



The use of Buccal Mucosal Graft to repair complex hypospadias; The Bloemfontein Experience

Author: Frederik M. Claassen

Affiliation: Department of Urology, Faculty of Health Sciences, University of the Free State, Bloemfontein, South Africa

Aim of the Study:

This study aims to evaluate the outcomes of proximal hypospadias repair using a buccal mucosa graft (BMG) in a staged surgical approach.

Methods:

Patients with proximal hypospadias with chordee greater than 60 degrees, poorly developed glans groove, narrow urethral plate were selected for staged BMG hypospadias repair. The first stage involved a subcoronal incision, dissection of the penile and preputial skin, and correction of the chordee via transverse incision of the fibrotic urethral plate. Glans bisection and creation of glandular wings were followed by the formation of a urethral plate from the tip of the penis to the urethral meatus with the BMG. Mobilized preputial skin was split dorsally then rotated ventrally and sutured to the BMG-created urethral plate. The second stage, conducted 3-6 months later, involved the creation of a neo-urethra over an 8Fr catheter by mobilizing the skin adjacent to the BMG urethral plate. Follow-up occurred 6 weeks post-second stage procedure.

Results:

From January 2015 to December 2017, 108 children (median age: 3 years 7 months) underwent staged hypospadias repair with BMG. The success rate after the second stage was 66% (n = 71/108). BMG failure occurred in 37 patients (34%), necessitating revision. Residual penile chordee was observed in 8 of the 37 (21%) patients. Complications included fistula formation in 19% and glans dehiscence in 19% after the second stage repair.

Discussion: BMG failures were associated with incomplete removal of the hypoplastic fibrotic urethral plate and inadequate chordee correction.

Conclusions:

Despite a high rate of complications, staged hypospadias repair using BMG remains a viable option for selected patients with proximal hypospadias.



COMPARING TAIPEI TECHNIQUE WITH DIFFERENT FLAPS IN PENILE CURVATURE CORRECTION

Authors: Cynthia Sze-Ya Ting, Pei-Yeh Chang

Affiliation: Department of Pediatric Surgery, Chang Gung Children's Hospital, Taoyuan, Taiwan.

Aim of the Study:

This study aims to evaluate the effectiveness of the Taping Inbetween Penile Incisions (TAIPEI) technique for correcting penile curvature following the transection of the urethral plate (UP) and to compare its efficacy when used in conjunction with two different staged flap techniques.

Methods:

We conducted a prospective study involving patients with primary hypospadias who underwent staged flap repairs that included UP transection and the TAIPEI technique. Curvature angles were measured objectively during artificial erection after degloving, after UP transection, and at stage 2. After the second stage repair, curvature was reassessed with either natural erection or a standardized erection test.

Results:

The study included 64 eligible patients from June 2020 to December 2021. In the first stage. Of these, 19 patients received the Transverse Preputial Island Flap, while 45 patients underwent the Byar's Flap. The median curvature angle was 55° (IQR 44–74) after degloving. In terms of curvature correction, both groups achieved nearly or exceeded a 95% success rate. With a median follow-up of 19.3 months (IQR 17.6–24.4), 80% (32/42) achieved a straight penis and 90% (38/42) having penile curvature less than 30 degrees.

Discussion:

In our series, significant improvement in ventral curvature did not occur immediately after UP transection, but rather months after taping. This suggests that corporal remodeling is possible with the TAIPEI technique. We suggest postponing stage 2 and starting an intensive taping program if residual curvature noted before stage 2. Residual/de novo ventral curvature after stage 2 is possible and might be related to diverticulum formation.

Conclusions:

The TAIPEI technique is successful in correcting penile curvature using either the Byars flap or the Transverse Preputial Island Flap. Continued follow-up beyond puberty is necessary to fully assess the long-term outcomes of this approach.

STEP-BY-STEP GUIDE TO THE TAIPEI (TAPING INBETWEEN PENILE INCISIONS) PROCEDURE FOR HYPOSPADIAS WITH SEVERE CURVATURE (VIDEO)

The video demonstrates the TAIPEI (Taping Inbetween Penile Incisions) procedure for managing proximal hypospadias with penile curvature greater than 30°. The video details how and when to perform a standardized artificial erection test without a tourniquet.

