

17<sup>th</sup> International Conference on

# NEPHROLOGY & UROLOGY

March 12-13, 2018 London, UK

## Evaluation of nonstented distally folded onlay flap in distal penile hypospadias repair

Mohamed G Soliman<sup>1</sup>, Mohamed H Radwan<sup>2</sup>, Ahmed M Tawfik<sup>2</sup>, Ahmed R Abou-Ramadan<sup>1</sup>, Samir El- Gamal<sup>2</sup> and Hamed El-Wadaani<sup>1</sup><sup>1</sup>King Faisal University, Saudi Arabia<sup>2</sup>Tanta University, Egypt

**Introduction & Aim:** Distally folded onlay flap for repair of distal penile hypospadias is a new technique which offers a solution for cases that is not suitable for tubularized incised plate (TIP). Also, this technique has a lower rate of incidence of meatal stenosis and fistula. Stenting of the neourethra after hypospadias repair is still controversial. Many studies have reported that nonstenting the neourethra avoid stent related problems as bladder spasm and detrusor contraction. However, the incidence of meatal stenosis and fistula increase with nonstented procedures. The aim of the current study is to report our experience with nonstented distally folded onlay flap as a trial to gain the advantage of nonstenting without its potential risk of increasing incidence of meatal stenosis and fistula. **Patient & Methods:** This study included thirty four patients who were not suitable for TIP. We performed distally folded onlay flap repair for these patients with a technique similar to that described previously by Elsayed et. al but without using of a postoperative urethral stent. Follow up by clinical examination was done on 3rd, 10th postoperative days and every three month after surgery for one year.

**Results:** The mean age of our patients was 4 years (1-8 years). Follow-up ranged from 6 to 16 months (average: 9 months). All our patients were not suitable candidate for TIP as twelve of our patients had a narrow urethral plate (35.2%) while 18 patients (52.9%) had a shallow urethral plate. Four patients (21.8%) underwent previous failed repair but with sufficient amount of prepuce to be used as a flap. All children voided with little discomfort at the time of voiding only. No cases of early postoperative complications including dysuria, postoperative bleeding, hematoma, wound infection or retention of urine were noted. Excellent cosmetic results were obtained in all children except two (94.1%). Thirty parents (88.2%) were very satisfied or satisfied, because of the cosmetic appearance of the neomeatus and absence of any postoperative indwelling catheters with little postoperative discomfort. There were no cases of meatal stenosis. Two patients (5.8%) had a urethrocutaneous fistula.

**Conclusion:** Nonstented distally folded onlay flap in repair of distal penile hypospadias is safe, has excellent success rate and provides high rate of parental satisfaction. The low rate of complications and high parental satisfaction seems to be promising but due to the small number of patients in this study, we still need to extend this study to verify our results.

mohagab2006@yahoo.com