

# **URETHROCUTANEOUS FISTULA AFTER HYPOSPADIAS REPAIR**

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Master Degree in Urology

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بسم الله الرحمن الرحيم

**قالوا سبحانك لا علم لنا إلا ما علمتنا**

**إنك أنت العليم الحكيم**

صدق الله العظيم

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To

*My kind parents*

*Lovely wife*

*Smily kid*





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# **Introduction**



## INTRODUCTION

Urethrocutaneous fistula is the most common complication following hypospadias repair. No matter how well designed the initial hypospadias repair is, how gently the tissues are handled nor how expertly the procedure is done, fistulas continue to occur at an unacceptably high rate.

The incidence has been reported elsewhere to range from 4 to 25 per cent and is usually described as the results of distal obstruction, decreased blood supply, postoperative oedema, overlapping suture lines and skin epithelium inverted into the lumen (*Zagula and Braren, 1988*).

Many techniques have been tried to prevent urethrocutaneous fistula. Clearly, the application of a secondary layer between the neourethra and skin is significant contribution to hypospadias repair, whether that layer is de-epithelialized foreskin, vascular pedicle,

tunica vaginalis or a combination of these tissue, the effect improves the ultimate results (*Belman, 1994*).

The aim of this work is to recognize etiology, pathogenesis and evaluation of the management of urethrocutaneous fistula following hypospadias repair, regarding the number, size and site of fistula together with retrospective analysis of previous hypospadias repair. Also, it aims at expressing the efforts and new techniques used to minimize the incidence of urethrocutaneous fistula. Finally, the subjective cosmetic and functional satisfaction of the patient and parents will be estimated.