Following the erection test, the first stage of repair starts with degloving the penile skin, followed by another erection test. For curvatures over 30°, the urethral plate is transected. A mixture of lidocaine and epinephrine is injected into the dissection plane, and the urethral plate is elevated and transected at the coronal level distally. Another erection test is performed right after transecting the urethral plate, and the curvature is measured and recorded. The transected urethral plate is then fixed onto the corporal bodies in a proximal position without tension. The next step involves glans dissection and preparing Byar's flap.

Post-operatively, taping begins at week three and continues until the second stage, typically for at least six months. A family survey revealed that 90% of respondents rated the taping process as moderate to very simple after an initial adjustment period.

The second stage is performed at least six months after the first, confirming penile straightness with an erection test. The neourethra is tubularized and closed in two layers using interrupted subepithelial 7-0 PDS sutures, then covered with de-epithelialized prepuce skin. A 6 Fr catheter and elastic gauze bandage are left in place for 10-14 days.

This video aims to enhance understanding and execution of the TAIPEI procedure, providing valuable guidance for surgeons managing proximal hypospadias with severe penile curvature.



Title	<u>SEVERE PENILE INJURIES IN CHILDREN : RECONSTRUCTION MODALITY & OUTCOMES</u>
Presenter's Name	Dr. Kishore Panjwani
Co-Authors' Name	Dr. Sanjeev Sharma
Name of the Institution	Asopa Hospital & Galaxy Hospital, Agra (India)
Abstract	<p><u>Aim of the Study:-</u> Objective to review our experience with severe penile trauma in children, mechanism of injury and their treatment modality in 110 children younger than 8yrs. The cause of penile injury in this series were different in each case including hypospadias surgery. Emphasis is given to the technique of lateral scrotal flap in cases of penile amputation.</p> <p><u>Method:-</u> Analysis of 110 patients of penile injuries referred to us between 2004 to 2023. The etiology of penile trauma & chances of treatment were evaluated. The management included a wide variety of surgical techniques that were tailored to the individual patient. The eleven patients with amputations of penis, lengthening of penile stamp was done by dividing the suspensory ligament & the penile stamp was covered by mobilize the random pattern skin flaps from lateral part of scrotum.</p> <p><u>Results:-</u> Eighty four patients were followed for 4yrs. These were good cosmetic function results in the 70 patients out of 60 patients of circumcision related injuries. Eight patients had function disability due to short penis. Out of 4 patients of hair tie injury none lost their glans but one had sub coronal fistulae which were corrected by surgery. Out of six patients of animal bite five had poor results. Three were left on perineal urethrotomy as both testis were also lost. One patient whom testis were intact had pediatric phalloplasty. All patients in whom phalloplasty was done they are doing very well & waiting for their definitive procedure.</p> <p><u>Discussion:-</u> The treatment of penile injuries should be tailored according to type of injury and amount of penile tissue loss. Deep penile injuries may be iatrogenic as in circumcision/hypospadias surgeries or Secondary to the vascular insult or consequence of infection. We emphasized the feasibility and reliability of phalloplasty using the remaining stump of corpora cavernosa as first step of pediatric phalloplasty.</p> <p><u>Conclusion:-</u> The goal of treatment of penile injury is to achieve normal like appearance, reduced function damage & minimize the emotional impact and to achieve genital identity.. Phylloplasty using the remaining stump of the corpora cavernosa should be first line of therapy in children for functional phalloplasty with very encouraging results.</p>



ENHANCING HYOSPADIAS REPAIRS IN NIGERIA: TRAINING AND RESOURCE NEEDS OF PAEDIATRIC SURGEONS

Authors: Ugwu J O, Ekwunife O H, Modekwe V I

Affiliation : Paediatric Surgery Unit, Nnamdi Azikiwe University Teaching Hospital, PMB 5025 Nnewi, Anambra State, Nigeria.

