

FISTULA AFTER HYPOSPADIAS REPAIR ASSESSMENT AND MANAGEMENT

Thesis

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Surgery*

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ABSTRACT

Urethrocutaneous fistula is the most common complication after hypospadias repair. Furthermore, with the improvement in suture materials and surgical techniques, such complications are increasingly unacceptable. Several techniques have been described for fistula repair after hypospadias surgery but it remains a disappointing problem to the patient and the surgeon. Simple closure is technically easy and not time consuming, but overlying suture lines are a potential risk for recurrence . Skin flaps (rotational and advancement skin flaps) are used for repairing fistulae that are too large for simple closure, provided that the local skin is pliable and adequate. Suprapubic diversion is important in those with large or multiple fistulae. The procedure done for those patients was primary closure and covering by buck's fascia as a second layer .The success rate was 80 %at the first attempt of closure.The rest of the patients 20 %had recurrent urethrocutaneous fistula appeared during the period of follow up.They underwent regular dilatation to be revised after 6 months.The end result of successful repair was 90 %which is accepted result for recurrent urethrocutaneous fistula.

Key words

- 1- Urethrocutaneous fistula
- 2- Hypospadias

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Introduction

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Aim of the work

INTRODUCTION

Urethrocutaneous fistula is one of the most frequently seen complication of hypospadias surgery requiring reoperation. The incidence of fistula development varies from 4% to 20% in different series. Success of repair depends mainly on the severity of the malformation. More distal hypospadias yield better results, but complication rates in long-term follow-up can still be high. Complications are widely discussed in the literature but with little specific advice on how to avoid. The frequency of fistula formation has decreased as a result of surgeon experience, improvement in operative technique, use of appropriate suture materials and instruments, and coverage of the operation area with well-vascularized tissue.

Aim of the Work:

The aim of this work is to highlight and assess the different factors related to the development of urethrocutaneous fistulae and outcome of their repair.

PATIENTS AND METHODS:

Patients suffering from urethrocutaneous fistula after hypospadias repair and attending the outpatient clinic of Cairo university specialized pediatric hospital during the period from July 2009 till February 2010 (6 months) will be included in this study.

Selection criteria for this study:

1. Patients with post hypospadias repair urethrocutaneous fistula.
2. The duration between the occurrence of fistula and operative intervention for fistula repair should not be less than 6 months provided the skin of the male organ and around the fistula regains pliability.
3. Patient is fit for surgery i.e
 - A-Laboratory tests are within normal(Urine analysis,Complete blood count,Bleeding profile).
 - B-Chest and heart are free.

Review of Literature