

Original Paper

Stented versus Non-Stented Snodgrass Urethroplasty for Distal Hypospadia Repair

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[> Complications](#)

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ABSTRACT

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Abstract

Background: Hypospadia is one of the most common congenital anomalies in children. Patients with distal hypospadias can be treated successfully with a tubularized incised plate (TIP) urethroplasty, usually with a postoperative urethral stent to divert urine into the diaper or a urine bag for approximately 1 week. However, these stents have their own morbidity and complications. We therefore tried to determine the safety of distal penile hypospadias repair without the use of a postoperative stent. **Patients and Method:** Fifty patients with distal penile hypospadias were prospectively assessed from May 2016 to August 2018. All patients underwent Snodgrass urethroplasty by the same surgeon. Half of the patients had a postoperative stent for 1 week. The other half had no stent. Clinical follow-up was over 6 months with an emphasis on possible stent-related complications. **Results:** Fifty children underwent TIP urethroplasty. We are online

repair. The mean age was 5.9 years (range 2–12). In 25 cases, a stent was removed within 1 week. In the other 25 cases, no postoperative stent was placed. The overall complication rate for the stented group was 48% ($n = 12$) and for the non-stented group 68% ($n = 17$), respectively. In the stented group, 1 patient (4%) developed a fistula, whilst there were 2 (8%) in the non-stented group. All fistulas were repaired after 6 months postoperatively. Neourethral stenosis and glans dehiscence occurred in each 1 case (4%) in both groups. Differences were not statistically significant. However, there were significantly more wound infections in the stented group. On the other hand, stents prevented temporary urinary retention which occurred in 2 patients in the non-stented group. **Conclusion:** Despite the limited number of cases, our study suggests that, all in all, there is no significant difference in severe complication rates regardless whether a postoperative stent is used or not.

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Stented versus Non-Stented Snodgrass Urethroplasty for Distal Hypospadias Repair

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Keywords
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Abstract
Background: Hypospadias is one of the most common congenital anomalies in children. Patients with distal hypospadias can be treated successfully with a tubularized incised plate (TIP) urethroplasty, usually with a postoperative urethral stent to divert urine into the diaper or a urine bag for approximately 1 week. However, these stents have their own morbidity and complications. We therefore tried to determine the safety of distal penile hypospadias repair without the use of a postoperative stent. **Patients and Method:** Fifty patients with distal penile hypospadias were prospectively assessed from May 2016 to August 2018. All patients underwent Snodgrass urethroplasty by the same surgeon. Half of the patients had a postoperative stent for 1 week. The other half had no stent. Clinical follow-up was over 6 months with an emphasis on possible stent-related complications. **Results:** Fifty children underwent TIP urethroplasty for distal hypospadias repair. The mean age was 5.9 years (range 2–12). In 25 cases, a stent was removed within 1 week. In the other 25 cases, no postoperative stent was placed. The overall complication rate for the stented group was 48% (n = 12) and for the non-stented group 68% (n = 17), respectively. In the stented group, 1 patient (4%) developed a fistula, whilst there were 2 (8%) in the non-stented group. All fistulas were repaired after 6 months postoperatively. Meconstrual stenosis and glans dehiscence occurred in each 1 case (4%) in both groups. Differences were not statistically significant. However, there were significantly more wound infections in the stented group. On the other hand, stents prevented temporary urinary retention which occurred in 2 patients in the non-stented group. **Conclusion:** Despite the limited number of cases, our study suggests that, all in all, there is no significant difference in severe complication rates regardless whether a postoperative stent is used or not.

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Introduction

Hypospadias is considered the most common congenital malformation of the male urethra with an incidence of 1 in every 300 male births.

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