Corresponding Author: Dr. Jideofor Okechukwu Ugwu

Paediatric Surgery Unit, Nnamdi Azikiwe University Teaching Hospital, PMB 5025 Nnewi, Anambra State, Nigeria. Email: Jo.ugwu@unizik.edu.ng

Background:

Hypospadias repairs continue to pose huge reconstructive challenges. Despite improvements in outcome in developed economies owing to structured trainings, expertise and availability of requisite materials and equipments , same is not the case in low and middle income countries such as Nigeria r.

Aim:

To determine the practice and challenges in hypospadias repair among paediatric surgeons in Nigeria

Methodology;

This was a cross –sectional survey on paediatric surgeons in Nigeria using self -administered structured questionnaires which were distributed to the participants. Responses were obtained on: years of experience, case volume, preferred techniques, challenges , trainings and needs. Data was analysed using SPSS version 22

Results

There were 29(78.4%) males and 8(21.6%) females respondents out of which consultants were in the majority (64.9%). Aside one(2.7%) practitioner in a mission hospital , the rest practice in tertiary hospitals. In 62.2 % of the responses, paediatric surgeons repair hypospadias in their centers while in 35.1% percent has both paediatric surgeons and urologists carrying out hypospadias repairs. The most challenging cases were the re-operative repairs and proximal variants in 48.6% and 45.9% respectively. Appropriate sutures, silastic catheters and loupe magnification are always available to the 43.2% , 45.9% and 27% of the respondents respectively while testosterone and Human chorionic gonadotrophins are available to 43.2% and 5.4% of the respondents respectively for penile augmentation . The most common and most challenging complication is urthrocuteaneous fistula to 81% of the respondents.

Tubularized incised plate urethroplasty is the most utilized technique for distal variants while 24.3% refrain from the proximal hypospadias repairs. Only 8(21.6%)participants have had dedicated training in hypospadias repair and 91.9% recommended further trainings and fellowships in hypospadias repairs

Conclusion

Paediatric surgeons perform most hypospadias repairs in Nigeria however materials and proper instruments are rarely available to most of them. Further trainings and fellowships will definitely improve practice in hypospadias repairs in the regions

Key words: hypospadias repairs, practice , challenges and needs



CAUDAL VERSUS PUDENDAL ANALGESIA IN HYPOSPADIAS REPAIR: A PROSPECTIVE RANDOMIZED BLINDED STUDY

Authors: Ramesh Babu¹, Dharmalingam Arun Prasad¹, Vatsala Bagri², Akilandeswari Manickam², Aruna Parameswari²

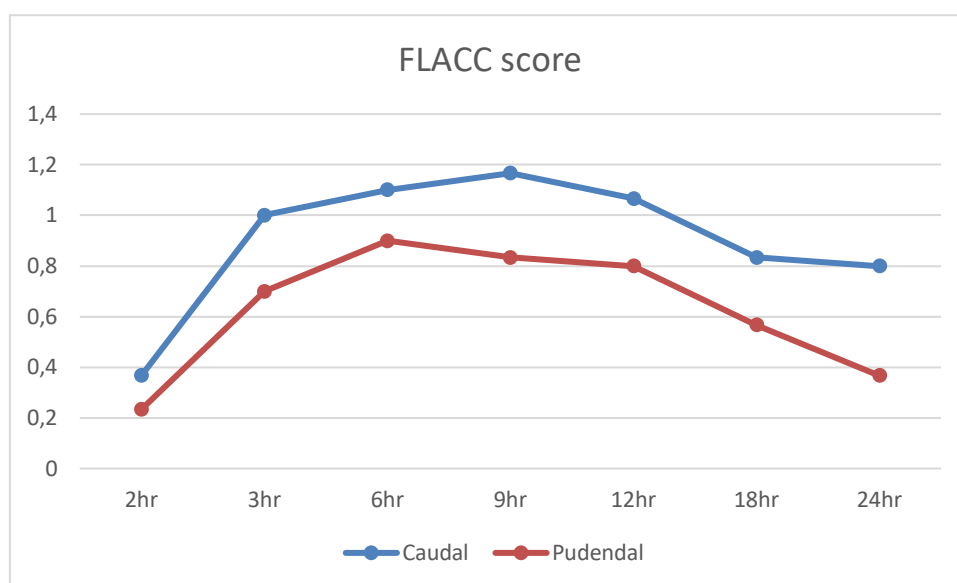
Affiliations: Departments of Pediatric Urology¹ and Anaesthesia², Sri Ramachandra Institute of Higher Education and Research, Chennai, India

