repair throughout the world. The procedure uses tissues that normally create the urinary channel, without the need for skin flaps, which had been commonly used for more than a century.

The newer technique is less complicated and leaves the penis with a more natural appearance.

The [clinical investigation](#) looked at data obtained between 2000 and 2008 on more than 550 patients ages 3 months and older who had TIP repair. Surgeons obtained follow-up on 77 percent of the cases. No anatomical contraindications to doing the TIP repair were reported and the complication rate was around 4 percent.

"Urinary flow appeared normal in our patient group, and we found that all forms of distal hypospadias can be corrected with good results," Dr. Snodgrass said. "The data is very encouraging and we hope it will decrease confusion about the circumstances in which the TIP procedure is applicable."

The results have encouraged the use of TIP for the more challenging proximal hypospadias repair, which accounts for about 10 percent of cases. In a previous study published in the *Journal of Pediatric Urology*, Drs. Snodgrass and Bush described technical improvements that have reduced complications from 53 percent to 13 percent; using skin flap techniques, the expected complication rate remains more than 30 percent.

They also published outcomes in the *Journal of Urology* that provide an algorithm for reoperations in patients with complications from initial

surgery, again without need for skin flaps.

Taken together, these studies cover the spectrum of hypospadias repair using innovative operative techniques that are a radical departure from earlier surgical practice.

Provided by UT Southwestern Medical Center

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