

NEW SURGICAL TECHNIQUE FOR BALANITIC HYPOSPADIAS CORRECTION

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Most techniques for treatment of balanitic hypospadias cannot be considered entirely satisfactory because they are too complex, necessitate several repair procedures or involve complications such as fistulas, strictures and necrosis. Because of these circumstances and because of the possibility of poor results, most surgeons believe that correction of this condition is not necessary since micturition and the caliber of the meatus are usually normal. However, this is not our point of view.

Although we agree that the disturbances produced by balanitic hypospadias do not affect the patient somatically, they obviously affect him mentally. A boy at school suddenly realizes that he does not urinate as the other children and this anomaly might produce a complex which will affect the boy's personality. The method we use to correct balanitic hypospadias is based upon the reconstruction of the urethra by means of rotating the skin flap taken from the penis.

SURGICAL TECHNIQUE

Two parallel incisions are made laterally, about 2 or 3 mm. beyond the hypospadias meatus and extended to the tip of the glans. The skin or mucus at each lateral incision level is resected with scissors, each side showing a bleeding surface 3 to 6 mm. wide, depending upon the size of the penis and limited by an internal and external edge. The external edge is dissected and detached from subjacent tissue in about 1 or 2 mm. In order to get a skin flap with its base near the meatus, 2 parallel incisions (the inferior being shorter than the superior) are made from the meatus and extended to the lateral surface of the penis (fig. 1). The skin flap is ready. During flap dissection it is important to take off the subcutaneous tissue to improve vascularization. The flap is developed, the skin edges are approximated to the midline and each side is sutured to the external borders of glans and sulcus with a silk suture, as well as the raw surface which is the result of the flap attainment and the bleeding internal surface of which overlies on both sulci marked in the glans (fig. 2).

It is important to remember that the flap must be larger than the assumed size and the subcutaneous tissue must be resected to secure good vascularization.

Joining surfaces must be large, and tension and urethral catheters must be avoided.

This technique is also adequate for balanitic meatus sequela or results of other types of hypospadias treated by current methods. The procedure is easy to perform, it is a 1-stage repair and it provides good esthetic and functional results.

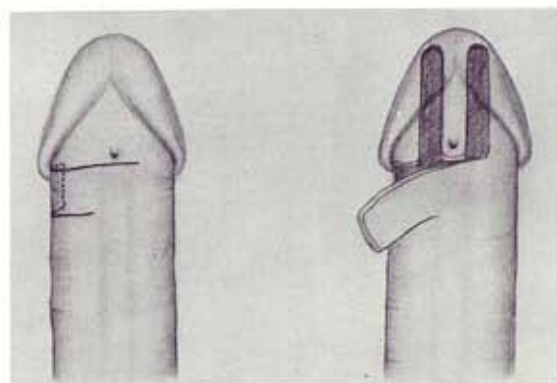


FIG. 1

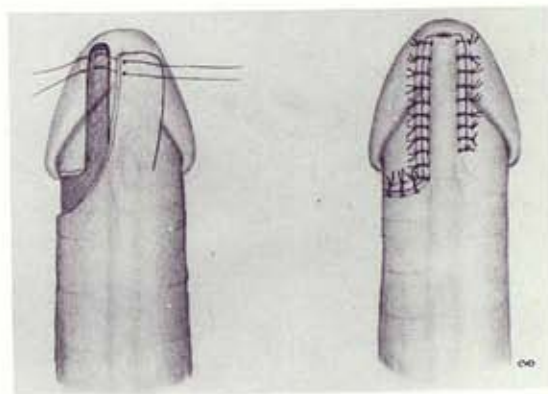


FIG. 2

SUMMARY

A new surgical technique to repair balanitic hypospadias is described. The procedure is easy to perform and seems to be the solution for patients with this condition.

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