Background and aims: Caudal analgesia (CA) is a widely used method to tackle pain after hypospadias repair. Development of complications related to temporary penile engorgement has made people concerned about CA and switch to pudendal analgesia (PA) which provides somatic blockade. In this prospective randomized blinded study we have compared CA and PA among children undergoing hypospadias repair.

Methods: All children undergoing single-stage distal hypospadias repair were randomized into CA or PA groups. In both groups analgesia was provided under ultrasound guidance with 0.2% ropivacaine and 1 mcg/kg clonidine. FLACC score and rescue analgesic requirement was assessed post-operatively for 24 hours as a measure of effective pain relief. The person recording outcomes was blind to the group allocation. Outcomes were compared with t-test or Fisher's exact test.

Results: During the study period, a total 72 patients were recruited (36 in each group). At 12-hour interval, the mean FLACC score was 1.1 (1.2) in CA, while 0.8(1.3) in PA ($p=0.3$). Rescue was required in 2/36 in CA versus 3/36 in PA with no significant difference ($p=1$). Post-operative complications were encountered in 4/36 in CA (1 glans dehiscence, 2 fistulae, 1 partial skin-flap necrosis) while 3/36 in PA group (1 glans dehiscence, 2 fistulae) with no significant difference ($p=1$).

Conclusions: There was no significant difference between CA and PA in terms of analgesic effects or postoperative complications. While pudendal analgesia is as effective in pain-relief and avoids parasympathetic blockage, conventional caudal analgesia is not associated with higher complications as some reports claim.





DOES THE GLANS DIAMETER HAVE AN IMPACT ON URETHRAL DEHISCENCE AFTER HYPOSPADIAS REPAIR?

Authors: Sadık Abidoğlu¹, İsmail Demiryorgan², Ahsen Karagözlü Akgül¹

1 Marmara University, Faculty of Medicine, Department of Pediatric Surgery, Division of Pediatric Urology, Istanbul, TURKEY

2 Marmara University, Faculty of Medicine, Department of Pediatric Surgery, Istanbul, TURKEY

3 Tuğtepe Pediatric Urology Center, Istanbul, TURKEY

INTRODUCTION: Dehiscence is one of the most important challenge in hypospadias repair. Technical errors are the main reasons for dehiscence. However, there is still a debate that small glans may have an impact on dehiscence. Unfortunately, hormone therapy that usually applied to patients to improve glans measurements, may have also a role in dehiscence of glans after hypospadias repair. The aim of this study is to evaluate the impact of the penile measurements and hormone therapy on glans dehiscence.

PATIENTS AND METHODS: Between 2021 and 2023, 68 patients who underwent hypospadias repair in our clinic were reviewed retrospectively. 20 patients were excluded due to incomplete data. Demographic features of the patients, age at surgery, penile measurements preoperatively and postoperative complications were recorded. Patient data about hormone therapy is also recorded.

RESULTS: 48 patients were analyzed. Median age at surgery was 31 months. The mean of the glans width was 17,6mm (min-max: 12-23mm). Dehiscence was observed in 8 patients. The mean of glans width was 17.86mm in patients without dehiscence, while it was 16,33mm in patients with dehiscence. This difference did not reach the statistically significance ($p=0.159$). Analysis revealed that there was no difference due to hormone therapy between patients with and without dehiscence ($p=0.560$).

CONCLUSION: There was small difference among glans width between patients with and without dehiscence, but this difference did not reach the statistically significance. Although it was revealed that glans width and hormone therapy had no effect on dehiscence after hypospadias repair in our study, prospective randomized studies with bigger number of patients is required in this field.



One and a half diapers; a simple idea to keep dressing clean after hypospadias surgery

Authors: Mohamed Fawzy, Michael Sennert, Johannes Wirmer, Ahmed Hadidi

Affiliation: Hypospadias Center, Pediatric Surgery Department, SANA-Klinikum Offenbach, Germany

Abstract

Aim: This is a simple idea to maintain the dressing clean without stool contamination, this study aims to assess its effectiveness in keeping the dressing clean postoperatively.

Material and methods: 50 patients (range from 6 months to 24 months) with hypospadias and buried penis operated in our centre from January to March 2024. All Patients kept the dressing postoperatively for at least 2 days. All patients were not yet toilet trained and were receiving the same postoperative standard antibiotic prophylaxis and pain management. Cases with postoperative complications such as bladder spasms and bleeding were excluded as the needed to change dressing for other reasons than stool contamination.

Technique: After placing the dressing, a diaper is cut transversely into 2 halves. The edge at the cut line is then closed by surgical plaster to avoid the contamination with the stuffing material of the diaper. The half diaper is then placed and fixed using surgical plaster at the edge of the perineum to separate the anus from the scrotum and the dressing. Another diaper is then placed normally on top and closed. When the child passes stool, the external diaper is replaced while the dressing remains clean.

Discussion: Stool contamination of the dressing can be sometimes a challenging problem for surgeons as well as the parents. Common causes include antibiotic related diarrhoea or postoperative viral infection. Stool contamination can be a source of wound infection that might lead to failed hypospadias repair. We found this method of a great help and was welcomed by the nurses as well as the parents and was therefore adopted by our centre in the postoperative standard.

Results: 46 patients maintained clean dressing all over the postoperative period. 2 patients developed antibiotic related diarrhoea and the dressing was contaminated. 2 patients had contaminated dressings because of false application of the plaster on the perineum.

Conclusion: This is a simple non expensive way that maintains the dressing clean and acts as an effective prevention against stool contamination



A Novel Approach to Teaching Hypospadias Repair using a Cadaveric Animal Model

Authors: Mahmoud Marei Marei, Abeer Abouelazayem, Moemen Mohamed Farouk, Khaled Salah Abdullateef, Mahmoud Assem El-Fiky, Mohamed Magdy El-Barbary, Sherif Nabhan Kaddah.

Corresponding Author: Dr. Mahmoud M. Marei

Institute: Cairo University Hospitals & Faculty of Medicine - Paediatric Surgery Section/Units

AIM of the STUDY: We present our experience with a cadaveric animal model of calf penis, offering high-fidelity simulation for hypospadias surgery training. This realistic and hands-on training tool aims to enhance surgical skills and optimise patient outcomes, by advancing simulated training methods in hypospadias surgery.

METHODS: Ethical approval was obtained. On an annual recurring hands-on course, run to date on three occasions (2019, 2021 and 2022), The HypoLearn (INTERNATIONAL HYPOSPADIAS HANDS-ON WORKSHOP); trainees from different countries, supervised by expert instructors, participated in the exercise utilising an isolated cadaveric calf penis animal model. A seminar and a video presentation were delivered to demonstrate the relevant anatomy and present the key steps of the procedure. This starts with the anatomy of the model, specimen preparation, Matthieu technique (meatal-based flap urethroplasty), Thiersch-Duplay technique (tabularised plate urethroplasty), formation of a Dartos waterproofing second layer (flap), and finally a glans-plasty/glanuloplasty, done over a 6Fr or 8Fr urethral stent.

RESULTS: Trainees involved varied according to the number of years in specialist training, between higher (year 4-6) and advanced surgical training (>6 years). All instructors were expert hypospadias surgeons, with more than 100 cases performed independently. Both trainees and instructors judged the animal model to accurately resemble the hypospadias surgery, regarding needle penetrability, suture holding of the tissues, and the possibility of completing a sub-urothelial inverted suture line.

DISCUSSION: Simulated training in Paediatric Surgery and Urology is becoming a fundamental aspect of structured training. Contemporary hypospadias surgery, requiring precise dissection and reconstruction skills, attracts a steep learning curve, and currently lacks a variety of practical and effective surgical training models. The model allows high-fidelity training on the two main principles for distal hypospadias repair.

CONCLUSION: Most instructors found the cadaveric animal model to be effective in facilitating the transfer of surgical skills. Trainees reported satisfactory acquisition of skills using this model.

Correspondence to:

Cairo University Specialized Paediatric Hospital; 1 Aly Pacha Ibrahim Street (Kasr Alainy Region/Campus); El-Moneira District; Post Code: 11562; Cairo; Egypt.



MICROPHALLIC HYPOSPADIAS IS POORLY DEFINED IN THE LITERATURE: A SCOPING REVIEW

Author: Dr. Hazem Mosa
hazemahmed62@gmail.com

Affiliation: Cambridge University Hospital

Background & Aim:

The surgical repair of proximal hypospadias is technically demanding with variable clinical outcomes. Preoperative administration of testosterone is considered by many authors to increase penile size in what is considered microphallic hypospadias (MH). We aimed to identify the definition of microphallic hypospadias in the literature and its clinical outcomes.

Methods:

The keywords 'microphallic hypospadias' were searched on the databases PubMed and Google Scholar. Duplicate records, editorials and commentaries, out-of-scope and non-English articles were excluded. The eligible articles were reviewed following the Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews (PRISMA ScR) guidelines.

Results:

156 articles were screened for eligibility. 149 articles were excluded. Seven articles met the inclusion criteria. There was wide variability in the definition of MH (summarised in Table 1). All studies investigated the preoperative administration of testosterone, 71.4% (5/7) did not describe their method for penile length measurement, 57.1% (4/7) did not report their surgical technique for correction of hypospadias and only one study reported urethroplasty outcomes.

Conclusion:

MH is poorly defined in the literature with often subjective criteria. A robust definition is needed to accurately understand the clinical outcomes and the actual benefit of testosterone therapy by defining objective primary outcomes.

Author, year	Study design	Number of patients	MH definition	Penile length standard	Primary outcome
Tsur et al, 1983	Case series	7	subjective	None	PL/PD
Chalapathi et al, 2003	Prospective cohort	26	> 2 SD less than AM lengths	AM	PL/PD
Luo et al, 2003	Case series	25	subjective	None	PL/GW
Nerli et al, 2009	RCT	21	subjective	None	PL/GW
Chen et al, 2015	RCT	70	≥ 2.5 SD less than AM lengths	AM/PM	PL/GW
Bajracharya et al, 2018	RCT	70	PL<3.5cm/GW<1.4cm	Not AM/Not PM	PL/GW
Liu et al, 2021	Case series	90	≥ 2.5 SD less than AM/PM lengths	AM/PM	PL

AM Age-Matched
PM Population-Matched
PL Penile Length
PD Penile Diameter
GW Glans width



Foreskin reconstruction with and without urethroplasty: a step-by-step illustration of a versatile technique in distal hypospadias

Authors: Hazem Mosa, Carolina Rosa, Azad Mathur, Massimo Garriboli

Affiliation: Cambridge University Hospital, UK

PURPOSE

We present in this video the versatility of foreskin reconstruction (FR) in 3 different distal hypospadias repairs.

MATERIAL AND METHODS

We demonstrate the key technical steps of reconstructing the foreskin in 3 boys with varying degrees of distal hypospadias (glanular, coronal and sub-coronal). For the first patient with good glans fusion, the foreskin is reconstructed in 3 layers with no glans incision and limited ventral skin degloving. The second patient with coronal hypospadias and a pliable meatus, a dorsal meatoplasty, frenular reconstruction and FR were performed to position the meatus in an optimal glanular position. The third patient with a sub-coronal meatus, a 12 mm glans, 90 degrees of penile torsion and 30 degrees of penile curvature underwent circumferential degloving through a ventral foreskin incision only, Heineke-Mikulicz dorsal midline plication, TIP urethroplasty and FR.

RESULTS

Easy retractility of the reconstructed foreskin was confirmed at the end of each procedure. Urethral catheter and foam compression dressing was maintained for 7 days in the boy who underwent TIP urethroplasty. This was not necessary for patients 1 and 2 and the catheter was removed at the end of the procedure.

CONCLUSIONS

FR is a versatile technique that can be combined with a variety of techniques to achieve a true anatomical reconstruction of the hypospadiac penis.



Ten-year Clinical Experience with Hypospadias: Outcomes and Lessons Learned

Authors: Cristina Ana-Maria Garjoaba^{1,2}, Eugen Sorin Boia^{1,2}, Vlad Laurentiu David^{1,2}

1. Department of Pediatric Surgery and Orthopedics, “Victor Babes” University of Medicine and Pharmacy Timisoara, Romania

2. Department of Pediatric Surgery, “Louis Turcanu” Children’s Hospital Timisoara, Romania

Aim of the study: Hypospadias is one of the most common congenital anomalies of the urethra in male infants. Over the past decade, our clinic has treated numerous cases of pediatric hypospadias, providing us with data to assess surgical outcomes, complications, and long-term patient satisfaction. This study aims to present our experience and the lessons learned from managing this condition over a ten-year period.

Methods: We conducted a retrospective analysis of pediatric patients diagnosed with hypospadias and treated in our clinic between 2014 and 2024. Patient records were reviewed for type and severity of hypospadias, surgical techniques employed, postoperative complications and follow-up outcomes. Surgical success was defined by the functional and cosmetic outcomes assessed during follow-up visits.

Results: A total of 70 patients were treated for hypospadias. The most common types were midshaft hypospadias (52.8%), followed by distal (41.4 %), peno-scrotal (4.2%) and 1 case of perineal hypospadias. The primary surgical techniques included the Tubularized Incised Plate (TIP) Snodgrass repair, the Mathieu repair, Braka I/II and MAGPI. Overall, 80% (56 of cases) achieved satisfactory functional and cosmetic results. The complication rate was 20%, with the most common complications being fistula formation (12 cases) and meatal stenosis (2 cases). Reoperation was needed for these patients. Long-term follow-up indicated high levels of patient and parental satisfaction.

Discussions: Our ten-year experience underscores the importance of selecting the appropriate surgical technique based on the type of hypospadias. The Snodgrass (TIP) repair emerged as the most frequently utilized technique due to its versatility and favorable outcomes. However, cases of proximal hypospadias often necessitated more complex procedures.

Conclusion: This study highlights the effectiveness of current surgical techniques and the importance of individualized treatment plans. Despite a relatively low complication rate, ongoing monitoring and management are crucial for optimal long-term outcomes. Future efforts should focus on refining surgical techniques and enhancing postoperative care to further reduce complications and improve patient satisfaction.



A series of Eight patients with DYG post hypolearn workshop Cairo university 2022

Author: Dr. Heba Taher

Affiliation: Cairo University

Aim and methods

DYG is a procedure not commonly carried out at our Center, few cases were operated upon by an expert during workshop and five more cases were done thereafter. The patients were followed up one week and 3 months post operative and assessed by observing urine stream and plastic appearance.

Results

Age ranged between 6 months and 8 years. The urethra was mobilised well, preoperative assessment of urethral suppleness (mobil, well developed urethra, minimal or no chordee) was assessed before proceeding with technique.

Post operative was uneventful the catheter was removed after 48 hours and patients passed urine and one 5 days later dressing removed.

3 weeks follow up was good appearance and good urine stream.

Conclusion

DYG is a feasible technique in well selected patients with lesser affection of urine stream, a bigger study comparing DYG to snodgrass technique.





SKIN GRAFTING OF THE PENIS IN A CHILD. CLINICAL CASE

Authors: Filipp Turov Md, PhD¹, Sergey Vrublevskiy MD, PhD, Dsc, Prof^{1,2}., Elena Vrublevskaya MD, PhD, Dsc^{1,2}, Anna Oganisyan¹, Mamay Khanov¹, Artem Vrublevskiy MD, PhD¹, Revaz Valiev¹

¹ V.f. Voyno-Yasenetsky Scientific And Practical Center Of Spcialized Medical Care For Children;

²Department Of Pediatric Surgery Pirogov Russian National Research Medical University

Aim of the Study. Share your experience of surgical treatment in a 7-year-old child with necrosis of the glans penis after circumcision.

Methods. Parents with a 7-year-old child with necrosis of the glans penis contacted our center. Previously, the child was operated on in another city child undergoes circumcision. Four days later, the parents went to the hospital at their place of residence, complaining of changes in the color of the glans penis. Upon examination, the head and skin of the shaft of the penis showed signs of necrosis, and urination was not impaired. The child underwent a series of surgical interventions, including neorectomy and meatoplasty. Due to the lack of plastic material, the penis was immersed in the local tissue.

Results. The child was hospitalized at the scientific and practical center. The child underwent urethroscopy and urethrography. A decision was made to undergo reconstructive surgery on the penis. A circular incision was made around the penis at a distance of 7 mm from the meatus, and the corpora cavernosa were mobilized. The skin around the meatus is sutured to the tunica albuginea of the shaft of the penis, and thus the glans is formed. There was a shortage of tissue for skin matching. An ellipse-shaped collection of free skin autograft was performed from the inner surface of the left shoulder, and dermoplasty was performed. After 4 months, the child had no complaints, the postoperative area was without signs of inflammation, and was Complex urodynamic examination.

Conclusions. The presented clinical observation demonstrates the need for careful monitoring of patients after circumcision with assessment of the condition of the penis and early detection of microcirculatory disorders. The use of free autodermograft may be the method of choice in case of deficiency of plastic material due to damage to the reproductive organs.



A DECADE OF POST HYPOSPADIAS SURGERY EXPERIENCES: QUALITATIVE AND STATISTICAL INSIGHTS HIGHLIGHTING THE CHALLENGE BEYOND SURGERY AND THE CARE JOURNEY FROM 245 PATIENTS AND FAMILIES AT A LOCAL HEALTH INSTITUTION.

Authors:

Mohammed J Aboud: Consultant Pediatric Surgery, Ministry Of Health. Iraq.

Wissam Saleh: Pediatric Surgeon, College of Medicine, University of Al Qadisiya.

Background: Hypospadias surgery, a corrective procedure for congenital urethral anomalies, presents both immediate and long-term challenges for patients and their families. Understanding these challenges through qualitative and statistical data can provide comprehensive insights for improving care and support. This study aims to evaluate the post-operative experiences of patients and families who underwent hypospadias surgery over the past decade at a local healthcare institution, focusing on emotional impact, follow-up care, satisfaction, and long-term outcomes.

Methods: A mixed-methods approach incorporated qualitative interviews and statistical analysis. Semi-structured interviews were conducted with 245 families, and survey data were collected to quantify key outcomes. Thematic analysis was used for qualitative data, while chi-square tests and t-tests were employed to identify statistically significant differences ($p < 0.05$) in quantitative data. The health authorities approved this study.

Results: Emotional Impact; Anxiety and Stress: 78% of parents reported high anxiety levels pre- and post-surgery. Statistical analysis showed a significant reduction in reported anxiety levels from pre-surgery (mean score: 8.5) to post-surgery (mean score: 5.3), $t(244) = 15.62$, $p < 0.001$. Relief and Satisfaction; 65% of families expressed relief and satisfaction post-surgery. Qualitative data highlighted a common theme of gratitude towards the surgical team, though ongoing concerns about follow-ups were noted. Educational Resources; 60% found educational resources crucial. Statistical analysis showed that access to comprehensive educational materials was associated with higher confidence in managing post-operative care, $\chi^2(1, N=245) = 22.45$, $p < 0.001$.

Conclusions: This decade-long study emphasizes the importance of a patient-centered, multidisciplinary approach in managing post-hypospadias surgery care. Emotional support, comprehensive follow-up, and access to educational resources are critical for improving patient and family experiences.